Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

ΑΙ	For the	2021 calendar year, or tax year beginning JU	N 1, 2021 and	ending M	Y 31, 2022	
В	Check if applicable:	C Name of organization			D Employer ident	ification number
	Address change	FIREFLY SISTERHOOD				
	Name change	Doing business as			46-487405	1
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numb	per
	Final return/	5775 WAYZATA BOULEVARD	,	700	952-428-894	45
	termin- ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	259,220.
	Amende return	ST. LOUIS PARK, MN 55416			H(a) Is this a group	return
	Applica- tion	F Name and address of principal officer: AMY	ALLAGHER		for subordinat	es? Yes X No
	pending	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No
<u>1</u>	Tax-exer	npt status: X 501(c)(3) 501(c) ()	◀ (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
J	Website	: WWW.FIREFLYSISTERHOOD.ORG			H(c) Group exempt	tion number
ΚI	Form of o	rganization: X Corporation Trust As	sociation Other ►	L Year o	of formation: 2014	M State of legal domicile: MN
P	art I	Summary				
4	1 B	riefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O		
Governance	_					
rna	2 C	heck this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net a	assets.
ove	3 N	umber of voting members of the governing body (Part VI, line 1a)		<u>3</u>	3 10
ত প্ৰ		umber of independent voting members of the gov	erning body (Part VI, line 1b)			10
Se Se	5 T	otal number of individuals employed in calendar y	ear 2021 (Part V, line 2a)		<u></u>	5 6
Vi č i	6 T	otal number of volunteers (estimate if necessary)			<u>.</u>	185
Activities	7 a ⊺	otal unrelated business revenue from Part VIII, col	umn (C), line 12		<u>7</u>	<u>0.</u>
_	b N	et unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>		<u>'b</u> 0.
					Prior Year	Current Year
<u>o</u>	8 C				235,055	-
enn	9 P					0.
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4,			13	<u> </u>
Be	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-19,607	
		otal revenue - add lines 8 through 11 (must equal			215,461	
	1	irants and similar amounts paid (Part IX, column (A				0.
	1	enefits paid to or for members (Part IX, column (A				0.
es	15 S	alaries, other compensation, employee benefits (F			168,693	
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), li			0	0.
ă×	b T	otal fundraising expenses (Part IX, column (D), line				
ш	'' C	ther expenses (Part IX, column (A), lines 11a-11d,			29,815	
		otal expenses. Add lines 13-17 (must equal Part I)			198,508	
	19 R	evenue less expenses. Subtract line 18 from line	<u> </u>		16,953	
Net Assets or				Beg	ginning of Current Yea	-
Sset	20 T				86,904	
et A	21 T	otal liabilities (Part X, line 26)			6,925 79,979	
	art II	et assets or fund balances. Subtract line 21 from Signature Block	line 20		13,313	09,714.
		es of perjury, I declare that I have examined this return,	including accompanying echodular	and etatama	nte, and to the heet of a	my knowledge and belief it is
	•	and complete. Declaration of preparer (other than office			•	illy knowledge and belief, it is
uuu	, сопесі,	and complete. Declaration of preparer (other than office	i j is based on an information of wi	non preparer	lias any knowledge.	
Sig	<u>.</u>	Signature of officer			L Date	
Sig Hei	1.	AMY GALLAGHER EXECUTIVE DIRECTOR				
110		Type or print name and title				
	- 	Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai			RACHEL FLANDERS	11	L/30/22 if self-emp	501501500
	- ⊢	Firm's name CLIFTONLARSONALLEN LLP	-		Firm's EIN	41-0746749
	· –	Firm's address 220 S 6TH STREET, SUITE	300		TIIIII 3 LIIV	
	·,	MINNEAPOLIS, MN 55402			Phone no 61	12-376-4500
— Ma	v the IRS	S discuss this return with the preparer shown above	/e? See instructions		1. 110110 1101	Yes No

