

Form 990

2024

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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

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

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

Open to Public Inspection

For the 2024 calendar year, or tax year beginning , 2024, and ending , 20 C Name of organization Sisters Rising Worldwide D Employer identification number Check if applicable: Address change Doing business as 81-3868803 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 1884 Randolph Avenue (651)245 - 3493Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$1,605,345. Saint Paul, MN 55105 Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer: Application pending Sister Irene O'Neill, 1884 Randolph Avenue, Saint Paul, MN 55105 H(b) Are all subordinates included? 🗌 Yes 🔲 No Tax-exempt status: **X** 501(c)(3)) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. 501(c) (Website: **H(c)** Group exemption number srw.org Form of organization: X Corporation Trust Association L Year of formation: 2016 M State of legal domicile: MN Part I **Summary** Briefly describe the organization's mission or most significant activities: Support powerful women doing powerful work. Activities & Governance Check this box \Box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 1b) . 8 4 5 5 0 Total number of individuals employed in calendar year 2024 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year** Contributions and grants (Part VIII, line 1h) 8 1,604,483. 1,817,904 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,327 862. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0. 0. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,823,231. 1,605,345. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 513,631. 853,850. 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 66,788. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 253,552 355,689. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 833,971. 1,209,539. 19 Revenue less expenses. Subtract line 18 from line 12 989,260. 395,806. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,869,988. 2,265,794. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 1,869,988. 2,265,794. Part II **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 06/24/2025 Sign Signature of officer Date Here Sister Irene O'Neill, President Type or print name and title Preparer's name Preparer's signature Paid Burbain M. ViElinsh self-employed 06/27/2025 Barbara M. Zielinski P01322973 Preparer Firm's EIN Firm's name ZIELINSKI & ASSOCIATES PC 43-1311065 **Use Only** Firm's address 1859 BOWLES AVENUE, SUITE 100, FENTON, MO 63026 Phone no. (314)644-2150 May the IRS discuss this return with the preparer shown above? See instructions Yes □ No

Part		vice Accomplisnments is a response or note to any line in this F	Dart III							
1	Briefly describe the organization's r	· · · · · · · · · · · · · · · · · · ·	- art III	· · · · <u></u>						
•	Support powerful women of	loing novembal words								
	Did the executivation and others and									
2		significant program services during the y		Yes ⊠ No						
	If "Yes," describe these new service			Tes ANO						
3		ucting, or make significant changes in	how it conducts, any program							
				Yes ⊠ No						
	If "Yes," describe these changes or	n Schedule O.								
4		m service accomplishments for each of it								
		01(c)(4) organizations are required to repo	rt the amount of grants and alloca	tions to others						
	the total expenses, and revenue, if	any, for each program service reported.								
40	(Codo: \ /Evpansos \$ 1	110 CE2 including grants of \$	0) (Payanua ¢	0)						
4a		,110,653. including grants of \$_echnology_platform, Sisters F								
		ecumology platform, Sisters rossible for Sisters to overco								
		and separate congregations in								
		and strategies that solve the								
		ne world. The organization ha								
	implemented a website and other technology tools to make it possible to									
		sters worldwide, allowing the								
		understandings and allow ot								
		ations and support directly t								
	the ground in some of the	ne world's most vulnerable co	mmunities.							
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
<i>A</i> -1	Other pregram continue (Describe	on Cahadula O \								
4d	Other program services (Describe of (Expenses \$ include)		. .							
4e	Total program service expenses	ing grants of \$) (Revenue 1,110,653.	; v							
70	i stai program soi vioo expenses	エ , エエひ , ひりり •								

Part	Checklist of Required Schedules			3-
			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
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		×
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		×
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		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
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	×	

Part l	Checklist of Required Schedules (continued)			
r ar c	onodalos of rioquirou conodalos (somanaca)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		
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		×
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	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		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	×	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		×
Part				<u> </u>
	and the state of t	- •	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b							
4a									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
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).								
ъа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		×					
6a	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		×					
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		×					
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	_							
A	required to file Form 8282?	7c		×					
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
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.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b							
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	1							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-							
13	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.	13a							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
_b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	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?	4-		×					
		15		^					
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×					
	If "Yes," complete Form 4720, Schedule O.	10							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.										
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	×							
Secu	on 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 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.	_	163	140							
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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		×							
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		×							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×							
6	Did the organization have members or stockholders?	6									
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		×							
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		×							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	×								
b	Each committee with authority to act on behalf of the governing body?	8b	×								
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.)								
			Yes	No							
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<u>×</u>							
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×								
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	×								
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	×								
40	describe on Schedule O how this was done	12C	~	<u></u>							
13 14	Did the organization have a written whistleblower policy?	13 14	×								
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?	14	^								
а	The organization's CEO, Executive Director, or top management official	15a		×							
b	Other officers or key employees of the organization	15b		×							
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		×							
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	100									
	organization's exempt status with respect to such arrangements?	16b									
Secti	on C. Disclosure	00		<u> </u>							
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-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	01(c)							
19	☑ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,							
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords									

Sister Irene O'Neill, 1884 Randolph Avenue, Saint Paul, MN 55105 (651)245-3493

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	١,				e tnan d is both		Reportable	Reportable	Estimated amount
	hours per week			d a d		or/trust		compensation from the	compensation from related	of other compensation
	(list any	or o	Ins	Officer	ē.	Hig	For	organization (W-2/	organizations (W-2/	from the
	hours for	direc	titut	icer	/ em	hes	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ual t	iona		Key employee	ee cor	`	1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	Ē		yee	npe				
	dotted line)	e	Institutional trustee			Highest compensated employee				
			L"			ed				
(1) Sister Irene O'Neill	40.00									
Chair	0.00	×		×						
(2) Sister Patty Johnson	2.00									
Vice-Chair	0.00	×		×						
(3) Sister Judy Molosky	2.00									
Secretary/Treasurer	0.00	×		×						
(4) Sister Ann Oestreich	2.00									
Director	0.00	×								
(5) Sister Mary Amanda Nwagbo	2.00									
Director	0.00	×								
(6) Sister Mary Kay Brooks	2.00									
Director	0.00	×								
(7)Sister Carol Wagner	2.00									
Director	0.00	×								
(8) Sister Sandra Helton	2.00									
Director	0.00	×								
(9) Sister Mary Ann Collins	2.00									
Director	0.00	×								
(10)										
(11)										
(12)										
(13)										
(14)										
		l				1				

Part	VII Section A. Officers, Directors,	Γrustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated E	Emplo	yees (c	ontinued)
						C)							
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)			(F)
	Name and title	Average hours	box, unless person is I officer and a director/t						Reportable compensation	Reports compens	sation	of	ed amount other
		per week (list any	or o	Ins	Officer	₹ e	Hig	For	from the organization (W-2/	from rel organization			ensation m the
		hours for related	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-M 1099-N	ISC/		zation and rganizations
		organizations	al tru	onal t		oloye	comp		1000 1120)			· olatoa o	. ga2400
		dotted line)	stee	ruste		ď	oensa						
				ď			ated						
(15)			_										
(16)													
(10)		 	1										
(17)													
(4.0)													
(18)			-										
(19)													
(20)			-										
(21)													
3=:/			1										
(22)													
(00)													
(23)			-										
(24)													
(25)			-										
1b	Subtotal		L										
С	Total from continuation sheets to Part	VII, Section	n A										
d	Total (add lines 1b and 1c)												
2	Total number of individuals (including bur reportable compensation from the organ		d to th	iose	list	ed	above	e) w	ho received mor	e than \$10	00,000	of	
	reportable compensation from the organ	IZULIOTI											Yes No
3	Did the organization list any former							mpl	loyee, or highes	st compe	nsated		
	employee on line 1a? If "Yes," complete											3	×
4	For any individual listed on line 1a, is the organization and related organizations												
	individual											4	×
5	Did any person listed on line 1a receive of									tion or ind	lividual		
<u> </u>	for services rendered to the organization	? If "Yes," o	compl	ete	Sch	nedu	ule J 1	for s	such person .			5	×
Secti 1	on B. Independent Contractors Complete this table for your five high	nest comp	ensate	<u>-</u>	inde	nei	ndent		ontractors that i	eceived i	more 1	than \$1	00 000 of
•	compensation from the organization. Rep												
	(A)								(B)			(C)	
	Name and business add	Iress							Description of ser	vices	(Compensa	ation
		<i>.</i>											
2	Total number of independent contractor received more than \$100.000 of compens	•	_				ed to	o th	nose listed abov	e) who			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaig Membership dues Fundraising events Related organization	 ns .		1a 1b 1c 1d	95,095.				
ibutions, G Other Simil	e f g	Government grants All other contribution and similar amounts no Noncash contribution	ons, gifts, grants, not included above tions included in		1,509,388.					
ontri and C		lines 1a–1f			1g		1 604 402			
O	h	Total. Add lines 1a-	-IT .				1,604,483.			
Program Service Revenue	2a b c					Business Code				
ra e	d									
Prog I	e f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-								
	3 4	Investment income (including dividended other similar amounts)					862.	862.	0.	0.
	5	Royalties								
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)					-			
	d	Net rental income o		s)		1				
	7a	Gross amount from	1 (103.	(i) Securit	ies	(ii) Other				
	7 a	sales of assets other than inventory	7a	(i) Geodini		(ii) Guici				
Revenue	b	Less: cost or other basis and sales expenses .	7b							
lev		Gain or (loss)	7c							
_	d	Net gain or (loss)								
Other	8a	Gross income from events (not including of contributions replace). See Part IV, line	\$ <u>9</u> porte e 18	5,095. d on line	8a					
	b	Less: direct expens			8b					
	c 9a	Net income or (loss) Gross income f activities. See Part I	from	gaming	g eve	ents				
	L	Less: direct expens			9a 9b		-			
		Net income or (loss)				1				
			nvent		10a	55				
	b	Less: cost of goods	sold		10b					
	C	Net income or (loss)				ory				
(0			, 511			Business Code				
Miscellaneous Revenue	11a b	Miscellaneous				900099	0.	0.	0.	0.
ella ve	C									
Re	d	All other revenue								
Σ	-	Total. Add lines 11a	a–11c	d			0.			
	12	Total revenue. See					1,605,345.	862.	0.	0.
		. Juli i Juliudi Occ		40110110			1 - 1 0 0 0 1 0 1 0 .		· .	, 0.

	Statement of Functional Expenses				Page II
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line			
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	85,354.	85,354.		
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	768,496.	768,496.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c d	Legal				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	244,459.	169,455.	33,788.	41,216
12	Advertising and promotion	1,051.	0.	0.	1,051
13	Office expenses	3,638.	96.	1,602.	1,940.
14	Information technology	90,849.	87,053.	2,450.	1,346.
15	Royalties				
16	Occupancy				
17 18	Travel	7,719.	0.	146.	7,573.
19 20	Conferences, conventions, and meetings . Interest	2,298.	199.	0.	2,099
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Web and Digital Design	0.	0.	0.	0 .
b	Other Expenses	4,319.	0.	4,097.	222.
С	Fund Raising Events	1,356.	0.	0.	1,356.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,209,539.	1,110,653.	42,083.	56,803
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)				

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
	1 2	Cash—non-interest-bearing	575,208. 284,780.	1 2	1,190,794.
	3 4 5	Pledges and grants receivable, net	1,010,000.	3 4	1,075,000.
	6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined		5	
Assets	7 8 9 10a	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net		6 7 8 9	
	b 11 12 13 14 15	Less: accumulated depreciation		10c 11 12 13 14 15	
	16 17 18 19	Total assets. Add lines 1 through 15 (must equal line 33)	1,869,988.	16 17 18 19	2,265,794.
Liabilities	20 21 22	Tax-exempt bond liabilities		20 21 22	
Liabi	23 24 25	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		23 24 25	
Ses	26	Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	27 28	Net assets without donor restrictions	1,572,536. 297,452.	27 28	2,218,794. 47,000.
Assets or Fu	29 30 31	Capital stock or trust principal, or current funds		29 30 31	
Net	32 33	Total net assets or fund balances	1,869,988. 1,869,988.	32 33	2,265,794. 2,265,794. Form 990 (2024

Form 990 (2024) Page **12**

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,6	505,3	345.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	209,5	39.				
3	Revenue less expenses. Subtract line 2 from line 1	3	3	395,806.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,8	1,869,988.					
5	5 Net unrealized gains (losses) on investments								
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							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	2,2	265,7	794.				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-1-!-							
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	Jiain	On						
_									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				×				
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both.	piiea	or						
	Separate basis Consolidated basis Both consolidated and separate basis		01-						
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit-		. 2b	×					
	separate basis, consolidated basis, or both.	ea or	ı a						
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	reiaht	of						
C	the audit, review, or compilation of its financial statements and selection of an independent accountar			×					
	If the organization changed either its oversight process or selection process during the tax year, ex								
	Schedule O.	piani							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the						
'	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo t	the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .	. 3b						

REV 05/23/25 PRO Form **990** (2024)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

	of the organization					Employer identification	number			
	ers Rising Worldwide					81-3868803				
Par							ons.			
The c	organization is not a private founda		,		-	,				
1	A church, convention of churc					0(b)(1)(A)(i).				
2	A school described in section			-		\/A\/:::\				
3 4	☐ A hospital or a cooperative hospital or a cooperative hospital or a medical research organization						(iii) Enter the			
7	hospital's name, city, and state	e:								
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local govern									
7	An organization that normally described in section 170(b)(1)			port from	ı a gover	nmental unit or from	the general public			
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organ or university or a non-land-grauniversity:									
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its			
11	☐ An organization organized and		•	, , ,	•	,				
12	☐ An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of			
	one or more publicly supported the box on lines 12a through 12									
а	☐ Type I. A supporting organithe supported organization supporting organization. You will be a supporting organization. You will be a supporting organization. You will be a supporting organization.	(s) the power to	regularly appoint or e	lect a ma	jority of t					
b		-	-			supported organizati	on(s), by having			
	control or management of organization(s). You must	the supporting o	rganization vested in	the same						
С	Type III functionally integ its supported organization(ally integrated with,			
d	☐ Type III non-functionally	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)			
	that is not functionally integred requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	• • • • • • • • • • • • • • • • • • • •			
е		*	•		-		all Type III			
Ŭ	functionally integrated, or						e ii, Type iii			
f	Enter the number of supported of									
g	Provide the following information	about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total	<u> </u>									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2021 (d) 2023 (a) 2020 (c) 2022 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 678,330. 1,344,821. 1,928,267. 1,735,418. 6,000,051. 313,215. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 678,330. 1,344,821. 1,928,267. 1,735,418. 6,000,051. 313,215. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 6,000,051. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 313,215. 678,330. 1,344,821. 1,928,267. 1,735,418. 6,000,051. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 5,327. 205. 862. 6,394. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 6,006,445. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 99.89% 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support			, ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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	 					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	() 0000	(1.) 0004	() 0000	/ I) 0000	() 0004	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	•		•	ear as a sectio	. , , ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8						%
16	Public support percentage from 2023 Sch	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2024 (•	. ,,		%
18	Investment income percentage from 2023						%
19a	331/3% support tests—2024. If the organ						
-	17 is not more than 331/3%, check this box		-	-		-	_
b	331/3% support tests—2023. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this l		_	•	-		_
20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, 0	cneck this box	and see instru	ctions . 🔲

Part IV **Supporting Organizations**

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

Se

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

10b

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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	c)
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	La		
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OI-		
•		2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	20		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

				9
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	_	integrated Type III suppo	rting organization
'	(see instructions)	any I	incgrated Type III Suppo	ing organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (iii) (ii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 **a** From 2019 From 2020 **c** From 2021 **d** From 2022 From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization Sisters Rising Worldwide 81-3868803 Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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

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).

