JUN 1, 2020

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

and ending MAY 31, 2021

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

В	Check if applicat	C Name of organization			D Employer ic	dentifica	tion number
	Addr chan						
	Name				46-487	4051	
	Initia returi	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone r		
	Final	5775 WAYZATA BOIILEVARD	sirvorod to stroot address,	700	612-412-		
	returi termi ated	/	ZIP or foreign postal code	l	G Gross receipts \$		242,693.
	Amer	ded on totte DADE MAY 55/16	Zii or loreight poetar ocuc		H(a) Is this a gr		
	Appli tion	·	GALLAGHER		for subord	•	
	pend	SAME AS C ABOVE			H(b) Are all subord		
T	Tax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	7 ` ´		st. See instructions
		te: WWW.FIREFLYSISTERHOOD.ORG	, , , (, ()		H(c) Group exe		
			ssociation Other >	L Year	of formation: 201		State of legal domicile; MN
	art I	Summary			-	,	<u> </u>
	1	Briefly describe the organization's mission or most	t significant activities: FIREFI	LY SISTER	HOOD IS AVAIL	ABLE	
Concuration	<u> </u>	TO ALL WOMEN DIAGNOSED WITH BREAST CA					
2	2	Check this box if the organization disco	entinued its operations or dispo	sed of more	than 25% of its r	net asset	s.
Ş	3	Number of voting members of the governing body	(Part VI, line 1a)			3	10
		Number of independent voting members of the go					10
ģ	ရှိ 5	Total number of individuals employed in calendar	year 2020 (Part V, line 2a)			5	4
Activition 9	6	Total number of volunteers (estimate if necessary)				6	157
į	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a	0.
_	<u> </u>	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b	0.
					Prior Year		Current Year
•	8	Contributions and grants (Part VIII, line 1h)			182,		235,055.
Ş	9					0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4				260.	13.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)			151.	-19,607.
_	12	Total revenue - add lines 8 through 11 (must equal			190,		215,461.
	13	Grants and similar amounts paid (Part IX, column				0.	0.
	14	Benefits paid to or for members (Part IX, column (A	<i>,</i> , , , , , , , , , , , , , , , , , ,			0.	0.
é	ฏ 15	Salaries, other compensation, employee benefits (142,	392.	168,693.
2	2 16a	Professional fundraising fees (Part IX, column (A),				0.	0.
,		Total fundraising expenses (Part IX, column (D), lin				225	
ш	4 17	Other expenses (Part IX, column (A), lines 11a-11d				026.	29,815.
	18	Total expenses. Add lines 13-17 (must equal Part			·	418.	198,508.
_	19	Revenue less expenses. Subtract line 18 from line	12		•	395.	16,953.
ts or	eg 			Ве	ginning of Current		End of Year
t Assets	편 20	Total assets (Part X, line 16)				554.	86,904.
Net A	21	Total liabilities (Part X, line 26)			·	528. 026.	6,925.
	∄ 22 Part II	Net assets or fund balances. Subtract line 21 from Signature Block	1 line 20		63,	020.	79,979.
		alties of perjury, I declare that I have examined this return	including accompanying schedule	ac and etatem	ante and to the hee	et of my kr	nowledge and helief it is
		ct, and complete. Declaration of preparer (other than offic			*	•	nowledge and belief, it is
tiu	0, 00110	and complete: Declaration of preparer (other than onle	or y is based on an information of w	mon proparor	Thas any knowledge	· .	
Sig	nn	Signature of officer			Date		
	ere	AMY GALLAGHER, EXECUTIVE DIRECTOR	R				
110		Type or print name and title					
_		Print/Type preparer's name	Preparer's signature		Date c	heck	PTIN
Pa	id	RACHEL FLANDERS	RACHEL FLANDERS	o	3 / 3 0 / 3 3 if	elf-employed	P01591790
	eparer	Firm's name CLIFTONLARSONALLEN LLP			Firm's E		41-0746749
	e Only	Firm's address 220 S 6TH STREET, SUITE	300		1 111113 L		
-0	,	MINNEAPOLIS, MN 55402			Phone r	10_612-3	376-4500
Ma	av the	RS discuss this return with the preparer shown abo	ove? See instructions		11 1101101		X Yes No
000	001 10	2.20 I HA For Paperwork Reduction Act Notice		one			Form 990 (2020)

Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF FIREFLY SISTERHOOD IS TO FOSTER ONE-TO-ONE CONNECTIONS	
	BETWEEN WOMEN RECENTLY DIAGNOSED WITH BREAST CANCER AND INSPIRATIONAL	
	SURVIVORS TO PROVIDE SUPPORT, GUIDANCE, AND A LIFETIME OF HOPE. THESE	
	CONNECTIONS ARE PERSONAL AND LOCAL.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	oenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	revenue, if any, for each program service reported.	,
4a	440 504	0.)
	THE CORE OF OUR MISSION IS TO ENCOURAGE WELL-BEING AND HOPE THROUGH	
	MEANINGFUL CONNECTIONS, SO NO ONE FACES BREAST CANCER ALONE. OUR	
	FIREFLY PEER MENTORS ARE BREAST CANCER SURVIVORS WHO HAVE CHOSEN TO	
	VOLUNTEER THEIR TIME AND HEARTS TO SUPPORT WOMEN EXPERIENCING BREAST	
	CANCER.	
	FIREFLY PROVIDES HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION ON	
	FIREFLY AND OUR SERVICES AND HOW THEIR PATIENTS CAN GET IN TOUCH WITH	
	OUR ORGANIZATION, AIDING THEM IN THEIR PATIENTS' SOCIAL AND EMOTIONAL	
	CARE ASPECTS WITH BREAST CANCER. RESEARCH TELLS US THAT EMOTIONAL	
	HEALTH AND WELLNESS AND PHYSICAL WELL-BEING ARE LINKED. CONNECTING	
	DIRECTLY WITH SOMEONE WHO HAS HAD A SIMILAR EXPERIENCE HAS A POWERFUL	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	140 524	
		222

21000329 131839 053-124375

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46-4874051

Form 990 (2020) FIREFLY SISTERHOOD 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?	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		Х
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		х
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 Revenue Procedure 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			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
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		X
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	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."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a		20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
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 (2	2020) FIREFLY	SISTERHOOD	46-4874051	Pa
Part IV	Checklist of Required S	Schedules (continued)		
				Vaa

			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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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	1		
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Α .
32	, ,	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		 -
54		34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?	000		
00	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 in Schedule O for Part VI, lines 11b and 19?	-		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	, ,,,,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

	Check if Schedule O contains a response of 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	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c		