FIREFLY SISTERHOOD Page 2 Form 990 (2021) Part III Statement of Program Service Accomplishments Х Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF FIREFLY SISTERHOOD IS TO FOSTER ONE-TO-ONE CONNECTIONS BETWEEN WOMEN DIAGNOSED WITH BREAST CANCER AND INSPIRATIONAL SURVIVORS AND THRIVERS THAT SERVE AS THEIR PEER MENTOR GUIDES, OUR GOAL IS A FUTURE WHERE NO WOMAN FACES BREAST CANCER ALONE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 160,321. including grants of \$ 0.) (Revenue \$ ___ (Code: _____) (Expenses \$ ____ 0.) FIREFLY SISTERHOOD PROVIDES ONE-TO-ONE SOCIAL AND EMOTIONAL SUPPORT TO WOMEN WHO HAVE BEEN IMPACTED BY A BREAST CANCER DIAGNOSIS. AT FIREFLY SISTERHOOD, WE EXIST TO BRING LIGHT AND HOPE TO WOMEN ON THEIR BREAST CANCER JOURNEY. OUR UNIQUE COMMUNITY AND MENTORING PROGRAM FOSTERS CONNECTIONS THAT EXTEND THE PATIENTS SUPPORT NETWORK BEYOND THE FAMILY AND MEDICAL COMMUNITY TO INCLUDE AMAZING WOMEN THAT HAD SIMILAR EXPERIENCES. WHETHER YOU'VE JUST RECEIVED A BREAST CANCER DIAGNOSIS OR YOUR DECADES PAST. WE WILL MATCH YOU WITH A GUIDE - AN INSPIRATIONAL SURVIVOR AND THRIVER WHOSE EXPERIENCE IS SIMILAR TO YOUR OWN. FIREFLY SISTERHOOD'S SUPPORTIVE SERVICES ARE FREE AND DELIVERED AT THE TIME OF DIAGNOSIS, DURING TREATMENT, AND INTO SURVIVORSHIP, WHEN A (Code:) (Expenses \$ (Code:) (Expenses \$ including grants of \$) (Revenue \$

SEE SCHEDULE O FOR CONTINUATION(S)

160,321.

including grants of \$

Form 990 (2021)

Total program service expenses ▶

Other program services (Describe on Schedule O.)

) (Revenue \$

46-4874051

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Form 990 (2021) 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		X
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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 constitution maintain on office constitution and the state of the Helbert Obstace	14a		x
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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		x
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	170		-
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Pa	T IV Checklist of Required Schedules (continued)		T.,	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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?			
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		<u> </u>
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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	1		X
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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			х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	. 34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			•
07	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	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	+	 ^
30		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O	30	1 **	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2021)

(gambling) winnings to prize winners?

FIREFLY SISTERHOOD Page 5 46 - 4874051Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 6							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
	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?	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	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							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.	isa						
h	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							
С	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	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		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form 990 (2021) FIREFLY SISTERHOOD 46-4874051 Page **6**

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		Х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MOLLY GOODYEAR - 612-412-7713			
	5775 WAYZATA BLVD, NO. 700, ST. LOUIS PARK, MN 55416			

Form 990 (2021) FIREFLY SISTERHOOD 46-4874051 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza (A)	(B)							(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	than o s both	an	compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a			ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruste		au	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	e co		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY GALLAGHER	30.00	드	드	Ð	- A	포늄	Fc			
EXECUTIVE DIRECTOR	30.00			х				50 000	_	_
(2) JANE WELCH	4.00			^				50,000.	0.	0.
CHAIR	4.00	Х		х				0.	,	
	3 00	Λ		^				0.	0.	0.
(3) STEPHANIE TUNTLAND	3.00								_	
TREASURER		Х		Х				0.	0.	0.
(4) CHRISITINE EBERT	2.00								_	
VICE-CHAIR		Х		Х				0.	0.	0.
(5) ANNE BERG	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JANIE FINN	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) BRIGHID HANSEN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) NIKKI MADDEN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ANN SCOTT	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.
(12) CHERI QUINN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) TERESA BISS	1.00									
DIRECTOR, EMERITUS		Х						0.	0.	0.
			L	L						