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Kopp Family Foundation 8500 Mormandale Lake Blvd. Suite 475 Minneapolis MN 55437	\$250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Pohlad Family Foundation 2520 West Lake of the Isles Minneapolis MN 55405	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Whaley Family Foundation 1327 Riverside lane Saint Paul MN 55118	\$ 50,000.	Person X Payroll
(a)	(b)	()	/ IN
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Thynk Consulting 1178 Broadway, 3rd Floor #3209	Total contributions	Person Payroll Noncash (Complete Part II for
No. 4	Name, address, and ZIP + 4 Thynk Consulting 1178 Broadway, 3rd Floor #3209 New York NY 10001 (b)	\$ 48,367.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 Thynk Consulting 1178 Broadway, 3rd Floor #3209 New York NY 10001 (b) Name, address, and ZIP + 4 Sisters of St. Joseph of Carondelet 10777 Sunset Office Drive	\$ 48,367.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7	Sisters of St. Joseph of Carondelet in Los Angeles 11999 Chalon Rd. Los Angeles CA 900491524	\$ 30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Conrad N. Hilton Fund for Sisters 1 Dole Drive Thousand Oaks CA 91362	\$40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Donald and Kelly Young Family Foundation 907 Pondview Lane Kissimmee FL 34747	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name address and /ID + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 Sisters of St. Joseph of Orange 480 S. Batavia St. Orange CA 92868	Total contributions \$16,000.	Person Payroll Complete Part II for noncash contributions.
-	Sisters of St. Joseph of Orange 480 S. Batavia St. Orange CA 92868 (b)	\$16,000.	Person Payroll Noncash (Complete Part II for
10 (a)	Sisters of St. Joseph of Orange 480 S. Batavia St. Orange CA 92868	\$16,000.	Person
10 (a) No.	Sisters of St. Joseph of Orange 480 S. Batavia St. Orange CA 92868 (b) Name, address, and ZIP + 4 Joan Payden 11 Sea Colony Drive	\$16,000. (c) Total contributions	Person

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Lauro A Braganza PO Box 20081 Bakersfield CA 93390	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	James and Margaret Burt 1491 Edgcumbe Rd Saint Paul MN 551161702	\$25,479.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Judy Dyrud 2198 Granite Falls CT Grand Junction CO 815077710	\$ 25,000.	Person X Payroll
(a)	(b)	(0)	(-1)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Ed Flaherty 7425 Auto Club Road	Total contributions	Person Payroll Noncash (Complete Part II for
16 	Name, address, and ZIP + 4 Ed Flaherty 7425 Auto Club Road Minneapolis MN 554382432 (b)	\$ 25,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
16 (a) No.	Name, address, and ZIP + 4 Ed Flaherty 7425 Auto Club Road Minneapolis MN 554382432 (b) Name, address, and ZIP + 4 Don Hall 3701 Bryant Ave #712	\$ 25,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization
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81-3868803

Part I	Contributors	(see instructions)	. Use duplicate c	opies of Part I if additional	space is needed.
	O O I I I I I I I I I I I I I I I I I I	(000 111011 40110110)	. Coo aapnoato o	opioo oi i ait i ii aaaitiona	opaco io ricoaca.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Kerri and Travis McAfoos 2700 E. Cedar Ave. Denver CO 80209	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	James McGuire 33 Bello Drive Minneapolis MN 55439	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Jeannie Olofson 266 Orange Grove Road Palm Beach FL 33480	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person X
22	Richard Voelbel 4446 Thomas Ave. Minneapolis MN 55410	\$25,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	4446 Thomas Ave.	\$ 25,000. (c) Total contributions	Payroll
(a)	4446 Thomas Ave. Minneapolis MN 55410 (b)	(c)	Payroll
(a) No.	4446 Thomas Ave. Minneapolis MN 55410 (b) Name, address, and ZIP + 4 Susan Kantor 5635 E. Nichols Lane	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization Sisters Rising Worldwide 81-3868803

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Joseph Gryskiewicz 6704 Cornelia Drive Minneapolis MN 55435		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Rita Larrivee 224 Beaver Run Lane Williamston SC 29697		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Jack and Catherine Brennan 137 Marlborough Street Apt 9 Boston MA 02116	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Jacqueline Dietz 1915 Saunders Ave Saint Paul MN 55116	\$ 10,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	Laura Tye 9921 Carmel Mountain Rd San Diego CA 92129	\$\$,143	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Karen and Steve Sonnenberg 3430 W. Bde Maka Ska Parkway Minneapolis MN 55416	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Sisters of the Holy Cross Notre Dame, Indiana 100 Lourdes Hall St. Mary's Notre Dame IN 46556	\$ 7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	Michele Smith PO Box 9509	\$6,000.	Person X Payroll Noncash
	Warwick RI 028890509		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	Mitchell Berg W2331 Haider Rd Sarona WI 54870	\$5,052.	Person X Payroll
(a)	(b)	(-)	/ D
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$5,000.	
No.	Name, address, and ZIP + 4 Lauro A. Braganza PO Box 20081	Total contributions	Person Payroll Noncash (Complete Part II for
No. 34	Name, address, and ZIP + 4 Lauro A. Braganza PO Box 20081 Bakersfield CA 93390 (b)	\$ 5,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
34 (a) No.	Name, address, and ZIP + 4 Lauro A. Braganza PO Box 20081 Bakersfield CA 93390 (b) Name, address, and ZIP + 4 Bob and Terri DiMeo 333 N Canal St. #30004	\$ 5,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Jamie Haenggi 15247 Southwest 130th Street Rose Hill KS 67133	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	Thomas Lanctot 200 State Street 15th Floor Boston MA 02109	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	James McGuire 33 Bello Drive Minneapolis MN 55439	\$5,000.	Person X Payroll
(2)	/b\	()	. n
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Joe Micallef 7 Montcalm Court	Total contributions	Person Payroll Noncash (Complete Part II for
40 (a)	Name, address, and ZIP + 4 Joe Micallef 7 Montcalm Court Saint Paul MN 55116 (b)	\$ 5,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
40 (a) No.	Name, address, and ZIP + 4 Joe Micallef 7 Montcalm Court Saint Paul MN 55116 (b) Name, address, and ZIP + 4 Monica Murphy 2501 Lake Place	\$ 5,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Part II	Noncash Property	(see instructions).	. Use duplicate copies o	of Part II if additional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	109 shares of Apple Stock	\$ 25,479.	12/05/2024
(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
		\$	

Sisters Rising Worldwide

Name of organization

Employer identification number

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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) are the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transfer	_	nship 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, an	(e) Transfer		nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
(a) No. from Part I	Transferee's name, address, an	(e) Transfer d ZIP + 4	sfer of gift Relationship of transferor to transferee		
	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transfer d ZIP + 4	_	nship of transferor to transferee	

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization		Employer identification number
Sis	ters Rising Worldwide		81-3868803
	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ds or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and		
	only for charitable purposes and not for the benefit		· · · — —
	conferring impermissible private benefit?		· · · · · · ∐ Yes ∐ No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	·	of a historically important land area
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
•	Preservation of open space	ld a sublified appearation contribution	n in the forms of a consequention
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a quaimed conservation contribution	
	,		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
C C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line on a historic structure listed in the National Register		
2			· 2d
3	Number of conservation easements modified, transthe organization during the tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
•	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, a	
•	and the second s		
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, a	nd enforcina
	and the second s		
8	Does each conservation easement reported on line	2d above satisfy the requirements of	section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	sheet, and include, if applicable, the text of the foot	note to the organization's financial sta	atements that describes the
	organization's accounting for conservation easemer	nts.	
Part	Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	· •	
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		search in furtherance of public service,
	provide the following amounts relating to these item	ns.	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		· \$
2	if the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA		
a	Revenue included on Form 990, Part VIII, line 1 .		· · · · \$
b	Assets included in Form 990. Part X		

Part	Organizations Maintaining Coll	ections of Art, I	Historical	i reasures,	, or Otr	ier Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other re	cords, che	ck any of the	e followi	ng that make sig	nificant us	se of its
а	☐ Public exhibition		d 🗌 Loar	or exchang	e progra	ım		
b	☐ Scholarly research		e 🗌 Othe	er				
С	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and e	xplain how	they further	the orga	anization's exem _l	ot purpose	in Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than						☐ Yes ☐	□ No
Part	IV Escrow and Custodial Arrange	ments						
	Complete if the organization answays 990, Part X, line 21.						ount on Fo	orm
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						☐ Yes ☐	No
b	If "Yes," explain the arrangement in Part XII	I and complete th	e following	table.		Am	ount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on	Form 990, Part X,	line 21, for	escrow or cu	ustodial	account liability?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I. Check here if th	e explanation	on has been	provided	d in Part XIII .		
Par	V Endowment Funds							
	Complete if the organization answ	wered "Yes" on	Form 990,	Part IV, line	e 10.			
	(a)	Current year (b	Prior year	(c) Two year	rs back	(d) Three years back	(e) Four yea	ırs back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	rrent year end bal	ance (line 1	g, column (a)) held a	s:		
а	Board designated or quasi-endowment	%	•		••			
b	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
3a	Are there endowment funds not in the pos	session of the org	anization th	nat are held	and adn	ninistered for the		
	organization by:						Ye	s No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organize	zations listed as re	quired on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the	e organization's e	ndowment	funds.				
Part	VI Land, Buildings, and Equipmen	t						
	Complete if the organization answ	wered "Yes" on	Form 990,	Part IV, line	e 11a. S	See Form 990, F	Part X, line	e 10.
	Description of property	(a) Cost or other bas (investment)	1 ' '	or other basis (other)		ccumulated preciation	(d) Book va	llue
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment							
e	Other							
	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	art X, line 10	Oc, column (E	3))			

Part VII	Investments – Other Securities	m 000 Dort IV lin	o 11b Coo Form	OOO Dort V line 10
	Complete if the organization answered "Yes" on For (a) Description of security or category	(b) Book value		i 990, Part X, iine i∠. hod of valuation:
	(including name of security)	(b) Book value	, , ,	of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments—Program Related			
Pait VIII	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		hod of valuation:
	(a) Description of investment	(b) Book value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	e 11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	e 11e or 11f. See	e Form 990, Part X,
	line 25.	, ,		, ,
1.	(a) Description of liability			(b) Book value
(1) Federal in	icome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	· · · · · · · · · · · · · · · · · · ·			
	uncertain tax positions. In Part XIII, provide the text of the footnote in the little footnote in the second secon			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	c nere it the text of the	e tootnote has been	provided in Part XIII . 🔲

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retur	n
	Complete if the organization answered "Yes" on Form 990, I		-		
1	Total revenue, gains, and other support per audited financial statements			1	1,736,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	1773072001
– a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	130,935.	-	
c	Recoveries of prior year grants	2c	150,755.	-	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	130,935.
3	Subtract line 2e from line 1			3	1,605,345.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[1,003,313.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	-		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,605,345.
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	r Ret	
	Complete if the organization answered "Yes" on Form 990, I				
1				1	1,340,474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · ·
а	Donated services and use of facilities	2a	130,935.		
b	Prior year adjustments	2b	·		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	130,935.
3	Subtract line 2e from line 1			3	1,209,539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,209,539.
Part	XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	format	tion.

	m 990) (Rev. 12-2024)		Page :
Part XIII	Supplemental Information (con	ntinued)	
	Соррения на населения (ос		

SCHEDULE F (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	or the organization					mpioyer identifi	
	ers Rising Worldwide					31-3868803	
Par	General Information Form 990, Part IV, line	on Activit 14b.	ies Outside	the United States. Com	plete if the organ	ization answe	ered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility	for the grants				es 🗌 No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	g the use of its g	rants and oth	er assistance
3	Activities per Region. (The fo	llowing Part	, line 3 table o	can be duplicated if addition	al space is neede	ed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program sendescribe specific service(s) in the	vice, ex type of an	(f) Total spenditures for ad investments in the region
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(17) 3a	Subtotal						
b	Total from continuation sheets to Part I						
С	Totals (add lines 3a and 3b)						

Page **2**

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		East Asia and Pacific	1 Program-Austrailia	6,000.	wire transfer			
(2)		Sub-Saharan Africa	1 Program-Cameroon	68,487.	wire transfer			
(3)		Central America	1 Prgram-El Salvador	35,000.	wire transfer			
(4)		Sub-Saharan Africa	1 Program Gambia	15,000.	wire transfer			
(5)		Sub-Saharan Africa	1 Program Ghana	12,000.	wire transfer			
(6)		Central America	1 Program-Haiti	35,000.	wire transfer			
(7)		South Asia	11 Programs-India	232,000.	wire transfer			
(8)		Middle East	1 Program-Israel	21,000.	wire transfer			
(9)		Sub-Saharan Africa	3 Programs-Kenya	46,875.	wire transfer			
(10)		Sub-Saharan Africa	1 Program-Malawi	53,652.	wire transfer			
(11)		Sub-Saharan Africa	6 Programs-Nigeria	83,482.	wire transfer			
(12)		Sub-Saharan Africa	1 Program-South Suda	30,000.	wire transfer			
(13)		Sub-Saharan Africa	2 Programs-Uganda	65,000.	wire transfer			
(14)		Russia	2 Programs-Ukraine	36,000.	wire transfer			
(15)		Sub-Saharan Africa	3 Programs-Zambia	29,000.	wire transfer			
(16)					wiking by the favoirus			