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

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 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? 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 instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bit in organization have unreated business gross income of \$1,000 or more during the year? 31 bit in Ves, *nas if filed a form 990-1 for this year? If *No* to line 3b, provide an explanation on Schedule O 32 bit *Ves, *nas if filed a form 990-1 for this year? If *No* to line 3b, provide an explanation on Schedule O 33 bit *Ves, *nas if filed a form 990-1 for this year? If *No* to line 3b, provide an explanation on Schedule O 34 bit *Ves, *nas if filed a form 990-1 for this year? If *No* to line 3b, provide an explanation on Schedule O 35 bit *Ves, *nas if filed a foreign country (such as a bank account, securities account, or other financial account)? 36 bit *Ves, *nas if filed a foreign country (such as a bank account, securities account, or other financial account)? 37 bit *Ves *ves instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account(? 38 bit *Yes, *ves instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account(? 38 bit *Ves, *ves instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account(? 39 bit *Ves, *ves files for section files for files for files for files for files for files for more files for files for files for message for files for	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to g-fige (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	4	1		
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, "has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account; in a tonigin country (such as a bank account, securities account, or other financial account)? 4c If Yes, "In a third the man of the foreign country." 5c If Yes Yes I did not provide an explanation or other authority over, a francial account; or other financial a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
b if "Yes," has it filed a Form 990-T for this year? if "No." to line 3b, provide an explanation on Schedule O 4a At any time during the 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 accountry? 4a X b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If any taxel the man of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c less instructions for filing requirements for FincENF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c less the organization an party to a prohibitotic tax shelter transaction at any time during the tax year? 5a X 5b If "Yes," to line 5a or 5b, did the organization file Form 888617? 6c Does the organization have remail gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or organization an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 of If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 of If the section of the section of the value of the goods or services provided? 7 organizations that may receive deductible contributions under section 170(c). 8 of If the section of the section of the value of the goods or services provided? 7 organizations received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization received any funds, directly or indirectly, to pay prem		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?? 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5c If see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction? 5c If "Yes" is line Sar of Sb, did the organization file Form 888-67? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 5d If the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6d If "Yes," indicate the number of Forms 8282 filed during the year organization and partly for goods and services provided to the payor? 7d If the organization received an ortify the donor of the value of the goods or services provided? 7d If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received an contribution of qualified indirectly, on a personal benefit contract? 7d If the organization received an contribution of carrishman organization file form 888-87 for the organi							X
financial account in a foreign country Sea If "Yes," enter the name of the foreign country Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 I/4 was the organization aparty to a prohibited tax shelter transaction? 50 I/4 was the organization aparty to a prohibited tax shelter transaction? 50 I/4 was the organization aparty to a prohibited tax shelter transaction? 50 I/4 was the organization and the organization file form 8886-17 61 Oces the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 62 I/4 were not tax deductible? 63 I/4 were not tax deductible? 64 I/4 were not tax deductible on the value of the organization that may receive deductible contributions under section 170(c). 65 I/4 were not tax deductible on the value of the goods or services provided? 67 Organizations that may receive deductible contributions under section 170(c). 88 I/4 were not tax deductible or the value of the goods or services provided? 69 I/4 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 I/4 I/4 was indicate the number of Forms 8882 filed during the year 71 I/4 was indicate the number of Forms 8882 filed during the year 72 I/4 was the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 71 I/4 was indicated the number of forms should file the promession organization was contribution of qualified intellectual property, did the organization received an contribution of qualified intellectual property, did the organization received and contribution of qualified intellectual prop		·			3b		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 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 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			102				
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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? 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 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? 18 X	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					14b		_
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	15				45		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					15		<u></u>
	16		t incor	me?	16		х
		If "Yes," complete Form 4720, Schedule O.	001		10		

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an experiention to make its Forms 1002 (1004 or 1004 A. if applicable), 900, and 900 T. (Section F01(a)(1))	. a.c.l. A	a) (c!l -	blo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	· C ·	-1-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i financ	ciai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MOLLY GOODYEAR - 612-412-7713			
	MOLLY GOODYEAR - 612-412-7/13 5775 WAYZATA BLVD, NO. 700, ST. LOUIS PARK, MN 55416			
	OIIO MAIDAIA DUVU, NO. IVV, DI. DOUID FAKK, MM 33410			

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss per	more rson i	than	n an	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KRIS NEWCOMER	30.00	1								
EXECUTIVE DIRECTOR				Х		_		47,194.	0.	984.
(2) TERESA BISS	4.00									
CHAIR		Х		Х				0.	0.	0.
(3) STEPHANIE TUNTLAND	3.00	4								
TREASURER		Х		Х				0.	0.	0.
(4) MARY DOYLE	2.00	1								
CLERK		Х		Х		_		0.	0.	0.
(5) ANNE BERG	2.00									
DIRECTOR		Х				_		0.	0.	0.
(6) ALLI EICKHOF	2.00									
DIRECTOR		Х						0.	0.	0.
(7) BRIGHID HANSEN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ERICA JENSEN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JULIE KOCH	2.00									
DIRECTOR		Х						0.	0.	0.
(10) YVONNE SHORTS LIND	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KRIS WILLARDSON	2.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>				_				
032007 12-23-20										Form 990 (2020)

Form 990 (2020) FIREFLY SISTERHOOD 46-4874051 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation	1	(F) stimate nount	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fi org an	other npensa rom th ganizat d relat anizati	e ion ed
			•										
	Subtotal Total from continuation sheets to Part V							>	47,194.	0.			984.
d	Total (add lines 1b and 1c)							<u> </u>	47,194.	0.			984.
2	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			0
3	Did the organization list any former officer	, director, trust	ee, k	ey e	empl	ove	e, or	hig	hest compensated emp	oyee on		Yes	No
	line 1a? If "Yes," complete Schedule J for s	such individual									3		Х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15										4		X
5	Did any person listed on line 1a receive or	accrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nplete Schedule	e J fo	or su	ıch ı	oers	on .				5		Х
1	Complete this table for your five highest co										tion fr	om	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		C)	
	Name and business	address	NO	NE					Description of s	ervices (Compe		<u>n</u>
_													
2	Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	d to		se lis 0	ted	above) who received mo	ore than			
	<u> </u>	•									Form	990 (2020)