Page 8 Form 990 (2021) FIREFLY SISTERHOOD 46-4874051

Name and title Average hours per week (list any) hours for related organizations below line) Name and title Average hours per week (list any) hours for related organizations below line) Name and title Average hours per week (list any) hours for related organizations below line) Name and title Average hours per week (list any) hours for related organizations below line) Name and title Average hours per week (list any) hours for related organizations below line) Name and title Average hours per week (list any) hours for related organizations below line) Name and title Average hours per week (list any) hours for related organizations below line) Name and title Average hours per week (list any) hours for related organizations line in the organizations line in the organization line organizations line in the organization line organizations and related organizations line in the organization line organizations line in the organization line organizations line in the organization line organizations line organizations line in the organization line organizations line organizat	ı aı	Section A. Officers, Directors, Trus		loy	ees,			gnes	τC		,	П		
Nours park Nours park park Nours park park Nours park park park park park park park park		• •	1 ' '	(B) (C)						1 ' '				
Subtotal		Name and title	1		not cl	neck r	more	than c		· '	•			
the Subtotal 15 Subtotal 16 Subtotal 17 Total from continuation sheets to Part VIII, Section A 18 Total flowling flow of individuals lief on line 1 is a list and related orapinization from the organization of line 1 is 1 / 1 / 1 / 2 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3										· '	•			
1b Subtotal			(list any	ctor										
1b Subtotal			hours for	r direc				pa:		organization	(W-2/1099-MISC)/		
1b Subtotal				tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiz	ation
1b Subtotal			1 ~	al trus	nal tr		loyee	comp		1099-NEC)				
1b Subtotal				ividu	titutio	icer	emp,	hest	mer				organiza	ations
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d Total (add lines 1b and 1c)									•			0.		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest									•	50,000.		0.		0.
compensation from the organization Vest No									o re	eceived more than \$100,	000 of reportable			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the calendar year ending the properties of the calendar year ending the properties of the								•		·	·			0
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of organization or individual for services or individual for services is a compensation from the organization or individual for services is a compensation or individual for services in the compensation or individual for services is a compensation or individual for services in the compensation or individual for services is a compensation or individual for services in the compensation or individual for services is a compensation or individual for services in the compensation or individual for services is a compensation or individual for services in the compensation or individual for s	4	For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	nsa	tion	and	oth	ner compensation from the	ne organization			
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5													
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the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	Sec	tion B. Independent Contractors												
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Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	hin	the organization's tax ye	ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0												_		
\$100,000 of compensation from the organization 0		Name and business	address	NO	NE				_	Description of s	ervices		ompensat	ion
\$100,000 of compensation from the organization 0														
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\$100,000 of compensation from the organization	~	rotal number of independent contractors (i		יר ווו	ııı.ec	ו נט ו			eu	above, with received mo	ne ulail			
Form Figure 170171	_	\$100,000 of componentian from the arrania	zation 🗪					U						

46-4874051

Form 990 (2021) **Part VIII**

Statement of Revenue

		Check if Schedule O contains a response of	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
10 10	4.	- Fodoveted compaigns 40					
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Sp. oc		Membership dues 1b	100 047				
S, (Fundraising events 1c	108,847.				
a Gi	C	Related organizations 1d					
is,	e	Government grants (contributions)					
rigin	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	127,699.				
<u> </u>	ç	Noncash contributions included in lines 1a-1f	19,157.				
Sol	ŀ	Total. Add lines 1a-1f	•	236,546.			
			Business Code				
	2 a						
ÿ							
ne v	b						
n S	c						
∃a Se	c						
Program Service Revenue	€						
Δ.		All other program service revenue					
\perp	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	>	8.			8.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					_
		(i) Real	(ii) Personal				
	6 =	Gross rents 6a	()				
		Rental income or (loss) 6c					
		Net rental income or (loss)	(") Other				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
le l	c	Gain or (loss)					
Be		Net gain or (loss)					
ther Revenue	8 a	Gross income from fundraising events (not					
₽		including \$ 108,847. of					
		contributions reported on line 1c). See					
		Part IV, line 18	18,191.				
		Less: direct expenses 8b	32,711.				
		Net income or (loss) from fundraising events	>	-14,520.			-14,520.
				11,520.			11,520.
	9 2	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 a	DEBT FORGIVENESS	525100	4,475.			4,475.
nec	b			,			, , , , , , , , , , , , , , , , , , ,
Miscellaneous Revenue							
Sce	_	l All other revenue					
Ξ	C			4,475.			
		Total. Add lines 11a 11d		·	^	_	10 027
	12	Total revenue. See instructions		226,509.	0.	0.	-10,037.