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

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV	Foreign	Forms

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

Supplemental Information

Part V

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

varrie or trie organization					Employer identilie	cation number
Sisters Rising Worldwide					81-3868803	
Fundraising Activities Form 990-EZ filers are				vered "Yes" on F	Form 990, Part IV,	line 17.
1 Indicate whether the organizati	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
a Mail solicitations		e [Solicitati	ion of nongovernn	nent grants	
b Internet and email solicitation	ons	f [Solicitat	ion of government	grants	
c Phone solicitations		q [fundraising events		
d In-person solicitations		9 =	0 000.0			
2a Did the organization have a wr	itten or oral agre	ement with	any individ	dual (including offi	cers directors trust	·ees
or key employees listed in Forr						
b If "Yes," list the 10 highest pai compensated at least \$5,000 b	d individuals or e	entities (fun		•	•	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Гоtal						
3 List all states in which the org registration or licensing.	anization is regis		ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

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
			Pickleball fundraiser	Pier to Park Run	None (total number)	(add col. (a) through col. (c))
<u>o</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	32,645.	59,949.		92,594.
Re		·	,			
	2	Less: Contributions				
	3	Gross income (line 1	22.645	F0 040		00 504
$\overline{}$		minus line 2)	32,645.	59,949.		92,594.
	4	Cash prizes				
		·				
	5	Noncash prizes				
es	6	Rent/facility costs				
ens	U	Hentriacinty costs				
Direct Expenses	7	Food and beverages				
ect						
Ë	8	Entertainment				
	9	Other direct expenses .	1,356.			1,356.
	Ū	outer all out expenses.	1,330.	<u> </u>	l	1,330.
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		1,356.
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		91,238.
Pa	rt II	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form !	990, Part IV, line 19,	or reported more than
_O		¥ 1.5,555 511 1 51111 555 <u>—</u>		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Şeç						
_	1	Gross revenue				
တ္သ	2	Cash prizes				
SUS		,				
Direct Expenses	3	Noncash prizes				
뒪	4	Dont/facility agets				
Dire	4	Rent/facility costs				
	5	Other direct expenses .				
			☐ Yes%	☐ Yes%	☐ Yes%	
	6	Volunteer labor	☐ No	☐ No	□ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	•	Billoct oxponed dammary. No	ia mico z amoagii o m o			
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
_						
9		Enter the state(s) in which the or Is the organization licensed to co			s?	Yes No
		f "No," explain:				
	_					
	-					~
10		Were any of the organization's g If "Yes," explain:	_	•	-	
	. I	н 165, баріані.				
	-					

11 12	Does the organization conduct gaming activities with nonmembers?		
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility	⊔ res	_ No %
ь 14	An outside facility		% %
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		☐ No
c	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter the name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions: 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 spent in the organization's own exempt activities during the tax year		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio See instructions.		

Page 3

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

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Sisters Rising Worldwid	le					8:	1-3868803
Part I General Information	n on Grants and	Assistance					
 Does the organization maint and the selection criteria use Describe in Part IV the organ Part II Grants and Other As Part IV, line 21, for an 	ed to award the granization's proceduresistance to Do	ants or assistance es for monitoring mestic Organi :	e?	inds in the United	States. ents. Complete if	the organization a	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Lifeway Network-Human Trafficking Survivors PO Box 8654 Tarrytown NY 10591	.		40,000.				2 Programs Funding
(2) Loretto Literary and Benevolent Institution 515 Nerinx Rd. Nerinx KY 40049			45,355.				2 Programs Funding
(3)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other of	organizations listed	I in the line 1 tabl	e				
Fau Danamusul, Dadustian Ast Nation		- f F 000					

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1									
2									
3									
4									
5									
6									
7									
art IV	Supplemental Information. Pro	vide the information re	equired in Part I. I	ine 2: Part III. colum	n (b): and any other additi	onal information.			
				, ,	, , ,				
						·			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 20**24**

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

Employer identification number

Sisters Rising Worldwide 81-3868803 **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art-Historical treasures . . 3 Art-Fractional interests . . 4 Books and publications . . 5 Clothing and household goods 6 Cars and other vehicles . . 7 Boats and planes . . . 8 Intellectual property . . . 9 Securities—Publicly traded . X 25,479. FMV Securities - Closely held stock 10 Securities - Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate-Residential . . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . . 24 Archeological artifacts . . 25 26 Other (_____) 27 28 Other (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a × **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 × 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a × If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

Schedule M (Form 990) 2024 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

name of the organization	Employer Identification number
Sisters Rising Worldwide	81-3868803
Pt VI, Line 11b: Organization's Process to Review Form 990	
will receive a copy of the Form 990 and have the ability to	review and ask questions
	Teview and ask quescions
regarding the form.	
Pt VI, Line 19: Governing Documents Disclosure Explanation	- Documents are available
upon request.	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No.	1545-0047

For calendar year 2024, or fiscal year beginning , 2024, and ending , 20

2024

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Sisters Rising Worldwide 81-3868803 Name and title of officer or person subject to tax Sister Irene O'Neill, President Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . X **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . 1,605,345. Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) 2b 2a **b Total tax** (Form 1120-POL, line 22) За Form 1120-POL check here . . 3b Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) Form 8868 check here 5b **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here . . . 7a Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) 7b **Form 5227** check here . . . 8a **b FMV of assets at end of tax year** (Form 5227, Item D) 8b **Form 5330** check here . . . □ **b Tax due** (Form 5330, Part II, line 19) 9a 9b 10a 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of periury. I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ▼ lauthorize ZIELINSKI & ASSOCIATES PC to enter my PIN as my signature **ERO firm name** Enter five numbers, but on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 06/24/2025 Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 8 5 2 6 2 2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Bulbain M. Villinshi Date 06/27/2025 ERO's signature

Do Not Submit This Form to the IRS Unless Requested To Do So

ERO Must Retain This Form — See Instructions

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For the	2023 calend	dar year, or tax year beginning , 2023, and end	ing		, 20				
В	Check if	applicable:	C Name of organization Sisters Rising Worldwide		D Emple	oyer identification number				
	Address	change	Doing business as		81-38	368803				
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number				
	Initial ret	urn	1884 Randolph Avenue		(651	245-3493				
$\overline{\Box}$	Final retu	nal return/terminated								
$\overline{\Box}$	Amende		Saint Paul, MN 55105		G Gross receipts \$1,823,231.					
$\overline{\Box}$	Applicati	on pending	F Name and address of principal officer:	H(a) Is this a gr		or subordinates? Yes X No				
				1		es included? Yes No				
П	Tax-exe	npt status:	X 501(c)(3)			st. See instructions.				
J	Website	: srw.o	rq	H(c) Group e	xemption	number				
K	Form of o	organization: 🛚	Corporation Trust Association Other L Year of form	nation: 2016	M State	of legal domicile: MN				
Р	art I	Summa	ry							
	1		cribe the organization's mission or most significant activities: Suppo	ort powerful w	omen d	oing powerful work.				
9		•								
Activities & Governance										
ern	2	Check this	box if the organization discontinued its operations or disposed	of more than 25	5% of it	s net assets.				
30	3	Number of	voting members of the governing body (Part VI, line 1a)		3	8				
જ	4	Number of	independent voting members of the governing body (Part VI, line 1	b)	4	8				
ies	5		per of individuals employed in calendar year 2023 (Part V, line 2a)		5	0				
ΞΞ	6		per of volunteers (estimate if necessary)		6	50				
Ac	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.				
	b		ted business taxable income from Form 990-T, Part I, line 11		7b	0.				
				Prior Yea	r	Current Year				
Φ	8	Contributio	ons and grants (Part VIII, line 1h)	1,344,	821.	1,817,904.				
Ď	9		ervice revenue (Part VIII, line 2g)			<u> </u>				
Revenue	10	_	t income (Part VIII, column (A), lines 3, 4, and 7d)		205.	5,327.				
ď	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3 .	580.	0.				
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,348,		1,823,231.				
	13	•	d similar amounts paid (Part IX, column (A), lines 1-3)		772.	513,631.				
	14		aid to or for members (Part IX, column (A), line 4)							
S	15	-	her compensation, employee benefits (Part IX, column (A), lines 5–10)							
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)	26	077.	66,788.				
per	b		raising expenses (Part IX, column (D), line 25) 82,373.			337.337				
Ж	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	267	614.	253,552.				
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		463.	833,971.				
	19	-	ess expenses. Subtract line 18 from line 12		143.	989,260.				
or				Beginning of Curr		End of Year				
ets	20	Total asset	ts (Part X, line 16)		727.	1,869,988.				
Ass J Ba	21		ties (Part X, line 26)							
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20	880	727.	1,869,988.				
Pa	art II	Signatu	re Block							
Un	der pena		, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	e best of	my knowledge and belief, it is				
tru	e, correct	, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowled	dge.					
				06	/07/2	024				
Sig	gn	Signature of	officer	Date						
He	ere	Sist	ter Irene O'Neill, President							
			name and title							
<u> </u>	.: al	Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN				
Pa		Barbar	ra M. Zielinski	06/10/2024	self-emp					
Preparer Finnis name ZIBI INGVI C AGGOCTAMEG DG						43-1311065				
US	se Onl	Firm's add		Firm's		14)644-2150				
Ma	v the IF		this return with the preparer shown above? See instructions		()	X Yes No				

Part		Program Service A		ling in this Part II	l						
1	Briefly describe the c			ille III tills Fart II	· · · · · · · · · · · · · · · · · · ·	· · · · <u> </u>					
•			powerful work.								
2	Did the organization	undertake any signifi	cant program services	during the year w	hich were not listed on the						
2						☐ Yes 区 No					
	If "Yes," describe the										
3	Did the organization	cease conducting,	or make significant of	changes in how	it conducts, any program						
						☐ Yes ☒ No					
	If "Yes," describe the	-									
4	expenses. Section 5	01(c)(3) and 501(c)(4)		ired to report the	e largest program services, amount of grants and alloc						
4a	(Code:) (E	Expenses \$ 735,	124. including grants	of \$	0.) (Revenue \$	0.)					
					ng Worldwide is						
					the challenges						
					der to						
					oot causes of						
					eveloped and						
		implemented a website and other technology tools to make it possible to support over 650,000 Sisters worldwide, allowing them to communicate									
	their needs, share their understandings and allow others to join their mission by focusing donations and support directly to nuns who are on										
	the ground in some of the world's most vulnerable communities.										
4b	(Code:) (E	- -ynenses \$	including grants	of \$) (Revenue \$						
710	(0000.	-λροπουσ ψ) (Πονοπαο ψ						
4c	(Code:) (E	Expenses \$	including grants	of \$) (Revenue \$)					
		·			·						
٨٨	Other program comis	os (Dosoriba on Sab	odulo O)								
4d	Other program service (Expenses \$	es (Describe on Sche including gra) (Revenue \$)						
4e	Total program service		735,124.) (i teveriue φ	J						
	1 3	1	, '								

	90 (2023)			Page •
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	×	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	5		×
7	"Yes," complete Schedule D, Part I	6		×
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	7		×
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? <i>If</i> "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
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		×
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		×
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		×
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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b 21	×	

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		.,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		×
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		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	32		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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		×
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		×
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?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	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.	0		
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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
_b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	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?	4-		×
		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		×
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		_
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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		×
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		×
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6 7a	Did the organization have members or stockholders?	7a		× ×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co		N
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No ×
b	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 b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b	×	×
13 14	Did the organization have a written whistleblower policy?	13	×	
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?	17		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
b	with a taxable entity during the year?	16a		×
-	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		
Secti	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c)
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Sister Irene O'Neill, 1884 Randolph Avenue, Saint Paul, MN 55105 (651)245-			

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

E check the box in heldrer the organization hel		u u g	C			Jp				
		(C) Position								
(A)	(B)	(do not check more than one						(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	rson	is both	an	Reportable	Reportable	Estimated amount
	hours per week		_	_	_	or/trust		compensation from the	compensation from related	of other compensation
	(list any	Indi or c	Inst	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	vidu	重	cer	'em	nest	mer	1099-MISC/	1099-MISC/	organization and
	organizations	tor	ona		plo	ee		1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	ŧ		yee	npe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
						ed				
(1) Sister Irene O'Neill	40.00	+								
Chair	0.00	×		×						
(2) Sister Patty Johnson	2.00									
Vice-Chair	0.00	×		×						
(3)Sister Judy Molosky	2.00									
Secretary/Treasurer	0.00	×		×						
(4)Sister Patricia Murray	2.00									
Director	0.00	×								
(5) Sister Mary Amanda Nwagbo	2.00									
Director	0.00	×								
(6) Sister Mary Kay Brooks	2.00									
Director	0.00	×								
(7) Sister Carol Wagner	2.00									
Director	0.00	×								
(8) Sister Griselda Martinez Moralez	2.00									
Director	0.00									
(9)										
		1								
(10)										
		1								
(11)										
(12)										
(13)										
		1								
(14)										

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, i office or direct	ot ch	Pos neck ss pe	c) ition more	e than of the both or/trus Highest compensated	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reporta compens from rela organizatior 1099-NI 1099-N	able ation ated ns (W-2/	(F) Estimated amount of other compensation from the organization and related organizations
(15)							Δ.					
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Subtotal	VII, Sectio	n A 						ho received mor	e than \$1(00 000	of
3 4 5	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the organization and related organizations	zation officer, directly controlled to the compensation of the co	ector, for su portal an \$1 omper comple	tru uch ole (150,	stee indi com 000 tion Sch	e, k ividu nper 1? li froi eper	sey e ual nsation f "Ye m any ule J i	mpl on a s," output for s	loyee, or highes and other compete Schee complete Schee complete granizations and person contractors that respectively.	et comperence of the comperenc	nsated com the r such ividual more	3 × 4 × 5 ×
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	nose listed abov	e) who		