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Form 990 (2020) FIREFLY SIX

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
υυ	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c	58,589.				
fts,			,				
ig je							
Sir		ÿ \ , 					
utio	ı	All other contributions, gifts, grants, and	176,466.				
들됨		similar amounts not included above 1f	170,400.				
d d		Noncash contributions included in lines 1a-1f		225 055			
Og	ľ	1 Total. Add lines 1a-1f		235,055.			
			Business Code				
Se	2 8	·					
ē Zi	k	·					
Sen	(
eve	(d					
Program Service Revenue	•	·					
₫	f	All other program service revenue					
	9	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts)	>	13.			13.
	4	Income from investment of tax-exempt bond					
	5	Royalties	·				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	()				
		Less: cost or other basis					
a		and sales expenses 7b					
ther Revenue							
eve		Gain or (loss)					
ت ح		d Net gain or (loss)					
‡	8 8	a Gross income from fundraising events (not					
0		including \$ 58,589. of					
		contributions reported on line 1c). See	7 625				
		Part IV, line 18					
		Less: direct expenses 8	b 27,232.	10.607			10.607
		Net income or (loss) from fundraising events	_	-19,607.			-19,607.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9	b				
		Net income or (loss) from gaming activities	.				
	10 a	a Gross sales of inventory, less returns					
		and allowances10					
	k	Less: cost of goods sold10)b				
	(Net income or (loss) from sales of inventory)				
₁₀			Business Code				
ő a	11 a	a					
ane	k	o					
Miscellaneous Revenue	(
Λisc B	(All other revenue					
2	6	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		215,461.	0.	0.	-19,594.

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

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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,	51,723.	17,411.	17,411.	16,90
6	trustees, and key employees Compensation not included above to disqualified	31,723.	17,111.		10,50
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	97,598.	97,598.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	37,330.	57,350.		
0	section 401(k) and 403(b) employer contributions)	2,712.	2,712.		
^	``````````````````````````````````````	2,712.	2,712.		
9	Other employee benefits	16,660.	13,708.	2,952.	
10 14	Payroll taxes	10,000.	13,700.	2,332.	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4,020.	2,010.	2,010.	
C	Accounting	1,020.	2,010.	2,010.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2,487.	1,996.	491.	
40	column (A) amount, list line 11g expenses on Sch O.)	848.	848.	471.	
12	Advertising and promotion	8,028.	3,474.	1,841.	2,713
13	Office expenses	8,885.	6,280.	2,605.	2,713
14	Information technology	0,005.	0,200.	2,003.	
15	Royalties	848.	424.	424.	
16	Occupancy	040.	121.	121.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100.	100.		
19	Conferences, conventions, and meetings	100.	100.		
20	Interest				
21 22	Payments to affiliates				
22	la a companya a compan	2,013.	671.	671.	671
23 24	Other expenses. Itemize expenses not covered	2,010.	0,11.	071.	371
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	EVENT EXPENSE	1,914.	1,914.		
b	STAFF TRAINING	388.	388.		
С	DUES AND SUBSCRIPTIONS	259.		259.	
d	PERMITS AND FILINGS	25.		25.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	198,508.	149,534.	28,689.	20,285
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)				