132009 12-09-21

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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)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 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,	57,333.	26,935.	26,935.	3,463
6	trustees, and key employees	37,333.	20,555.	20,555.	3,40.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		106,883.	106,883.		
7	Other salaries and wages Pension plan accruals and contributions (include	100,003.	100,003.		
8	section 401(k) and 403(b) employer contributions)	3,039.	3,039.		
9	```````````````````````````````	3,033.	3,033.		
	Other employee benefits	8,231.	8,231.		
10	Payroll taxes	0,231.	0,231.		
11	Fees for services (nonemployees):				
a	Management				
b	Legal	3,576.		3,576.	
C	Accounting	3,370.		3,370.	
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,	3,743.	2,150.	1,593.	
40	column (A), amount, list line 11g expenses on Sch O.)	2,007.	2,007.	1,353.	
12	Advertising and promotion	18,729.	6,523.	4,851.	7,355
13	Office expenses	6,623.	1,859.	4,764.	7,333
14	Information technology	0,023.	1,035.	1,701.	
15 16	Royalties	828.	414.	414.	
16	Occupancy	1,818.	772.	521.	525
17	Travel	1,010.	772.	321.	323
18	Payments of travel or entertainment expenses				
••	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates				
22 23	la a companya a a	2,130.		2,130.	
23 24	Other expenses, Itemize expenses not covered	2,200.		2,200.	
. 4	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 0.)				
а	EVENT EXPENSE	896.	896.		
b	STAFF TRAINING	612.	612.		
C	MISCELLANEOUS EXPENSE	301.		301.	
d	PERMITS AND FILINGS	25.		25.	
e	All other expenses	_ · •			
25	Total functional expenses. Add lines 1 through 24e	216,774.	160,321.	45,110.	11,343
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)				

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Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		84,361.	1	85,249.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	4,000.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,543.	15	2,543.
	16	Total assets. Add lines 1 through 15 (must equa		86,904.	16	91,792.
	17	Accounts payable and accrued expenses		6,925.	17	2,078.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abil		controlled entity or family member of any of thes	e persons		22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Takal Balanda a Adal Basa 47 Nasarah 65		6,925.	26	2,078.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🗌			
Ses		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions			27	
Ba	28	Net assets with donor restrictions			28	
п		Organizations that do not follow FASB ASC 95				
Ţ		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or eq		0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		79,979.	31	89,714.
Net T	32	Total net assets or fund balances		79,979.	32	89,714.
	33	Total liabilities and net assets/fund balances		86,904.	33	91,792.

Form 990 (2021) FIREFLY SISTERHOOD 46-4874051 Page **12**

Pa	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			509.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		216,	774.		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,	735.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		79,	979.		
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		89,	714.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Щ		
			\longrightarrow	Yes	No		
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•					
	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 Schedule 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		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>		
			Form	990	(2021)		

SCHEDULE A

(Form 990)