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule	O co	ntains a re	spon	se or note to a	າy line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b		-			
ည် ညို	С	Fundraising events			1c	27,392.				
ts,	d	Related organization			1d		1			
	е	Government grants			1e		-			
JS,	f	All other contribution					-			
ië ë		and similar amounts no			1f	1,790,512.				
p d	q	Noncash contribution	ons in	cluded in		1777073121	-			
اج کا	3	lines 1a-1f			1g	\$				
au	h	Total. Add lines 1a-					1,817,904.			
_		Total: / Ga III Co Ta				Business Code	1,017,001.			
ø	2a					Dusiness Code				
Š .	b									
Ser										
gram Ser Revenue	C									
Jra Re	d									
Program Service Revenue	e	A.IIII								
₫	f	All other program se								
	<u>g</u>	Total. Add lines 2a-								
	3	Investment income other similar amoun					5 205	F 20F		
			-				5,327.	5,327.	0.	0.
	4	Income from investr			•	•				
	5	Royalties								
				(i) Rea	l	(ii) Personal	-			
	6a	Gross rents	6a				_			
	b	Less: rental expenses	6b				_			
	С	Rental income or (loss)								
	d	Net rental income o	r (los	s)						
	7a	Gross amount from		(i) Securit	ties	(ii) Other	_			
		sales of assets								
		other than inventory	7a							
<u>e</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7c							
	d	Net gain or (loss)								
Other	8a	Gross income from	m fu	indraising						
ō		events (not including								
		of contributions rep	porte	d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	n fundraisin	g eve	nts				
	9a	Gross income f			Ĭ					
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b		-			
		Net income or (loss)				es				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	C	Net income or (loss)				orv				
"			, 5.11			Business Code				
Miscellaneous Revenue	11a	Miscellaneous				900099	0.	0.	0.	0.
ne Jue	b	unicous					 	J .	<u> </u>	J.
scellaneo Revenue	C									
Re	d	All other revenue								
Ξ̈́		Total. Add lines 11a	 11^				0.			
	е 12	Total revenue. See					1,823,231.	5,327.	0.	0.
	14	iotai ieveliue. See	HIST	uotions			$ \perp,\cup\triangle\supset,\triangle\supset\perp$.	J,341.	U.	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 314,170. 314,170. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 199,461. 199,461. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 11 Fees for services (nonemployees): 0. 61,317. 51,728 9,589. Accounting 3,800. 0. 3,800. 0. Lobbying Professional fundraising services. See Part IV, line 17 66,788. 66,788. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 5,254. 0. 5,254. 13 7,152. 700. 333. 6,119. Office expenses 14 Information technology 5,213. 2,647. 1,412. 1,154. 15 Royalties Occupancy 16 2,342. 1,171. 1,171. 17 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 70. 499. 569. 0. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 0. Web and Digital Design 165,177. 165,177. 0. 1,340. Other Expenses 1,340. 0. 0. Fund Raising Events 1,388. C 0. 0. 1,388. d All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 833,971. 735,124. 16,474. 82,373. 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)

Part X Balance Sheet
Check if Schedule O contain

•	are A	Check if Schedule O contains a response or note to any line in this F	Part X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	396,635.	1	575,208.
	2	Savings and temporary cash investments	74,092.	2	284,780.
	3	Pledges and grants receivable, net	410,000.	3	1,010,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	,		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	t l		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	880,727.	16	1,869,988.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
uces		Organizations that follow FASB ASC 958, check here ⊠ and complete lines 27, 28, 32, and 33.			
a <u>la</u>	27	Net assets without donor restrictions	599,770.	27	1,572,536.
B	28	Net assets with donor restrictions	280,957.	28	297,452.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
∍t A	32	Total net assets or fund balances	880,727.	32	1,869,988.
ž	33	Total liabilities and net assets/fund balances	880,727.	33	1,869,988.
					- OOO (2222)

Page **12** Form 990 (2023)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	323,2	231.	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3	9	989,260.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	880,727.		
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			1.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1,8	369,9	88.	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.		. 2a		×	
2a	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	×		
	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			×		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	on			
•			N			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	tn in 1				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	•	· 3a		×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	uaits				
	REV 05/00/24 RRO		For	മമറ	(2023)	

REV 05/09/24 PRO Form **990** (2023)



Form 990

2023

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Sist	ers	Rising Worldwide					81-3868803	
Par		Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p		ons.
The o	rganiz	zation is not a private founda	ition because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	\square A	church, convention of churc	hes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	
2	□ A	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3		hospital or a cooperative hos						
4	_	medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	iii). Enter the
_		ospital's name, city, and state						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	 □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 							
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or un	n agricultural research organ university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	SU	n organization that normally recipts from activities related upport from gross investment cuired by the organization a	t income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	fees, and gross 33 ¹ / ₃ % of its businesses
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12	on	n organization organized and ne or more publicly supported e box on lines 12a through 12	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а		Type I. A supporting organithe supported organization supporting organization. Yes	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С		Type III functionally integ its supported organization(ally integrated with,
d								
е		Check this box if the organ functionally integrated, or						e II, Type III
f	Ente	er the number of supported o	organizations .					
g	Prov	vide the following information	n about the supp	orted organization(s).				
	(described on lines 1–10 listed in your governing support (see other support				(vi) Amount of other support (see instructions)			
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 678,330. 1,344,821. 1,928,267. 4,756,374. 491,741. 313,215. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 491,741. 313,215. 678,330. 1,344,821. 1,928,267. 4,756,374. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 4,756,374. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 491,741. 313,215. 1,344,821. 1,928,267. 4,756,374. 7 678,330. Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 205. 5,327. 5,532. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 4,761,906. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 99.88% 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support			, ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		, ,	, ,	, ,		.,
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		- 6:	Laborate C. C.			- 504()(0)
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	re			•	ear as a sectio	. , . ,
	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In				(5)	47	0.1
17	Investment income percentage for 2023 (•			<u>%</u>
18	Investment income percentage from 2022						% and line
19a	331/3% support tests—2023. If the organ 17 is not more than 331/3%, check this box						
h	33 ¹ /3% support tests—2022. If the organiz		-	-		-	_
b	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di		=				_
	rearraging in the organization of	J. 1001 U	~ J/ J/ III I I I T	,	DON		

Part IV **Supporting Organizations**

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

Se

Jecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c 2	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below. 	(see in	struct	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 00	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	0-		
	·	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OI-		
^		2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Sisters Rising Worldwide 81-3868803 Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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

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).

Name of organization
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Constance Bauer 263 Eddy Ave Missoula MT 59801	\$8,016.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Jack and Catherine Brennan 137 Marlborough Street Apt 9 Boston MA 02116	\$ 10,208.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Bob DiMeo 333 N Canal St # 30004 Chicago IL 60606	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. 4	Name, address, and ZIP + 4 Judy Dyrud 2198 Granite Falls Ct Grand Junction CO 81507	Total contributions \$ 27,000.	
	Judy Dyrud 2198 Granite Falls Ct	Total contributions	Person Payroll Noncash (Complete Part II for
(a)	Judy Dyrud 2198 Granite Falls Ct Grand Junction CO 81507 (b)	\$ 27,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) No.	Judy Dyrud 2198 Granite Falls Ct Grand Junction CO 81507 (b) Name, address, and ZIP + 4 Don Hall 3701 Bryant Ave	\$ 27,000. (c) Total contributions	Type of contribution Person

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>.7</u>	James McGuire 33 Bello Drive Minneapolis MN 55439	\$6,960.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Joe Micallef 7 Montcalm Court Saint Paul MN 55116	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Rita Larrivee 224 Beaver Run Lane Williamston SC 29697	\$ 14,823.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			. , , , , , , , , , , , , , , , , , , ,
10	Monica Murphy 2501 Lake Place Minneapolis MN 55405	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
10 (a) No.	2501 Lake Place	\$	Person Payroll Noncash (Complete Part II for
(a)	2501 Lake Place Minneapolis MN 55405 (b)	(c)	Person
(a) No.	2501 Lake Place Minneapolis MN 55405 (b) Name, address, and ZIP + 4 Jeanne Olofson 266 Orange Grove Road	(c) Total contributions	Person

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Whaley Family Foundation 1327 Riverside Lane Saint Paul MN 55118	\$ 50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	Donald and Kelly Young Family Foundation 8515 Norman Estates Dr Denver NC 28037	\$10,310.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	Alight 1325 Quincy St NE Suite Al Minneapolis MN 55413	\$30,724.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
			T
16	Susan Kantor 5635 E Nichols Lane Englewood CO 80112	Total contributions \$25,188.	Person Payroll Complete Part II for noncash contributions.
16 (a)	Susan Kantor 5635 E Nichols Lane Englewood CO 80112 (b)	\$25,188	Person
16	Susan Kantor 5635 E Nichols Lane Englewood CO 80112	\$25,188.	Person
16 (a) No.	Susan Kantor 5635 E Nichols Lane Englewood CO 80112 (b) Name, address, and ZIP + 4 Congregation of St Joseph 3430 Rocky River Dr #1	\$25,188	Person

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Sisters of St Joseph of Carondelet 11999 Chalon Rd Los Angeles CA 90049	\$30,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 20	Mary Murphy 637 Cambridge Street Brighton MA 02135	\$ 5,154.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Betty M Sullivan 2141 California Street Apt 105 Concord CA 94520	\$40,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 Michele Smith c/o Vanguard Charitable Fund P.O. Box 9509	Total contributions	Person Payroll Noncash (Complete Part II for
No. 22 (a)	Name, address, and ZIP + 4 Michele Smith c/o Vanguard Charitable Fund P.O. Box 9509 Warwick RI 028899509 (b)	\$ 8,050.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 22 (a) No.	Name, address, and ZIP + 4 Michele Smith c/o Vanguard Charitable Fund P.O. Box 9509 Warwick RI 028899509 (b) Name, address, and ZIP + 4 Rukavina Family Foundation WNB Financial 204 Main Street	\$ 8,050. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization
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Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25 (a)	Augustino Hiram Zuccaro Foundation C/O David J Geslin, CPA Minneapolis MN 55416 (b)	\$5,000.	Person
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	Charles and Jacqueline Dietz Family Charitable Fund 1915 Saunders Avenue Saint Paul MN 551162016	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Kopp Family Foundation 8500 Mormandale Lake Blvd Suite 475 Minneapolis MN 55437	\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Sisters Rising Worldwide

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

Employer identification number

81-3868803 Sisters Rising Worldwide Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift `from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
Sis	ters Rising Worldwide		81-3868803
Par	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Fund	ls or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant	t funds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · □ Yes □ No
Par	Conservation Easements		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
-	Preservation of land for public use (for example, recrea	• • • • • • • • • • • • • • • • • • • •	f a historically important land area
	☐ Protection of natural habitat	•	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hele	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified his		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register	•	
3	Number of conservation easements modified, trans-	ferred, released, extinguished, or term	
	tax year	3	
4	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy rega		ection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · Yes . No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2	2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
	-		
9	In Part XIII, describe how the organization reports co		· · · · · · · · · · · · · · · · · · ·
	sheet, and include, if applicable, the text of the footr	<u> </u>	tements that describes the
	organization's accounting for conservation easemen		
Part			Other Similar Assets
	Complete if the organization answered "		
1a	3	•	
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	*	search in furtherance of public service,
	provide the following amounts relating to these item	S.	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		\$
b	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2023 Page **2**

Part	Organizations Maintaining (Collections of A	Art, His	torical T	reasures,	, or Ot	her Similar As	sets (cor	tinued)
3	Using the organization's acquisition, accollection items (check all that apply).	ccession, and oth	ner recor	ds, chec	k any of the	e follov	ving that make si	ignificant	use of its
а	☐ Public exhibition		d	Loan	or exchang	e proar	am		
b	Scholarly research								
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	nd expla	ain how t	hey further	the org	ganization's exem	npt purpos	se in Part
5	During the year, did the organization s assets to be sold to raise funds rather t							ır Yes	. □ No
Part	V Escrow and Custodial Arran	ngements							
	Complete if the organization a 990, Part X, line 21.	answered "Yes"	on For	m 990, F	Part IV, line	9, or	reported an am	ount on	Form
1a	Is the organization an agent, trustee, or included on Form 990, Part X?							ot 🗌 Yes	. □ No
b	If "Yes," explain the arrangement in Par	rt XIII and comple	te the fo	llowing ta	able.				
							Ar	nount	
С	Beginning balance					10			
d	Additions during the year					10			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount								⊢ ∏ No
	If "Yes," explain the arrangement in Par	rt XIII. Check here	e if the ex	kplanatio	n has been	provide	ed in Part XIII .		
Par		1.00				4.0			
	Complete if the organization a								
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the			e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowment	:9	6						
b	Permanent endowment	%							
С	Term endowment%								
_	The percentages on lines 2a, 2b, and 2c								
3a	Are there endowment funds not in the	possession of the	e organi	zation tha	at are held	and ad	ministered for the	_	
	organization by:								es No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org		-					3b	
4	Describe in Part XIII the intended uses of		n's endo	wment fu	unds.				
Part								5	
	Complete if the organization a	answered "Yes"	on For			e 11a.	See Form 990,	Part X, li	ne 10.
	Description of property	(a) Cost or oth (investme			or other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) mu		00, Part)	K, line 10	c, column (E	3)) .		-	-

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Part VII	Investments – Other Securities			· -
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	, ,	nod of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	man (h) may at a myal Farma 000. Bart V lina 10. and (D))			
Part VIII	mn (b) must equal Form 990, Part X, line 12, col. (B)) Investments—Program Related			
Part VIII	Complete if the organization answered "Yes" on For	m 000 Part IV lin	o 11c. Soo Form	000 Part V line 13
	(a) Description of investment	(b) Book value	, ,	nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	1		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	was (b) was a small Farms 000. Best V. King 4.5. and (D))			
	mn (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities	<u> </u>		
Part X	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn /h) must aqual Form 000. Dart V. lina 05. aal. /Di)			
	mn (b) must equal Form 990, Part X, line 25, col. (B)) r uncertain tax positions. In Part XIII, provide the text of the footn			nte that reporte the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Schedule D (Form 990) 2023 Page **4**