Form 990 (2020)
Part X Balance Sheet

		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
		Check in Concodic C Contains a response of fic	ic io ai	iy in to in tino i art A	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			21,236.	1	84,361.
	2	Savings and temporary cash investments			67,775.	2	·
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		, ,			
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disqual	-				
		under section 4958(f)(1)), and persons describe				6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9					9	
	1	Land, buildings, and equipment: cost or other		 I			
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation		I		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11			2,543.	15	2,543.
	16	Total assets. Add lines 1 through 15 (must equ			91,554.	16	86,904.
	17	Accounts payable and accrued expenses			1,428.	17	6,925.
	18	Grants payable			,	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
iq		controlled entity or family member of any of the		·		22	
Ë	23	Secured mortgages and notes payable to unrel	-			23	
	24	Unsecured notes and loans payable to unrelate	ed third		27,100.	24	0.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	-				
		of Schedule D		,		25	
	26	Total liabilities. Add lines 17 through 25			28,528.	26	6,925.
		Organizations that follow FASB ASC 958, ch	eck he	re 🕨 🗌			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC					
Τ̈́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	S		0.	29	0.
sets	30	Paid-in or capital surplus, or land, building, or e			0.	30	0.
As	31	Retained earnings, endowment, accumulated in			63,026.	31	79,979.
ét	32	Total net assets or fund balances			63,026.	32	79,979.
_	33	Total liabilities and net assets/fund balances			91,554.	33	86,904.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		215,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		198,	
3	Revenue less expenses. Subtract line 2 from line 1	3			953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		63,	026.
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		79,	979.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l
	consolidated basis, or both:				l
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	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 Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ı
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2020
Open to Public

Inspection
Employer identification number

		Y SISTERHOOD						46-4874051
Part	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	٠. ١.	
The org	anization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1 🗀	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect	*				, , , ,		
3	A hospital or a cooperative		•			i).		
4	A medical research organiz					•	(iii) Enter	the hospital's name
- L	-	ation operated in cor	ijanotion with a noopital	accombca	III SCCIIO	11 170(0)(1)(A)	,iii). Littoi	the noopital o name,
- F	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
5			lege or university owner	or operati	eu by a go	veriinentai un	it describe	au III
	section 170(b)(1)(A)(iv). (C							
6	A federal, state, or local go							
7 X	An organization that norma	Illy receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from the	e general p	oublic described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a l	and-grant	college
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, and	d gross receipts from
	activities related to its exen							
	income and unrelated busin	•	•	` '			• •	•
	See section 509(a)(2). (Co		(1000 000tion on taxy inc	an baomoc	ooo aoqan	od by the orga	arnization a	1101 04110 00, 1070.
11	An organization organized a	•	valy to test for public sa	faty Saa	saction 50	19(2)(4)		
12	An organization organized a	•	•	•			n, out tho	nurnacea of ana ar
12		•	•	•		•	•	• •
	more publicly supported or	~						neck the box in
Г	lines 12a through 12d that	* *					-	
a L	Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	-			
	the supported organization			majority o	of the direc	tors or trustee	s of the su	ıpporting
-	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organization	(s), by hav	ring
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	y integrate	d with,
	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d [Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its support	ed organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I. Type II	. Type III	
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . ,	
f F	nter the number of supported of		iany miogratoa capporan	.9 - 9				
	rovide the following information	•	d organization(s)					
_ 9 '	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10	Yes	No	support (see ins	structions)	support (see instructions)
			above (see instructions))		-110			
					<u> </u>			

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.)

Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 260,958. 147,082. 187,199. 182,402. 235,	O (f) Total
membership fees received. (Do not	
include any "unusual grants.") 260,958.	
	055. 1,012,696.
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 3 260,958. 147,082. 187,199. 182,402. 235,	055. 1,012,696.
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)	205,085.
6 Public support, Subtract line 5 from line 4.	807,611.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 202	O (f) Total
7 Amounts from line 4 260,958. 147,082. 187,199. 182,402. 235,	055. 1,012,696.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 173. 418. 260.	13. 864.
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.) 278.	278.
11 Total support. Add lines 7 through 10	1,013,838.
12 Gross receipts from related activities, etc. (see instructions)	85,674.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	79.66 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	63.48 9
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check the	nis box and
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, che	eck this box
and stop here. The organization qualifies as a publicly supported organization	▶□
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the o	rganization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	> □
b 10% -facts-and-circumstances test - 2019. 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 hov	v the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instru	ctions

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				(1)		18	
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

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Schedule A (Form 990 or 990-EZ) 2020

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? |f "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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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
4		
1		
2		
3a		
3b		
3с		
30		
4a		
4b		
4c		
70		
5a		
51 .		
5b 5c		
30		
6		
7		
8		
9a		
OI-		
9b		
9с		
10a		
10b		