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

2021

Open to Public Inspection

Employer identification number

		FIREFL	Y SISTERHOOD						46-48740	51			
Par	t I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)							
1 [Ĭ	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 secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4		A medical research organization					•	ii). Enter	the hospita	al's name,			
		city, and state:	•				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	,	•	,			
5 [An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in				
٠.		section 170(b)(1)(A)(iv). (C		,		, 5							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х	An organization that norma	-					neneral r	nublic desc	ribed in			
• .		section 170(b)(1)(A)(vi). (C	•	That part of its support if	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		goriorarp	Jubilo dese	TIDOG IIT			
8		A community trust describe		1VAVvi) (Complete Part	+ 11 \								
9	=	An agricultural research org			-	ad in coniu	inction with a la	nd-grant	college				
3 [or university or a non-land-g											
		university:	grant conege or agrici	ulture (see instructions).	Litter tile i	iairie, city	, and state of the	ie college	· Oi				
10		An organization that norma	lly receives (1) more t	than 33 1/30/ of its supp	ort from o	ontribution	ne momborehin	foot and	d gross roc	oints from			
IU [•				•		-	-			
		activities related to its exem											
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the orga	nization a	.πer June 3	0, 1975.			
	_	See section 509(a)(2). (Cor		and the best feet and the second			20(-)(4)						
11 [_	An organization organized a	•		•			4 41					
12		An organization organized a	•	•	•			•	-				
		more publicly supported or							neck the b	ox on			
		lines 12a through 12d that	* *					-					
а			· · · · · · · · · · · · · · · · · · ·		•	-							
		the supported organization			majority o	the direc	tors or trustees	of the su	ipporting				
		organization. You must o	- ·										
b													
		control or management o			ame perso	ns that co	ntrol or manage	the supp	orted				
		organization(s). You mus											
С							-	integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d			integrated. A supp	orting organization oper	ated in co	nnection w	ith its supporte	ed organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and a	ın attentiv	reness				
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II,	Type III					
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) Is the oran	inization listed			T (n)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of n support (see inst	-	` '	unt of other e instructions)			
		organization		above (see instructions))	Yes	No	support (see ins	.ructions)	support (se	e iristructions)			

Schedule A (Form 990) 2021 FIREFLY SISTERHOOD 46-4874051 Page 2

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

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

Sec	ction A. Public Support	,, p	ээ ээггэг агт г	,				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	(=,/ = = · ·	(1) = 1 1	(-)	(-,	(=, === :	(-)	
	membership fees received. (Do not							
	include any "unusual grants.")	147,082.	187,199.	182,402.	235,055.	236,546.	988,284.	
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	147,082.	187,199.	182,402.	235,055.	236,546.	988,284.	
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)						135,985.	
	Public support. Subtract line 5 from line 4.						852,299.	
Sec	ction B. Total Support	,	T. C.					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	147,082.	187,199.	182,402.	235,055.	236,546.	988,284.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	173.	418.	260.	13.	8.	872.	
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.)					4,475.	4,475.	
11	Total support. Add lines 7 through 10						993,631.	
12	Gross receipts from related activities,	•	,			12	103,865.	
13	First 5 years. If the Form 990 is for th	J	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	. —	
Sac	organization, check this box and stop ction C. Computation of Publi		centage				P	
	Public support percentage for 2021 (I			olumn (f))		14	85.78 %	
15	Public support percentage from 2020					15	79.66 %	
	33 1/3% support test - 2021. If the							
	stop here. The organization qualifies						▶ 😈	
b	33 1/3% support test - 2020. If the		-				······	
_	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	-						
	meets the facts-and-circumstances te			-	•	*		
h	10% -facts-and-circumstances test	-	•	*	-	7a. and line 15 is 1		
~	more, and if the organization meets the	-					2,3 0.	
	organization meets the facts-and-circle				-		ightharpoonup	
18	•		-		• • •			
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an ESSUE A.	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2021 FIREFLY SISTERHOOD 46-4874051 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Par	t IV Supp	porting Organizations _(continued)			
				Yes	No
11	Has the orga	nization accepted a gift or contribution from any of the following persons?			
а	A person who	o directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, th	ne governing body of a supported organization?	11a		
b	A family men	ober of a person described on line 11a above?	11b		
С	A 35% contro	olled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part		11c		
Sect	ion B. Typ	e I Supporting Organizations			
				Yes	No
	•	rning body, members of the governing body, officers acting in their official capacity, or membership of one or ted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		100	110
	directors, or	trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	, ,	erated, supervised, or controlled the organization's activities. If the organization had more than one supported describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		nization operate for the benefit of any supported organization other than the supported			
	-	s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Typ	e II Supporting Organizations			
				Yes	No
1	Were a maio	ity of the organization's directors or trustees during the tax year also a majority of the directors			
	=	f each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ent of the supporting organization was vested in the same persons that controlled or managed			
		d organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations	•		
		······································		Yes	No
1	Did the organ	nization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	-	s tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		by of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		s governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ion maintained a close and continuous working relationship with the supported organization(s).	2		
	_	the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ice in the organization's investment policies and in directing the use of the organization's			
	-				
		sets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	ion E. Tvp	ganizations played in this regard. e III Functionally Integrated Supporting Organizations	<u> </u>		
' a		ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) Ganization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b		ganization is the parent of each of its supported organizations. Complete line 3 below.			
c		ganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	c)	
2		et. Answer lines 2a and 2b below.	struction	Yes	No
		ially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
		d organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		rted organizations and explain how these activities directly furthered their exempt purposes,			
	•	nization was responsive to those supported organizations, and how the organization determined	2a		
		tivities constituted substantially all of its activities. ties described on line 2a, above, constitute activities that, but for the organization's involvement,	Zd		
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		easons for the organization's position that its supported organization(s) would have engaged in	2b		
		es but for the organization's involvement.	ZU		
		oported Organizations. Answer lines 3a and 3b below.			
	_	nization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
		ach of the supported organizations? If "Yes" or "No" provide details in Part VI.	Jd		
b	_	nization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