Part	<u> </u>			Retur	n
	Complete if the organization answered "Yes" on Form 990, F				1 222 521
1	Total revenue, gains, and other support per audited financial statements			1	1,933,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۔ م			
a	Net unrealized gains (losses) on investments	2a	110 262	-	
b	Donated services and use of facilities	2b	110,363.		
C C	Recoveries of prior year grants	2c 2d			
d	Add lines 2a through 2d			2e	110,363.
е 3	Subtract line 2e from line 1			3	1,823,231.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-	1,023,231.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	_		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,823,231.
Part					
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	944,334.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	110,363.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	110,363.
3	Subtract line 2e from line 1			3	833,971.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
_					
	Add lines 4a and 4b			4c	000 001
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c 5	833,971.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information	e 18.)	<u> </u>	5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part \	/, line 4; Part X, line

Schedule D (Fo	rm 990) 2023	Page \$
Part XIII	Supplemental Information (continued)	,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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Sist	ers Rising Worldwide	<u> </u>				81-3868	803
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organ	nization ar	swered "Yes" or
1	For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility				used to	☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	g the use of its o	grants and	other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is neede	ed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific service(s) in the	vice, ' type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(1 <i>1</i>) 3a	Subtotal						
b	Total from continuation						
D	sheets to Part I						
С	Totals (add lines 3a and 3b)						

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Programs - Mexico	7,000.	wire transfer			
(2)			Russia	2 Programs - Ukraine	41,000.	wire transfers			
(3)			South America	Programs - Peru	10,000.	wire transfer			
(4)			South Asia	6 Programs - India	56,061.	wire transfers			
(5)			Sub-Saharan Africa	Program - Malawi	50,000.	wire transfer			
(6)			Sub-Saharan Africa	Program -South Sudan	10,000.	wire transfer			
(7)			Sub-Saharan Africa	Program - Tanzania	10,000.	wire transfer			
(8)			Sub-Saharan Africa	2 Programs - Nigeria	15,400.	wire transfers			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
_(13)							
_(14)							
(15)							
(16)							
(17)							
(18)							

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Part IV Foreign Forms

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

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting meth amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any account information. See instructions.	thod);

SCHEDULE G (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** Sisters Rising Worldwide 81-3868803 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events ☐ In-person solicitations 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 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Page 2

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
		Pickleball fundraiser (event type)	(avent type)	None	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	18,000.			18,000.
•	Green recorpto	10,000.			10,000.
2	Less: Contributions				
3	Gross income (line 1				
	minus line 2)	18,000.			18,000.
1	Cash prizes				
7	Oasii piizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and hoverages				
,	1 000 and beverages				
8	Entertainment				
9	Other direct expenses .	1,000.			1,000.
10	Direct expense summer. As	ld lines 4 through 0 in a	olumn (d)		1 000
	•	•			
	Gaming. Complete if th	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
·	\$15,000 on Form 990-E2	Z, line 6a.			
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			billigo/progressive billigo		coi. (a) through coi. (c)
1	Gross revenue				
1	Gross revenue				
2	Gross revenue				
2	Cash prizes				
2	Cash prizes				
2	Cash prizes				
2	Cash prizes				
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes%	☐ Yes%		
2 3 4	Cash prizes Noncash prizes Rent/facility costs	☐ Yes % No	☐ Yes%	☐ Yes% ☐ No	
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	□ No	□ No	☐ No	
2 3 4 5	Cash prizes	No Id lines 2 through 5 in c	olumn (d)	□ No	
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	No Id lines 2 through 5 in c	olumn (d)	□ No	
2 3 4 5 6 7 8	Cash prizes	No Id lines 2 through 5 in construct line 7 from lines 2.	olumn (d)	□ No	
2 3 4 5 6 7 8	Cash prizes	No Id lines 2 through 5 in construct line 7 from lines 2.	olumn (d)	□ No	\[\Vas \Backslash \text{No.} \]
2 3 4 5 6 7 8 En	Cash prizes	No Id lines 2 through 5 in conducts gain conduct gaming activities	No olumn (d) ne 1, column (d) ming activities: s in each of these states	No No	
2 3 4 5 6 7 8 En	Cash prizes	No Id lines 2 through 5 in conducts gae onduct gaming activities	No olumn (d) ne 1, column (d) ming activities: s in each of these states	□ No	
2 3 4 5 6 7 8 En	Cash prizes	No Id lines 2 through 5 in conducts gaper and the second conducts gaper activities.	No olumn (d) ne 1, column (d) ming activities: s in each of these states	□ No	
2 3 4 5 6 7 8 En	Cash prizes	No Id lines 2 through 5 in conducts gas onduct gaming activities gaming licenses revoked	No olumn (d) ne 1, column (d) ming activities: s in each of these states	No No ated during the tax year	? . □ Yes □ No
2 3 4 5 6 7 8 En	Cash prizes	No Id lines 2 through 5 in conducts gas onduct gaming activities gaming licenses revoked	No olumn (d) ne 1, column (d) ming activities: s in each of these states	□ No	? . □ Yes □ No
	3 4 5 6 7 8	3 Gross income (line 1 minus line 2)	3 Gross income (line 1 minus line 2)	3 Gross income (line 1 minus line 2)	Gross income (line 1 minus line 2)

Schedu	ule G (Form 990) 2023		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:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization						1	Employer identification number
Sisters Rising Worldwid	le						81-3868803
Part I General Information	on Grants and	Assistance					
1 Does the organization mainta			unt of the grants o	r assistance, the g	grantees' eligibility	for the grants or as	sistance, and
the selection criteria used to	•						· · · · 🗵 Yes 🗌 No
2 Describe in Part IV the organ	nization's procedur	es for monitoring	the use of grant fu	ınds in the United	States.		
Part II Grants and Other As Part IV, line 21, for ar							n answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan	1 11 1
(1) Aguilas del Desierto							
18961 Nandina Ave. Riverside CA 92508	46-0785202		61,225.				4 Programs Funding
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section							
3 Enter total number of other of	organizations listed	I in the line 1 table	.			<u></u>	

Schedule I (Form 990) 2023

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.		recipients	- Cusir grant	nondan assistance	i www, appraisal, outer)	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.		+				
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
	Supplemental Information. Provid	e the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addition	onal information.

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Sisters Rising Worldwide	81-3868803
Pt VI, Line 11b: Organization's Process to Review Form 990 - Eac	
will receive a copy of the Form 990 and have the ability to revi	ew and ask questions
regarding the form.	
Pt VI, Line 19: Governing Documents Disclosure Explanation - Doc	uments are available
upon request.	



Form 990

2022

990-PF

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

0047

OMB No. 1545-

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

		ndar year 2022, or tax year beginning 01-0	1-2022	, and ending 1	2-31-2022	<u> </u>
		MILY FOUNDATION		41-1679484	intilication numbe	•
Num	ber and	I street (or P.O. box number if mail is not delivered to street address)	Room/suite	R Telephone nun	nber (see instructions	-1
10	025 VA	ILLEY VIEW ROAD SUITE 190		(763) 553-7700	iber (see ilistraction.	3)
		, state or province, country, and ZIP or foreign postal code				
EDEN	I PRAIR	IIE, MN 55344		C If exemption a	application is pending	, cneck nere
G Ch	eck al	Il that apply: Initial return Initial return of a fo	ormer public charity	D 1. Foreign org	anizations, check he	re
		Final return Amended return			janizations meeting t here and attach con	
		Address change Name change			ndation status was to	
		rpe of organization: Section 501(c)(3) exempt private		under section	507(b)(1)(A), check	
		4947(a)(1) nonexempt charitable trust Other taxable trust of all assets at end J Accounting method:		. 		
of y	/ear (f	from Part II, col. (c), \$\frac{10,070,896}{}{} (Part I, column (d) must be			tion is in a 60-month 507(b)(1)(B), check	
Do						(1) 5:1
Pai	T. I.	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	instructions).) Contributions, gifts, grants, etc., received (attach				
		schedule) Check if the foundation is not required to attach				
	2	Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	250,815	250,422		
	5a	Gross rents				
	b	Net rental income or (loss)	707 272			
ne	6a	Net gain or (loss) from sale of assets not on line 10	707,273			
Revenue	ь	Gross sales price for all assets on line 6a 10,240,642				
Re	7	Capital gain net income (from Part IV, line 2)		1,824,182		
	8	Net short-term capital gain				
	9	Income modifications			500	
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	9 58	58		
	12	Total. Add lines 1 through 11	958,146	2,074,662	500	
es	13	Compensation of officers, directors, trustees, etc.	0	0		0
ens	14	Other employee salaries and wages				
άx	15	Pension plans, employee benefits				
ve	16a	Legal fees (attach schedule)	9 10,301	5,151		5,151
rati	b	Accounting fees (attach schedule) Other professional fees (attach schedule)	93 37,462	37,462		0,131
Operating and Administrative Expenses	c 17	Interest	3.7.02	3.7.02		
Ē	18	Taxes (attach schedule) (see instructions)	38,011	11,105		0
Ac	18	Depreciation (attach schedule) and depletion				
and	20	Occupancy				
ng	21	Travel, conferences, and meetings				
rati	22	Printing and publications				
)be	23	Other expenses (attach schedule)	5,040	2,513		2,537
O	24	Total operating and administrative expenses.				
		Add lines 13 through 23	90,814	56,231		7,688
	25	Contributions, gifts, grants paid	542,450			542,450
	26	Total expenses and disbursements. Add lines 24 and 25	633,264	56,231		550,138
	27	Subtract line 26 from line 12:	333,231	33,231		333,230
	а	Excess of revenue over expenses and disbursements	324,882			
	b	Net investment income (if negative, enter -0-)		2,018,431		
	С	Adjusted net income (if negative, enter -0-)			===	

Page **2**

Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year		f year
			should be for end-of-year amounts only. (See instructions.)	(a) Book Value 341,624	(b) Book Value 100,835	(c) Fair Market Value 100,835
	1		est-bearing	341,024	72,510	72,510
	2	Savings and tem	porary cash investments		72,310	72,310
	3	Accounts receive	ble			
		Less: allowance f	or doubtful accounts 🕨			
	4	Pledges receivab	le 🕨			
		Less: allowance f	or doubtful accounts 🕨			
	5	Grants receivable	e			
	6	Peceivables due t	from officers, directors, trustees, and other			
	0		ons (attach schedule) (see instructions)			
		disqualifica perso	· · · · ·			
	7	Other notes and	loans receivable (attach schedule)			
		Less: allowance f	or doubtful accounts			
	8	Inventories for sa				
	0	Tilvelitories for se				
s	9	Prepaid expenses	s and deferred charges			
ssets	100	Investments—II 9	5. and state government obligations (attach			
As	10a	schedule)	s. and state government obligations (attach			
	b	Investments—co	rporate stock (attach schedule)	6,597,347	1,400,429	2,295,655
	С	Investments—co	rporate bonds (attach schedule)	2,511,838	100,679	99,231
	·	investments con	· · · · · ·		3	
	11	Investments—lan	d, buildings, and equipment: basis			
		Less: accumulate	ed depreciation (attach schedule)			
			-			
	12	Investments-mo	ortgage loans			
	12	Invostments—eth	ner (attach schedule)	6,036	% 8,107,774	7,502,665
	13	investments—oti	· · · · · · · · · · · · · · · · · · ·	0,000	0/10////	,,502,005
	14	Land, buildings, a	and equipment: basis			
		Less: accumulate	ed depreciation (attach schedule)			
	15	Other assets (de	scribe			
	16		pe completed by all filers—see the			
	10	`	o, see page 1, item I)	9,456,845	9,782,227	10,070,896
	17		e and accrued expenses			
	17	Accounts payable				
	18	Grants payable				
es	19	Deferred revenue				
iabilities	20		rs, directors, trustees, and other disqualified			
iat	21	persons Mortgages and of	ther notes payable (attach schedule)			
_						
	22	Other liabilities (· · · · · · · · · · · · · · · · · · ·			
	23	Total liabilities(a	dd lines 17 through 22)	0	0	
		Foundations that	follow FASB ASC 958, check here 🕨 🔽			
or Fund Balances		and complete line	es 24, 25, 29 and 30.			
anc	24	Net assets withou	ut donor restrictions	9,456,845	9,782,227	
3al	25	Net assets with o	Innor restrictions			
pt	23	THE GOODS WELL				
FE		Foundations that	do not follow FASB ASC 958, check here 🕨 🗌			
or		and complete line	es 26 through 30.			
sts	26	Capital stock, tru	st principal, or current funds			
Assets	27	Daid in or capital	curplus or land bldg and equipment fund			
	27	•	surplus, or land, bldg., and equipment fund s, accumulated income, endowment, or other funds			
Net	28 29	_	or fund balances (see instructions)	9,456,845	9,782,227	
	30		nd net assets/fund balances (see instructions).	9,456,845	9,782,227	
Рa	rt III		Changes in Net Assets or Fund Balances		, , , ,	
1		<u> </u>	d balances at beginning of year—Part II, column (a)		vith	
_			rted on prior year's return)		. 1	9,456,845
2		r amount from Par	·		. 2	324,882
3			cluded in line 2 (itemize)		·	500
4 5					. 4	9,782,227 0
6			d balances at end of year (line 4 minus line 5)—Part	II, column (b), line 29		9,782,227

1,686,372 137,810

(d)

Date sold (mo., day, yr.)

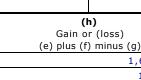
Form	990-PF (2022)			
Part	IV Capital Gains and	Losses for Tax on Investi	ment Income	•
	• •	ind(s) of property sold (e.g., real e; or common stock, 200 shs. ML	•	(b) How acquired P—Purchase D—Donation
1 a	PUBLICLY TRADED SECURI	TIES		
ь	CAPITAL GAINS DIVIDEND	S		Р
С				
d				
е				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale
а	10,102,832			8,416,4
b	137,810			

(I	1)
Gain o	r (loss)
(e) nlus (f) minus

(c)

Date acquired

(mo., day, yr.)



- Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69
- 460
 - (k) Excess of col. (i)
- **(I)**
- Gains (Col. (h) gain minus col. (k), but not less than -0-) or
 - Losses (from col.(h)) 1,686,372 137,810
 - 1,824,182
- If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-3

(j)

Adjusted basis

as of 12/31/69

over col. (j), if any

Form **990-PF** (2022)

C d е

а

b

e

(i)

F.M.V. as of 12/31/69

in Part I, line 8

Capital gain net income or (net capital loss)

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)or 4942(j)(5) for calendar year 2022 or the taxable year beginning in 2022? See the instructions for Part XIII.

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

If "Yes," complete Part XIII

and addresses.