Par	t 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	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 in 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		
Sec	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 instructions).			
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 ins	truction	I ' I	
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 in 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	C:		
_	these activities but for the organization's involvement.	2b		
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	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		1

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	·
Secti	on 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		
Secti	on 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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Secti	on 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 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

FIREFLY SISTERHOOD 46-4874051

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 or 990-EZ), 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 ______ \bigsim \frac{1}{2} \int \frac{

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

46-4874051

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional 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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$\$	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
5		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

46-4874051

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

46-4874051

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

Name of or	rganization		Employer identification number		
FIREFLY	SISTERHOOD		46-4874051		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line en naritable, etc., contributions of \$1,000 contributions of \$1,000 contributions of \$1,000 contributions	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g	gift		
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
}	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

FIREFLY SIS	STERHOOD				46-487405	1
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration						
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		or randration g over to soft insulted to and give	(a) Event #1 ILLUMINIGHT (event type)	(b) Event #2 LIVE LIKE IT'S SPRING (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	59,626.	6,588.		66,214.
		Less: Contributions	55,501.	3,088.		58,589.
	3	Gross income (line 1 minus line 2)	4,125.	3,500.		7,625.
	4	Cash prizes				
Ø	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		3,500.		27,232.
	10	Direct expense summary. Add lines 4 through	. ,			27,232.
D	ıt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization				-19,607.
1 6	41 L I	\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		ψ13,000 0111 01111 030 E2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7				
		,				•
9		ter the state(s) in which the organization condu	_			
a	ı Is t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
k	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
0220	00 11	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (F	orm 990 or 990-EZ) 2020 FIREFLY SISTERHOOD	46-48/4051	Page 3
11 Does the	organization conduct gaming activities with nonmembers?	Yes	☐ No
	anization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	ster charitable gaming?	Yes	☐ No
	he percentage of gaming activity conducted in:		
	nization's facility	13a	%
	e facility		%
	name and address of the person who prepares the organization's gaming/special events books and records:		,-
Name >			
Address	>		
15a Does the	organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt	
	revenue retained by the third party > \$		
c If "Yes," 6	enter name and address of the third party:		
Name >			
Address	>		
16 Gaming r	nanager information:		
Name >			
Gaming r	nanager compensation \$		
· ·			
Description	on of services provided		
Di	rector/officer Employee Independent contractor		
			
	y distributions:		
ū	anization required under state law to make charitable distributions from the gaming proceeds to		п
	state gaming license?	Yes	∟ No
	amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
	on's own exempt activities during the tax year \$		
	supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 5b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III, lines 9,	9b, 10b,

Schedule G (Form 990 or 990	0-EZ) FIREFLY SISTERHOOD tal Information (continued)	46-4874051	Page 4
Part IV Supplement	tal Information (continued)		