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<u>Schedule A (Form 990) 2021</u> FIREFLY SISTERHOOD 46-4874051 Page **6**

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mus		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities					
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
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 t	·			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	a From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

FIREFLY SISTERHOOD 46-4874051 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FIREFLY SISTERHOOD

46-4874051

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 29,157. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ \$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$ 30,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 5,000. Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

FIREFLY SISTERHOOD

46-4874051

Part II	Noncash Property (see instructions). Use duplicate copies of Po	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	STOCK		
1			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		—	
		I \$	

Schedule B (Form 990) (2021) Page **4**

Name of or	rganization		Employer identification number
FIREFLY	SISTERHOOD		46-4874051
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$\Bigsir \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \fr
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of gif	<u> </u>
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
-	Transieree 3 fiame, audress, ar		Treationship of transfer to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization Employer identification number FIREFLY SISTERHOOD 46-4874051 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) 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.

132081 10-21-21

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

FIREFLY SISTERHOOD Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CELEBRATE THE (add col. (a) through SISTERHOOD ILLUMINIGHT col. (c)) (event type) (event type) (total number) 116,098 10,585. 355 127,038. 1 Gross receipts 2 Less: Contributions 104,847 4,000. 0 108,847. Gross income (line 1 minus line 2) 11,251 6,585. 355 18,191. 4 Cash prizes 1,000 1,000. 1,000 5 Noncash prizes 1,000. Direct Expenses 24,437. 24,437. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,999. 1,906. 370 6,275. Other direct expenses 32,712. **10** Direct expense summary. Add lines 4 through 9 in column (d) -14,521. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 FIREFLY SISTERHOOD	46-487	4051	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	[Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	[-	I3a	%
b An outside facility		I3b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec		•	
Name ▶			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	amount		
of gaming revenue retained by the third party \$\bigs\\$			
c If "Yes," enter name and address of the third party:			
Name			
Address >			
16 Gaming manager information:			
Summing manager membases.			
Name ▶			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the		
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part I	I. lines 9.	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	, , , ,

Schedule G (Form 990)	FIREFLY SISTERHOOD	46-48	374051 Pag	je 4
Schedule G (Form 990) Part IV Supplemental Info	ormation (continued)			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FIREFLY SISTERHOOD