No

- Yes

Yes

8b

Form **990-PF** (2022)

Pa	rt VI-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person h	ad		
	advisory privileges? If "Yes," attach statement. See instructions	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	1? 13	Yes	
	Website address N/A		•	
14		(63) 553-		
	The books are in care of ATEK COMPANIES INC Telephone no. > 7			
	Located at 10025 VALLEY VIEW ROAD SUITE 190 EDEN PRAIRIE MN ZIP+4			
	55344			
. -	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			•
15	and enter the amount of tax-exempt interest received or accrued during the year			
16	Af any time during calendar year 2022, did the foundation have an interest in or a signature or other authority ove	r	Yes	No
10	a bank, securities, or other financial account in a foreign country?	İ	163	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the	10		140
	foreign			
Pa	rt VI-E Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	. 1a(1)		No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1a(2)		No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Yes	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1a(5)		No
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.)	1a(6)		No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
С	Organizations relying on a current notice regarding disaster assistance check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
_	that were not corrected before the first day of the tax year beginning in 2022?	. <u>1d</u>		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	20		No
	If "Yes," list the years 20, 20, 20	2a		No
L				
Ŋ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
•	20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
Ju	any time during the year?	3a		No
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation	54		140
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period?(<i>Use Schedule C, Form 4720, to determine</i>			
	if the foundation had excess business holdings in 2022.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022	? 4b		No
		orm 990	- PF (

Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE."

(b) Title, and average

hours per week

devoted to position

0

0

0

(e) Expense account,

other allowances

Form **990-PF** (2022)

(d) Contributions to

employee benefit

plans and deferred

compensation

0

0

0

0

0

(c) Compensation

DIRECTOR/SECRETARY

0.25

0.25

0.25

DIRECTOR

TREASURER

10025 VALLEY VIEW ROAD STE 190 EDEN PRAIRIE, MN 55344 CHRISTINE BIEBER ORRIS

10025 VALLEY VIEW ROAD STE 190 EDEN PRAIRIE, MN 55344

10025 VALLEY VIEW ROAD STE 190 EDEN PRAIRIE, MN 55344

10025 VALLEY VIEW ROAD STE 190 EDEN PRAIRIE, MN 55344

(a) Name and address of each employee

paid more than \$50,000

KERRI BIEBER MCAFOOS

MARK OSMANSKI

NONE

	If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on		
	a personal benefit contract?	6a	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	No
	If "Yes" to 6b, file Form 8870.		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a	No
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		

Form 990-PF (2022) Information About Officers, Directors, Truste	es Foundation Managers Hi	Page 7
and Contractors (continued)	es, i oundation Fluidgers, in	giny raid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		>
0		

Part VIII- Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ne number of Expenses
1	
2	-
3	
4	
Part VIII- Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	· · · • • 0
	Form 990-PF (2022)

5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	10,968,791
6	Minimum investment return. Enter 5% (0.05) of line 5	6	548,440
Pa	rt X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations organizations check here □ and do not complete this part.)	s and	certain foreign
1	Minimum investment return from Part IX, line 6	1	548,440
-	To a vita and a vita vita vita (c. 2022 f. v. P. I.V.		

5

6

7

1a

1b

2

За

3b

4

520,884

520,884

550,138

550,138

Form **990-PF** (2022)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

Program-related investments—total from Part VIII-B

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4......

5

6

1

2

3

Part XI

or	m 990-PF (2022)				Page 9
	Part XII Undistributed Income (see instr	ructions)	T		
		(a)	(b)	(c)	(d)
	Distributable amount for 2022 from Bort V line 7	Corpus	Years prior to 2021	2021	2022
	Distributed income if any as of the and of 2022:				320,001
	Undistributed income, if any, as of the end of 2022: Enter amount for 2021 only			244,558	
	Total for prior years: 20, 20, 20		0	= 1.1/200	
	Excess distributions carryover, if any, to 2022:		-		
	From 2017				
b					
c	From 2019				
_	From 2020				
	From 2021				
	Total of lines 3a through e	0			
	Qualifying distributions for 2022 from Part				
	XI, line 4: \\$ 550,138				
а	Applied to 2021, but not more than line 2a			244,558	
	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2022 distributable amount				305,580
e	Remaining amount distributed out of corpus	0			
	Excess distributions carryover applied to 2022.	0			0
•	(If an amount appears in column (d), the				
_	same amount must be shown in column (a).) Enter the net total of each column as				
O	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		0		
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount				
	—see instructions		0		
е	Undistributed income for 2021. Subtract line				
	4a from line 2a. Taxable amount—see			0	
•	instructions				
Т	Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must				
	be distributed in 2023				215,304
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8	Excess distributions carryover from 2017 not				
_	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2023.	0			
	Subtract lines 7 and 8 from line 6a	· ·			
	Analysis of line 9:				
	Excess from 2018				
	• • •				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
_	Evenes from 2022				
	Excess from 2022				