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

FIREFLY SISTERHOOD

Employer identification number 46-4874051

TIKELET SISTEMIOOD	40 40/4031
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ONE-TO-ONE CONNECTIONS BETWEEN WOMEN EXPERIENCING BREAST CANCER AND	
SURVIVOR/MENTORS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
EFFECT.	
WHEN A WOMAN CALLS US LOOKING FOR A GUIDE, WE RESPOND TO HER WITHIN 24	
HOURS, AND WE ARE COMMITTED TO THAT 365 DAYS A YEAR.	
OUR PROGRAM MANAGERS SET UP AN INTERVIEW WITH HER. OFTEN, THIS IS THE	
FIRST TIME THESE WOMEN TELL THE ENTIRE STORY OF THEIR DIAGNOSIS TO	
SOMEONE WHO IS NOT A FAMILY OR FRIEND. WE SET UP A MATCH BASED ON	
CRITERIA SUCH AS DIAGNOSIS, TREATMENTS, AND LIFE EXPERIENCE WITH THAT	
INFORMATION. THE LIFE EXPERIENCE CRITERIA IS OUR SECRET SAUCE.	
OUR VOLUNTEER GUIDES ARE THE HEART AND SOUL OF OUR WORK; WE HAVE A	
GROUP OF 34 NEW GUIDES WHO HAVE ALL GONE THROUGH OUR REQUIRED TRAINING.	
THEY LISTEN AND OFFER A SAFE SPACE THAT IS DIFFERENT FROM A WOMAN'S	
MEDICAL TEAM AND DIFFERENT FROM HER FAMILY AND FRIENDS.	
SOMETIMES THE BEST THING ABOUT HAVING A PEER MENTOR IS THAT IT CAN	
OFFER A SPACE THAT'S A RELIEF FROM EXPLAINING EVERY LITTLE DETAIL MANY	
THINGS CAN BE LEFT UNSPOKEN BECAUSE THERE'S A LEVEL OF UNDERSTANDING	
THAT'S ALREADY THERE GOES BEYOND WHAT WORDS CAN CONVEY.	
WE MADE OVER 315 MATCHES BETWEEN A WOMAN EXPERIENCING BREAST CANCER AND	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization FIREFLY SISTERHOOD	Employer identification number 46-4874051
A PEER MENTOR IN OUR LAST FISCAL YEAR. WE ALSO TRAINED 34 NEW PEER	
MENTORS FOR A TOTAL OF 157 ACTIVE PEER MEMBERS AND HELD 13 EDUCATIONAL	
PROGRAMS, INCLUDING A SURVIVORSHIP SEMINAR FOR CLINICAL STAFF.	
FIREFLY IS SUPPORTED BY PRIVATE DONATIONS FROM BUSINESS, PRIVATE AND	
CORPORATE FOUNDATIONS, AND MANY INDIVIDUALS' GENEROSITY.	
FIREFLY IS LOOKING TO EXPAND ITS REACH THROUGHOUT THE STATE AND TO	
SERVE MORE DIVERSE COMMUNITIES IN MINNESOTA.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH BROAD AUTHORITY TO ACT	
ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANT BASED	
ON INFORMATION PROVIDED BY MANAGEMENT. A DRAFT OF FORM 990 IS REVIEWED BY	
THE TREASURER. A DRAFT OF FORM 990 IS DISTRIBUTED ELECTRONICALLY TO ALL	
BOARD MEMBERS PRIOR TO THE BOARD MEETING AT WHICH IT IS REVIEWED. AT A	
REGULARLY SCHEDULED BOARD MEETING, THE BOARD REVIEWS THE DRAFT FORM 990 AND	
APPROVES THE FORM 990 FOR SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS AND STAFF OF THE	
ORGANIZATION. A CONFLICT OF INTEREST DISCLOSURE IS DISTRIBUTED ANNUALLY FOR	
EACH RESPONSIBLE MEMBER TO COMPLETE. IF THERE IS A POTENTIAL CONFLICT, THE	
RESPONSIBLE PERSON HAVING THE POTENTIAL CONFLICT SHALL NOT PARTICIPATE IN	
ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE	

Name of the organization FIREFLY SISTERHOOD	Employer identification number 46-4874051
RESPONSIBLE MEMBER WILL BE EXCUSED FROM THE MEETING UNTIL THE BOARD HAS	
REVIEWED RELEVANT INFORMATION ABOUT THE POTENTIAL CONFLICT AT HAND. IF THE	
BOARD HAS DETERMINED THAT A CONFLICT DOES INDEED EXIST, THE MEMBER WITH THE	
CONFLICT WILL NOT BE ABLE TO VOTE ON THE SUBJECT MATTER. CONFLICTS WILL BE	
DOCUMENTED IN THE MEETING MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION REVIEW PROCESS IS COMPLETED BY THE BOARD OF DIRECTORS	_
WITHOUT THE PRESENCE OF THE EXECUTIVE DIRECTOR. COMPARABLE DATA FROM	
SIMILAR ORGANIZATIONS IS USED TO DETERMINE THE COMPENSATION. ONCE A	
COMPENSATION PACKAGE HAS BEEN DETERMINED, IT IS REVIEWED AND VOTED ON BY	
THE BOARD OF DIRECTORS. THE REVIEW PROCESS IS DOCUMENTED IN MEETING	
MINUTES. THIS PROCESS WAS LAST COMPLETED IN 2019 FOR THE EXECUTIVE	
DIRECTOR, KRIS NEWCOMER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
	_