Employer identification number 46-4874051

FIREFLY SISTERHOOD	46-4874051
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
FIREFLY SISTERHOOD PROVIDES ONE-TO-ONE SOCIAL AND EMOTIONAL INTENTIONAL	
PEER SUPPORT TO WOMEN WHO HAVE BEEN IMPACTED BY A BREAST CANCER	
DIAGNOSIS. AT FIREFLY SISTERHOOD, WE EXIST TO BRING LIGHT AND HOPE TO	
WOMEN ON THEIR BREAST CANCER JOURNEY. OUR UNIQUE COMMUNITY AND	
MENTORING PROGRAM FOSTERS CONNECTIONS THAT EXTEND THE PATIENTS SUPPORT	
NETWORK BEYOND THE FAMILY AND MEDICAL COMMUNITY TO INCLUDE AMAZING	
WOMEN (SURVIVORS/THRIVERS) THAT HAD SIMILAR EXPERIENCES. FIREFLY	_
SISTERHOOD'S SUPPORTIVE SERVICES ARE FREE AND DELIVERED AT THE TIME OF	<u> </u>
DIAGNOSIS, DURING TREATMENT, AND INTO SURVIVORSHIP. WITH FIREFLY	
SISTERHOOD, NO WOMAN FACES A BREAST CANCER DIAGNOSIS ALONE.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
WOMAN CONTACTS US REQUESTING SUPPORT, SHE IS IMMEDIATELY ABLE TO FILL	
OUT AN ONLINE FORM AND WILL RECEIVE A REPLY WITH INFORMATION ON OUR	
PROGRAM AND A WELCOME EMAIL WITH NEXT STEPS IN THE MATCHING PROCESS.	
WITH FIREFLY SISTERHOOD, NO WOMAN FACES A BREAST CANCER DIAGNOSIS	
ALONE. SINCE 2014, FIREFLY SISTERHOOD HAS MATCHED OVER 2,300 WOMEN IMPACTED BY BREAST CANCER WITH A MENTOR IN OUR PROGRAM. WE ARE PROUD TO	
SAY THAT WE HAVE TRAINED 400 BREAST CANCER SURVIVORS AND THRIVERS TO	
BECOME PEER MENTOR GUIDES THAT VOLUNTEER THEIR TIME IN OUR PROGRAM TO	
SUPPORT OTHER WOMEN IN THEIR BREAST CANCER JOURNEY.	
THROUGHOUT THE YEAR, FIREFLY OFFERS 24 TRAINING SESSIONS ON A VARIETY	
OF TOPICS WITHIN BREAST CANCER AND SURVIVORSHIP BOTH IN-PERSON AND	

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

Schedule O (Form 990) 2021 Page **2**

Name of the organization FIREFLY SISTERHOOD	Employer identification number 46-4874051
VIRTUALLY. THIS HELPS TO ENSURE OUR VOLUNTEERS FEEL EQUIPPED TO PROVIDE	
EMOTIONAL AND SOCIAL SUPPORT TO OTHERS IMPACTED BY BREAST CANCER	
THROUGH THEIR SHARED AND SIMILAR EXPERIENCE. RESEARCH SHOWS THAT THE	
BREAST CANCER JOURNEY CAN BE FAR LESS FRIGHTENING WITH THE SUPPORT OF A	
SURVIVOR WHO HAS BEEN THROUGH A SIMILAR EXPERIENCE. THE PEER MENTOR	
GUIDES IN OUR PROGRAM HAVE ALSO FOUND A SOURCE OF HOPE AND INSPIRATION	
IN THEIR OWN SURVIVORSHIP THROUGH HELPING OTHERS ALONG THIS JOURNEY.	
THIS YEAR, WE MATCHED 347 WOMEN WITH A PEER MENTOR GUIDE AND TRAINED 44	
BREAST CANCER SURVIVORS AND THRIVERS WHO JOINED AS MENTORS THIS YEAR TO	
OUR EXISTING GROUP OF VOLUNTEERS THAT TOTAL 200 ACTIVE GUIDES. WE HAVE	
NOW OFFERED SUPPORT TO WOMEN IN 24 STATES THROUGH THE ABILITY TO	
CONNECT WOMEN ON VIRTUAL PLATFORMS.	_
FIREFLY IS SUPPORTED BY PRIVATE DONATIONS FROM BUSINESSES, PRIVATE	
FOUNDATIONS, CORPORATE FOUNDATIONS, AND MANY INDIVIDUAL'S GENEROSITY.	
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.	

Schedule O (Form 990) 2021 Page **2**

Name of the organization FIREFLY SISTERHOOD	Employer identification number 46-4874051
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	
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 2021 FOR THE EXECUTIVE	
DIRECTOR, AMY GALLAGHER.	
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.	