	m 990-PF (2022) art XIII Private Operating Four	adations (soo ii	netructions and	Dart VI A questio	n ()	Page 1 (
	If the foundation has received a ruling or d	letermination lette	r that it is a private	e operating	11 9)	
b	foundation, and the ruling is effective for 2 Check box to indicate whether the organization	2022, enter the dat ation is a private o	te of the ruling . . perating foundatio	- L on described in section	on 4942(j)(3)	or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u> </u>
	income from Part I or the minimum investment return from Part IX for each	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
	year listed					
b	85% (0.85) of line 2a					
c	Qualifying distributions from Part XI, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)			_		
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
	Part Supplementary Information			f the foundation	n had \$5,000 o	r more in
l a	Information Regarding Foundation Manage List any managers of the foundation who he before the close of any tax year (but only WILLIAM F BIEBER	ers: nave contributed m	ore than 2% of the			ındation
b	List any managers of the foundation who ov ownership of a partnership or other entity			' '	lly large portion of	the
2	Information Regarding Contribution, Grant		.,			
	Check here					pt
	unsolicited requests for funds. If the found other conditions, complete items 2a, b, c,			dividuals or organiza	tions under	
а	The name, address, and telephone number	or email address	of the person to wl	hom applications sho	ould be addressed:	
b	The form in which applications should be s	ubmitted and info	rmation and mater	ials they should inclu	ude:	
С	Any submission deadlines:					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Recipient Name and address (home or business) a Paid during the year ACE SCHOLARSHIPS	mation (continued) During the Year or Ap If recipient is an individual,		uture Payment	
	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution SUPPORT OF CHARITABLE ACTIVITIES	Amount 10,000
PO BOX 300129 DENVER,CO 80203 ALEXANDER DAWSON FOUNDATION 6720 VIA AUSTI PKWY STE 260	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	2,500
ALIGHT COLOR MOVEMENT EL SALVADOR 615 FIRST AVE NE STE 500 MINNEAPOLIS, MN 55413	NONE	PC	SUPPORT OF CHARITABLE ACTIVITIES	25,000
AMERICAN RED CROSS 1201 W RIVER PKWY MINNEAPOLIS, MN 55454 AMOS TUCK SCHOOL AT	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	2,500
DARTMOUTH COLLEGE 100 TUCK HALL HANOVER,NH 03755 ANIMAL HUMANE SOCIETY	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	2,000
1411 MAIN ST NW COON RAPIDS, MN 55448 ARC OF MN 2446 UNIVERSITY AVE W STE 110 SAINT PAUL, MN 55114	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	15,000
ASCENSION SCHOOL 1726 DUPONT AVE N MINNEAPOLIS, MN 55411	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE	10,000
ASPEN INSTITUTE 2300 N ST NW STE 700 WASHINGTON, DC 20037 AUTISM SOCIETY OF MN	NONE	P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	1,000
2380 WYCLIFF ST UNIT 102 SAINT PAUL,MN 55114 BOY SCOUTS OF AMERICA PO BOX 152079 IRVING,TX 75015	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	2,000
BRIDGE FOR YOUTH 1111 W 22ND ST MINNEAPOLIS, MN 55405	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE	2,000
BRIDGING 201 W 87TH ST BLOOMINGTON, MN 55420 CAN-DO-CANINES	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	10,000
9440 SCIENCE CENTER DR NEW HOPE, MN 55428 CENTER FOR THE AMERICAN EXPERIMENT 8421 WAYZATA BLVD 110	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	10,000
GOLDEN VALLEY, MN 55426 CENTRAL LAKES COLLEGE FUND 501 W COLLEGE DR BRAINERD, MN 56401	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	2,000
CHALLENGE ASPEN DALY LN ASPEN,CO 81611 CHILDREN'S HOSPITAL & CLINICS	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000
360 SHERMAN ST SAINT PAUL, MN 55102 CHRIST FOR PEOPLE WITH DISABILITIES	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	1,000
1727 3RD AVE ANOKA,MN 55303 CONFIDENCE LEARNING CENTER 1620 MARY FAWCETT MEMORIAL DR BRAINERD,MN 56401	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	2,000
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY RD MINNEAPOLIS, MN 55422 CREEDE REPERTORY THEATRE	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	2,000
124 N MAIN ST CREEDE,CO 81130 CRISTO REY JESUIT HIGH SCHOOL	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	2,500
2924 4TH AVE S MINNEAPOLIS, MN 55408 CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000
DELASALLE HIGH SCHOOL 1 DE LA SALLE DR MINNEAPOLIS, MN 55401	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE	5,000
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 55403 EDINA COMMUNITY FOUNDATION	NONE	P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	1,000
6750 FRANCE AVE S 220 EDINA,MN 55435 EPISCOPAL GROUP HOMES 1011 LAKE ST E	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	2,000
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE	5,000
FOLDS OF HONOR FOUNDATION PO BOX 723 WAYZATA, MN 55391 FRASER COMMUNITY SERVICES	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	10,000
PO BOX 856719 MINNEAPOLIS,MN 55485 GILLETTE CHILDREN'S FOUNDATION 200 UNIVERSITY AVE E	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000
MINNEAPOLIS, MN 55419 GREATER TWIN CITIES UNITED WAY 404 S 8TH ST MINNEAPOLIS, MN 55404 HAMMER RESIDENCES	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	20,000
1909 WAYZATA BLVD WAYZATA,MN 55391 HEART AND HAND CENTER	NONE	P C		10,000
2736 WELTON ST 204 DENVER,C O 80205 HISTORIC DENVER 14240 OGDEN ST 202 DENVER,C O 80218	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	1,000
HOMEWARD BOUND 12805 HWY 55 400 MINNEAPOLIS, MN 55441	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000
HOPE ACADEMY 2300 CHICAGO AVE MINNEAPOLIS, MN 55404 HUMANE SOCIETY OF BOULDER VALLEY	NONE	P C		1,000
2323 55TH ST BOULDER,C O 80301 INNER HERO 1 WEST LAKE ST STE 185	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	10,000
1 WEST LAKE ST STE 185 MINNEAPOLIS, MN 55408 INTERFAITH OUTREACH 1605 COUNTY RD 101 N PLYMOUTH, MN 55447	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE	5,000
INTERNATIONAL FOUNDATION (FELLOWSHIP FOUNDATION) PO BOX 45960 BALTIMORE, MD 21297	NONE	P C	ACTIVITIES SUPPORT OF CHARITABLE	5,000
JEREMIAH PROGRAM 615 1ST AVE NE STE 210 MINNEAPOLIS, MN 55413 KINSHIP PARTNERS	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	500
804 OAK ST BRAINERD, MN 56401 LIFEWORKS 2965 LONE OAK DRIVE STE 160 EAGAN, MN 55121	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000
LOAVES & FISHES 721 KASOTA AVE SE MINNEAPOLIS, MN 55414 LUTHERAN SOCIAL SERVICES	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	10,000
2700 107TH LN NW MINNEAPOLIS,MN 55433 MAKE A WISH 1919 UNIVERSITY AVE W 415	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000
SAINT PAUL, MN 55104 MATTER 7005 OXFORD ST SAINT LOUIS PARK, MN 55426	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000
METRO MEALS ON WHEELS 1200 S WASHINGTON AVE 380 MINNEAPOLIS, MN 55415 MINNESOTA PUBLIC RADIO	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	2,000
480 CEDAR ST SAINT PAUL, MN 55101 MINNESOTA TEEN CHALLENGE 740 E 24TH ST	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES	25,000
MINNEAPOLIS, MN 55404 MINNESOTANS AGAINST TERRORISM PO BOX 368 HOPKINS, MN 55343	NONE	P C	SUPPORT OF CHARITABLE	1 000
MIYAMBA REMEDIAL EDUCATION	NONE	P C	ACTIVITIES SUPPORT OF CHARITABLE	5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433	NONE	P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE	
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION			ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317	NONE NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE	NONE	P C	SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343	NONE NONE NONE	P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION	NONE NONE NONE NONE NONE	P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N	NONE NONE NONE NONE	P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552	NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000 1,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422	NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000 10,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000 10,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK,MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000 10,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK,MN 55432 RONALD MCDONALD HOUSE CHARITIES	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,C O 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,C A 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK,MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO,IL 60607 ROOM TO READ 465 CALIFORNIA ST STE 1000	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 5,000 1,000 10,000 10,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA, MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL 60607 ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314	NONE NONE NONE NONE NONE NONE NONE NONE	PC	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,C O 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,C A 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK,MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO,IL 60607 ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO,CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA,VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK,MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS,CO 80526 SISTERS RISING WORLDWIDE 1884 RAPADULPH AVE SAINT PAUL,MN 55105	NONE NONE NONE NONE NONE NONE NONE NONE	PC PC PC PC PC PC PC PC PC	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA, MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL 60607 ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428 SEMESTER AT SEA 2543 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1844 RANDOLPH AVE SAINT PAUL, MN 55105 SPECIAL OLYMPICS 901 NNEAPOLIS, STE 300 MINNEAPOLIS, STE 300 MINNEAPOLIS, STE 300 MINNEAPOLIS, STE 300 MINNETON AND STEAD SAINT PAUL, MN 55105 SPECIAL OLYMPICS 901 NARPOLIS, STE 300 MINNEAPOLIS, MN 55428	NONE NONE NONE NONE NONE NONE NONE NONE	PC	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, C O 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, C A 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA, MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL AGENCY CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL AGENCY ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428 SEMESTER AT SEA 243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SALVATION STORE SHEETER AT SEA 243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SALVATION STORE SHEETER AT SEA 243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SALVATION STORE SHEETER AT SEA 2443 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SALVATION STORE SHEETER AT SEA 2443 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SALVATION STORE SHEETER AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SALVATION STORE SHEETER AVE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C P C P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000 1,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK,MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO,IL 60607 ROOM TO READ 455 CALIFORNIA ST STE 1000 SAN FRANCISCO,CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA,VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK,MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SAINT PAUL,MN 55405 SPECIAL OLYMPICS 900 2ND AVE S STE 300 MINNEAPOLIS,MN 55402 SUMMIT ACADEMY OIC 935 OLSON MEMORILA HWY MINNEAPOLIS,MN 55405 THE FOOD SAUP S STE 300 MINNEAPOLIS,MN 55405 THE FOOD SOUP S STE 300 MINNEAPOLIS,MN 55405	NONE NONE NONE NONE NONE NONE NONE NONE	PC	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL GOGOT ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SAINT PAUL, MN 55105 SPECIAL OLYMPICS 900 NNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405 THE FOOD GROUP 8501 SATHRAN SH 55402 SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405 THE FOOD GROUP 8501 SATHRAN SH 55405 THE FOOD GROUP 8501 SATHRAN STATE	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C P C P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000 1,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL 60607 ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SAINT PAUL, MN 55105 SPECIAL OLYMPICS 900 NNEAPONIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STE 300 MINNEAPOLIS, MN 55402 SUMMIT ACADEMY OIC 935 OLSON STEMS STE 200 SEATTLE, WA 98144 TREBOUSE 2100 274 WA 98144	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C P C P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS,MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS,CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK,MN 55432 RONALD MCDONALD HOUSE CHARTIES 110 NORTH CARPENTER ST CHICAGO,IL 60607 ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO,CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA,VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK,MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS,CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SAINT PAUL,MN 55105 SPECIAL OLYMPICS 900 2ND AVE S STE 300 MINNEAPOLIS,MN 55402 SUMMIT ACONDEM ONLY PARK,MN 55428 TRASHABASER'S INTERNATIONAL PO BOX 6200 SINCHAPOLIS,MN 55402 SUMMIT ACONDEM ONLY MINNEAPOLIS,MN 55402 TWINNEAPOLIS,MN 55402 TWINNEAPOLIS,MN 55402 TWINNEAPOLIS,MN 55402 TWINNEAPOLIS,MN 55402	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000 1,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAYS TN W COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHAMHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 555437 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA, MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL 60607 ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SAINT PAUL, MN 55105 SPECIAL OLYMPICS 900 AND AVE S STE 300 MINNEAPOLIS, MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE SAINT PAUL, MN 55105 SPECIAL OLYMPICS 900 AND AVE S STE 300 MINNEAPOLIS, MN 55428 TRASHMASTER'S INTERNATIONAL PO BOX MASS VILLAGE, CO 81615 THE FOOD GROUP 8501 54TH AVE N MINNEAPOLIS, MN 55428 TRASHMASTER'S INTERNATIONAL PO BOX MASS VILLAGE, CO 81615 THE FOOD GROUP 8501 54TH AVE N MINNEAPOLIS, MN 55428 TRASHMASTER'S INTERNATIONAL PO BOX MASS VILLAGE, CO 81615 THE FOOD GROUP 8501 54TH AVE N MINNEAPOLIS, MN 55428 TRASHMASTER'S INTERNATIONAL PO BOX MASS VILLAGE, CO 81615 THE FOOD GROUP 8501 54TH AVE N MINNEAPOLIS, MN 55428 TRASHMASTER'S INTERNATIONAL PO BOX MASS VILLAGE, CO 81615 THE FOOD GROUP 8501 54TH AVE N MANANDALE, MN 55302 TWIN CITIES HABITAT FOR HUMANITY	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C P C P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA, MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO, IL 60607 ROOM TO READ 465 CALLFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALLEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BOOL ON TO READ 465 CALLFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALLEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BOOL ON TO READ 465 CALLFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALLEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BOOL ON TO READ 465 CALLFORNIA ST STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALLEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N SHOW TO SHAPP SHAPP AND THE STORY THE FOOD GROUP 850154TH AVE N MINNEAPOLIS, MN 55402 SUMIT ACADEMY OIC 935 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405 THE FOOD GROUP 850154TH AVE STE 200 SEATTLE, WA 98144 TRUE FRIENDS 100 GRANT STATE 725 DEVELLE ON STATE	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C P C P C	ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 1,000 1,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN,MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARD AVE MINNEAPOLIS,MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA,MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS,MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS,MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE,MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS,CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY,MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA,MN 55343 RISE 8406 SUNSET RD NE SPRING LAKE PARK,MN 55432 RONALD MCDONALD HOUSE CHARITIES 110 NORTH CARPENTER ST CHICAGO,IL 60607 ROOM TO READ 465 CALLFORNIA ST STE 1000 5AN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA,VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BOOLON OF STE 300 MINNETONKA,MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS,CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE BASHAT PAUL, MN 55405 SPECIAL OLYMPICS 900 2ND AVE S STE 300 MINNEAPOLIS,MN 55428 SEMESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS,CO 80526 SISTERS RISING WORLDWIDE 1884 RANDOLPH AVE BASHAT PAUL, MN 55405 THE FOOD GROUP 8501 54TH AVE N MINNEAPOLIS,MN 55428 TRASHMASTER'S INTERNATIONAL PO BOW ASS VILLE, MN 55429 TRASHMASTER'S INTERNATIONAL PO BOON ASS VILLE, MN 55420 SUMIT ACADEMY OIC 935 OLSON MEMORIAL HWY MINNEAPOLIS,MN 55428 TRASHMASTER'S INTERNATIONAL PO BOON ASS VILLE, MN 55429 TREHOUSE 2101 OLYMPICS 900 2ND AVE S STE 300 MINNEAPOLIS,MN 55428 TRASHMASTER'S INTERNATIONAL PO BOON ASS VILLE, MN 55429 TRASHMASTER'S INTERN	NONE NONE NONE NONE NONE NONE NONE NONE	PC P	ACTIVITIES SUPPORT OF CHARITABLE ACTIVI	5,000 5,000 1,000 1,000 1,000 1,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
FOR CAMEROON 8708 NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18986 LAKE DR E CHANHASSEN, MN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 2201 N GIRARDD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 3RD ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 2131 FAIRVIEW AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 2202 ZANE AVE N GOLDEN VALLEY, MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNETONKA, MN 55343 RISON GREEN OAK DR STE 303 MINNETONKA, MN 55343 RISON GREEN OAK DR STE 1000 SAN FRANCISCO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNETKA AVE N BROOKLYN PARK, MN 55428 SEMESTER AT SE 2432 CENTER AVE UNIT 300 FORT CORRESSION OR	NONE NONE NONE NONE NONE NONE NONE NONE	P C P C P C P C P C P C P C P C P C P C	SUPPORT OF CHARITABLE ACTIVITIES	5,000 5,000 1,000 1,000 1,000 1,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000
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FOR CAMERCON 870B NORWAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 18386 LAKE ORE ROMANASSEN, NN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPFRATION LIVING HOPE 2011 N GURARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNEAPOLIS, MN 55437 PACE CENTER INC 18161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 310 ST STE 355 MINNEAPOLIS, MN 55415 PERCHAKER MINNESOTA 131 FARVIEW AVE N ROSEVILLE MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 PREACE NOR RESOURCES 5900 GREEN OAK DR STE 303 MINNEAPOLIS, MN 55422 REACH FOR RESOURCES 5900 GREEN OAK DR STE 303 MINNEAPOLIS, MN 55423 RISE 8406 SUNSET RD ME SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARTITIES 110 NORTH CARPENTER ST CHICAGO, LA 66007 ROOM TO READ 465 CALIFORNIA ST STE 1000 AN PRANCISCO, CA 94104 SECOND HARVEST 110 NORTH CARPENTER ST FINEABLY AVE N ROOKLYN PARK, MN 55428 SENESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WALDWIDE RAPA RANOLSO, CA 94104 SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST 7101 WINNERTKA AVE N ROOKLYN PARK, MN 55428 SENESTER AT SEA 2243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WALDWIDE MIN AND STORE WALDWARTS IN TERRANTIONAL PO BOX 6200 SINDA AVE S STE 200 SEALYATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314 SECOND HARVEST THE FOOD GROUP SINDA AVE S STE 200 SENESTER AT SEA 243 CENTRE AVE UNIT 300 FORT COLLINS, CO 80526 SISTERS RISING WALDWIDE MIN AND STORE WALDWARTS IN STATE THE FOOD GROUP SALVATION AND STORE WALDWARTS IN STATE THORE AND STATE THORE AND STATE THORE AND STATE THORE AND STATE WALDWARTS IN STATE THORE AND STATE THORE AND STATE WALDWARTS IN STATE THORE AND STATE WALDWARTS IN STATE THE FOOD GROUP SALVATION STATE THE FOOD GROUP SALVATION STATE THE FOOD GROUP	NONE P C P C P C P C P C P C P C P C P C P C	ACTIVITIES SUPPORT OF CHARITABLE SUPPORT OF CHARITABLE ACTIVITIES ACTIVITIES ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES 5,000 5,000 1,000 10,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000		
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FOR CAMEROON STORMAY ST NW COON RAPIDS, MN 55433 MOUNT OLIVET ROLLING ACRES 1898 LAKE OR E CHANHASSER, NN 55317 NEW HORIZONS FOUNDATION 5550 TECH CENTER DR COLORADO SPRINGS, CO 80919 OPERATION LIVING HOPE 201 N GIRARD AVE MINNEAPOLIS, MN 55411 OPPORTUNITY PARTNERS 5500 OPPORTUNITY COURT MINNEAPOLIS, MN 55417 PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 PAGE EDUCATION FOUNDATION 901 N 38D ST STE 355 MINNEAPOLIS, MN 55401 PEACEMAKER MINNESOTA 131 FAIRWLY AVE N ROSEVILLE, MN 55113 PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55415 PERSPECTIVES INC 3381 GORHAM AVE MINNEAPOLIS, MN 55426 PRAGER UNIVERSITY FOUNDATION 15021 VENTURE BLVD 552 SHERMAN OAKS, CA 91403 PRISM 1220 ZANE AVE N GOLDEN VALLEY, MN 55422 REACH FOR RESOURCES 5900 GREEN DAK DR STE 303 MINNETONICA, MN 55343 RISE 8406 SUMSET RD SPRING LAKE PARK, MN 55432 RONALD MCDONALD HOUSE CHARLITSON, AND	NONE P C P C P C P C P C P C P C P C P C P C	ACTIVITIES SUPPORT OF CHARITABLE SUPPORT OF CHARITABLE ACTIVITIES ACTIVITIES ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES SUPPORT OF CHARITABLE ACTIVITIES 5,000 5,000 1,000 1,000 10,000 10,000 5,000		

er aross amounts unless otherwise indicated	Unrelated h	usiness income	Excluded by sectio	n 512, 513. or 514	(e)
er gross amounts unless otherwise indicated.	(a)			Related or exer function incon	
Program service revenue:	Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
a					
b					
c d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
investments					
• • Net rental income or (loss) from real estate:			14	250,815	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
perty					
Other investment income			14	58	
Gain or (loss) from sales of assets other than inventory			18	707,273	
Net income or (loss) from special events:			10	707,273	
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c					
d					
(See worksheet in line 13 instructions to verify cart XV-B Relationship of Activities to					ly to
Explain below how each activity for which		orted in column (e			,
Explain below how each activity for which	ch income is rep		providing funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		providing funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee
Explain below how each activity for whith the accomplishment of the foundation's	ch income is rep		roviding funds for	such purposes). (S	ee

	• /
VI	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVI	Noncharitable	Exempt (Orga	nization	S					-			
	organization directly or 501(c) (other than sect	indirectly en	gage i	in any of th	ne following v		•	-				Yes	No
a Transfers	s from the reporting fou	ındation to a	nonch	naritable ex	cempt organi:	zatio	on of:						
(1) Cas	h										1a(1)		No
(2) Oth	er assets										1a(2)		No
b Other tra	ansactions:												
(1) Sale	es of assets to a noncha	aritable exem	pt or	ganization.							1b(1)		No
(2) Puro	chases of assets from a	noncharitab	le exe	empt organ	nization						1b(2)		No
(3) Ren	tal of facilities, equipm	ent, or other	asset	.s							1b(3)		No
(4) Rein	nbursement arrangeme	ents									1b(4)		No
	ns or loan guarantees.									Г	1b(5)		No
	ormance of services or	-		_						Г	1b(6)		No
_	of facilities, equipment,	_			-					_	1c		No
of the go in any tra	swer to any of the above ods, other assets, or seansaction or sharing are	ervices given rangement, s	by th how in	ne reporting n column (g foundation. d) the value	If t	he foundatione goods, otl	n re her a	ceived less than fa assets, or services	ir marke received	t value 1.	!	
(a) Line No.	(b) Amount involved	(c) Name of n	onchar	ritable exemp	ot organization		(d) Description	on of	transfers, transactions	, and shari	ng arrar	igement	is
describe	undation directly or ind d in section 501(c) (ot complete the following	her than sect							-	Yes	▼ N o	o	
2 1	(a) Name of organization			(b)	Type of organiz	ation	ı		(c) Description	n of relation	nship		
the	der penalties of perjury best of my knowledge a ormation of which prepa	and belief, it i	s true	e, correct, edge.		e. De	_				is bas	ed on	all
)	Signature of officer or	trustee		D	ate		Title			with the pr See instru		Yes	_
•	Print/Type preparer	r's name	Prep	arer's Sigr	nature		Date		Check if self-	PTIN	.002	6701	
Paid	SARA DOWNS					2023-11-08 employ		employed ▶	oyed 🔰		6794		
Preparer Use Only		FTONLARSO	DNAL	LEN LLP						Firm's E	IN ▶4	1-074	16749
•	Firm's address ▶ 2	220 S 6TH S	TREE	T SUITE 3	300								
	М	MINNEAPOLIS, MN 55402							Phone no. (612)				

Additional Data Return to Form Software ID: Software Version: Form 990PF - Special Condition Description: **Special Condition Description**

TY 2022 IRS 990 e-File Render

Category

ACCOUNTING AND LEGAL FEES

Name: BIFBER FAMILY FOUNDATION

EIN: 41-1679484

10,301

Net Investment Amount Income

5,151

- Income
- **Disbursements**

Purposes

- for Charitable
- **Adjusted Net**

TY 2022 IRS 990 e-File Render

Name: BIEBER FAMILY FOUNDATION

EIN: 41-1679484

П	Name of Bond	End of Year Book	End of Vear Fair
ı	Name of Bond	Value	Market Value
		value	Market value

100,679

ORACLE CORP DTD 7/16/13 3.625 DUE 7/15/23

TY 2022 IRS 990 e-File Render

Name: BIEBER FAMILY FOUNDATION

EIN: 41-1679484

ì			
ı	Name of Stock	End of Year Book	
ı		Value	Market Value

1,400,429

2,295,655

ISHARES CORE S&P 500 ETF

TY 2022 IRS 990 e-File Render Name: BIEBER FAMILY FOUNDATION

Category / Item

HIRTLE CALLAGHAN PRIVATE EQUITY OFFSHORE FUND

HC CAPITAL US MORT AST

HC CAPITAL INSTL INTL EQ

HC CAPITAL TR EMERG MKTS

2022 (A)

HC THE INSTL US EQUITY PORTFOLIO

EIN: 41-1679484

Listed at Cost

AT COST

AT COST

AT COST

AT COST

AT COST

Book Value

391,977

1,468,608

1,022,336

3,223,153

29,752

End of Year

367,983

872,655

23,144

1,441,160

2,954,298

	or FMV		Fair Market Value
PRUDENTIAL ANNUITY	FMV	6,153	6,153
HC CAPITAL US CORP F I	AT COST	356,367	332,622
HC CAPITAL US GOVT F I	AT COST	1,609,428	1,504,650

TY 2022 IRS 990 e-File Render

BANK FEES

MANAGEMENT FEES

Name: BIEBER FAMILY FOUNDATION

EIN: 41-1679484

Description	Revenue and	Net Investment	Adjusted Net	Disbursements for
	Expenses per Books	Income	Income	Charitable Purposes
MN ATTORNEY GENERAL FILING FEE	2.5	0		2.5

5,000

2,500

2,500

TY 2022 IRS 990 e-File Render

Name: BIEBER FAMILY FOUNDATION

Expenses Per Books

Net Investment

Income

Adjusted Net

Income

FTN: 41-1679484

EIN. 41-1079404	
Description	Revenue And

PRUDENTIAL US BANK

11 2022 INS 350 E-File Relider						
Name:	BIEBER FAMILY FOUNDATION					
	44 4670404					

EIN: 41-1679484	
Description	

TV 2022 TDS 000 a-File Donder

PRIOR PERIOD ADJUSTMENT

Amount

TY 2022 IRS 990 e-File Render

ADVISOR FEES

Name: BIEBER FAMILY FOUNDATION

37,462

EIN: 41-1679484

Category	Amount	Net Investment	Adjusted Net	Disbursements
category	Amount	Income		for Charitable
				Purposes

37,462

TY 2022 IRS 990 e-File Render

FOREIGN TAXES

FEDERAL EXCISE TAXES

Name: BIEBER FAMILY FOUNDATION

EIN: 41-1679484

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
				Purposes

11,105

26,906

11,105



Form 990

2021

990 Form 990 Department of the Treasu

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation:) Do not enter social security numbers on this form as it may be made public.

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

2021

OMB No. 1545-

Open to Public Inspection

✓ Yes ☐ No

Form **990** (2021)

Cat. No. 11282Y

		the Treasury					Inspection
		ue Service e 2021 ca	lendar year, or tax year beginning 01-01-2021 , and ending 12-31-2	021			
		applicable:	C Name of organization		D Emp	loyer ident	ification number
— Ad	dress	change	Sisters Rising Worldwide		81-3	3868803	
	me ch tial re	hange turn	Doing business as			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Fin	al		Duling business as				
		inated d return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	E Telep	hone numbe	er	
		ion pending	1884 Randolph Avenue	(651	.) 245-34	193	
			City or town, state or province, country, and ZIP or foreign postal code				
			Saint Paul, MN 55105		G Gross	receipts \$ 6	578,514
			F Name and address of principal officer: Sister Irene O'Neill	H(a)	Is this a group	return fo	
			1884 Randolph Avenue	ши	subordinates? Are all subord		Yes V No
			Saint Paul, MN 55105	п(в)	included?	maces	Yes No
Tax	x-exe	mpt status:	▼ 501(c)(3)		•		ee instructions.
J W	ebsit	te:▶ srw	.org	H(c)	Group exempt	ion numbe	er 🕨
K Forn	n of o	rganization	: 🔽 Corporation 🗌 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2016	M State	e of legal domicile:
De	and I	S					
Pa	art I		scribe the organization's mission or most significant activities:				
200			owerful women doing powerful work.				
e e							
Ē							
Š.	,	Check th	nis box 🖊 if the organization discontinued its operations or dispose	d of more	than 25% of i	ts net ass	sets.
Ğ	_		of voting members of the governing body (Part VI, line 1a)			3	_
×8			of independent voting members of the governing body (Part VI, line 1b			4	7
iii iii			mber of individuals employed in calendar year 2021 (Part V, line 2a)		5	C	
Activities & Governance	6	Total nu	mber of volunteers (estimate if necessary)		6	2	
A	7a	Total un	related business revenue from Part VIII, column (C), line 12 · · ·			7a	0
	b	Net unre	lated business taxable income from Form 990-T, Part I, line 11 •			. 7b	0
					Prior Year		Current Year
		C					
a)	8	Contribu	tions and grants (Part VIII, line 1h)		313	3,215	678,330
enue			tions and grants (Part VIII, line 1h)		313	3,215	678,330
Sevenue	9	Program			313	183	678,330 (184
Revenue	9 10	Program Investm	service revenue (Part VIII, line 2g)		313		(
Revenue	9 10 11	Program Investme Other re	service revenue (Part VIII, line 2g)	.2)			184
Revenue	9 10 11 12	Program Investme Other re Total rev	service revenue (Part VIII, line 2g)	.2)	313	183	184
Revenue	9 10 11 12 13	Program Investme Other re Total rev Grants a	service revenue (Part VIII, line 2g)	.2)	313	183	(184 (678,514
3000	9 10 11 12 13 14	Program Investme Other re Total rev Grants a Benefits	service revenue (Part VIII, line 2g)		313	183	(184 (678,514
3000	9 10 11 12 13 14 15	Program Investme Other re Total rev Grants a Benefits Salaries,	service revenue (Part VIII, line 2g)		313 114	183	(184 (678,514
3000	9 10 11 12 13 14 15 16a	Program Investme Other re Total rev Grants a Benefits Salaries, Professi	service revenue (Part VIII, line 2g)		313 114	183	678,514 204,208
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program Investme Other re Total rev Grants a Benefits Salaries, Profession	service revenue (Part VIII, line 2g)		313	183	678,514 204,208
3000	9 10 11 12 13 14 15 16a b 17	Program Investmo Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex	service revenue (Part VIII, line 2g)	-10)	313 114 9 315 439	183 3,398 4,280 0,350 5,729 0,359	204,208 (C 204,208 (C 20,170
Expenses	9 10 11 12 13 14 15 16a b 17	Program Investmo Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex	service revenue (Part VIII, line 2g)	-10)	313 114 9 315 439 -125	183 8,398 4,280 9,350 5,729 9,359 5,961	184,863 409,235
Expenses	9 10 11 12 13 14 15 16a b 17	Program Investmo Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex	service revenue (Part VIII, line 2g)	-10)	313 114 9 315 439	183 8,398 4,280 9,350 5,729 9,359 5,961	184,863 409,239
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program Investme Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue	service revenue (Part VIII, line 2g)	-10)	313 114 9 315 439 -125 eginning of Curr	183 3,398 4,280 9,350 5,729 9,359 5,961 rent	184,863 209,275 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Profession Total fundi Other ex Total ex Revenue	service revenue (Part VIII, line 2g)	-10)	313 114 9 315 439 -125 eginning of Curr	183 8,398 4,280 9,350 5,729 9,359 5,961	184,863 409,235
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmo Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex Revenue Total ass Total lial	service revenue (Part VIII, line 2g)	-10)	313 114 9 315 439 -125 eginning of Curr Year	183 3,398 4,280 0,350 5,729 0,359 5,961 rent 5,309	184,86; 409,239 End of Year
Net Assets or Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total as: Total lial Net asse	service revenue (Part VIII, line 2g)	-10)	313 114 9 315 439 -125 eginning of Curr Year	183 3,398 4,280 9,350 5,729 9,359 5,961 rent	184,865 409,235 End of Year
Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex Revenue Total as: Total lial Net asse Sign nalties of	service revenue (Part VIII, line 2g)	Beanying sc	313 114 315 439 -125 eginning of Curr Year 236 hedules and st	183 3,398 4,280 0,350 5,729 0,359 5,961 rent 6,309 atements,	184,86: 409,239 269,275 End of Year 505,584
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex Revenue Total ass Total lial Net asse Sign alties of edge and	service revenue (Part VIII, line 2g)	Beanying sc	313 114 315 439 -125 eginning of Curr Year 236 hedules and st	183 3,398 4,280 0,350 5,729 0,359 5,961 rent 6,309 atements,	184,86: 409,239 269,275 End of Year 505,584
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Professi Total fundi Other ex Total ex Revenue Total as: Total lial Net asse Sign nalties of edge and has any kn	service revenue (Part VIII, line 2g)	Beanying sc	313 114 315 439 -125 eginning of Curry Year 236 236 hedules and stoer) is based or	183 3,398 4,280 0,350 5,729 0,359 5,961 rent 6,309 atements,	184,865 204,208 204,208 (204,208 (204,208 409,238 269,275 End of Year 505,588
Net Assets or Expenses of his balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Professi Total fundi Other ex Total ex Revenue Total as: Total lial Net asse Sign nalties of edge and has any kn	service revenue (Part VIII, line 2g)	Beanying sc	313 114 315 439 -125 eginning of Curr Year 236 236 thedules and stoer) is based or	183 3,398 4,280 0,350 5,729 0,359 5,961 rent 6,309 atements,	184,865 204,208 204,208 (204,208 (204,208 409,238 269,275 End of Year 505,588
Net Assets or Expenses of Many Many Many Many Many Many Many Many	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex Revenue Total as: Total lial Net asse Sign alties of edge and has any ki	service revenue (Part VIII, line 2g)	Beanying sc	313 114 315 439 -125 eginning of Curry Year 236 236 hedules and stoer) is based or	183 3,398 4,280 0,350 5,729 0,359 5,961 rent 6,309 atements,	184,865 204,208 204,208 (204,208 (204,208 409,238 269,275 End of Year 505,588
Net Assets or Expenses of Many Many Many Many Many Many Many Many	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex Revenue Total as: Total lial Net asse Sign alties of edge and has any ki	service revenue (Part VIII, line 2g)	Beanying sc	313 114 315 439 -125 eginning of Curry Year 236 236 hedules and stoer) is based or	183 3,398 4,280 0,350 5,729 0,359 5,961 rent 6,309 atements,	184,865 204,208 204,208 (204,208 (20,170 184,865 409,238 269,275 End of Year 505,586
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Professin Total fund Other ex Total ex Revenue Total ass Total lial Net asse Sign alties of edge and has any known as an	service revenue (Part VIII, line 2g)	Banying sc than office	313 114 315 439 -125 eginning of Curry Year 236 236 236 chedules and streer) is based or 2022-07-11 Date	183 3,398 4,280 9,350 5,729 9,359 6,309 atements, a all inform	184,86: 409,239 269,275 End of Year 505,584 and to the best of nation of which
Net Assets or Expenses of Many Many Many Many Many Many Many Many	9 10 11 12 13 14 15 16a b 17 18 19	Program Investmon Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex Revenue Total ass Total lial Net asse Sign Total lial Net asse Sign Total lial Signat Signat Signat F	service revenue (Part VIII, line 2g)	Beanying sc	313 114 313 114 315 439 -125 eginning of Curryear 236 236 chedules and steer) is based or 2022-07-11 Date 19 Check if self-employed	183 3,398 4,280 3,350 5,729 9,359 5,961 rent 5,309 atements, all inform	184,86: 409,233 269,275 End of Year 505,584 and to the best of mation of which
Net Assets or Expenses Onder Manager Property of Prope	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II r pennowled	Program Investmon Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Revenue Total ass Total lial Net asse Sign nalties of edge and has any kn Signat Sister Type o	service revenue (Part VIII, line 2g)	Banying sc than office	313 114 315 439 -125 eginning of Curryear 236 236 hedules and stoer) is based or 2022-07-11 Date	183 3,398 4,280 3,350 5,729 9,359 5,961 rent 5,309 atements, all inform	184,86: 409,233 269,275 End of Year 505,584 and to the best of mation of which
Net Assets or Expenses Or Here	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 ttll r pennowlearer h	Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex Total ex Revenue Total ass Total lial Net asse Sign alties of edge and has any ki	service revenue (Part VIII, line 2g)	Banying sc than office	313 114 313 114 315 439 -125 eginning of Curryear 236 236 chedules and steer) is based or 2022-07-11 Date 19 Check if self-employed	183 3,398 4,280 3,350 5,729 9,359 5,961 rent 5,309 atements, all inform PTIN P0132297 43-1915295	184,86; 409,239 269,279 End of Year 505,584 and to the best of nation of which

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2021)				Page 2
Pa	statement of Program	Service Accompl	ishments		
	Check if Schedule O contains	a response or note to	any line in this Part III		
1	Briefly describe the organization's m	ission:			
Supp	oort powerful women doing powerful wo	rk.			
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		• ,	hich were not listed on	☐Yes 🔽 No
	If "Yes," describe these new service	s on Schedule O.			
3	Did the organization cease conductin services?	g, or make significant	t changes in how it cond	lucts, any program	Yes V No
	If "Yes," describe these changes on	Schedule O.			
4	Describe the organization's program expenses. Section 501(c)(3) and 501 the total expenses, and revenue, if a	1(c)(4) organizations	are required to report th		
4a	(Code:) (Expense: Through an innovative technology platform and separate congregations in order to eff developed and implemented a website and their needs, share their understandings an the world's most vulnerable communities.	n, Sisters Rising Worldwide ectively share ideas and str I other technology tools to	rategies that solve the root co make it possible to support o	auses of injustices throughout the wo over 650,000 Sisters worldwide, allow	rld. The organization has ring them to communicate
4b	(Code:) (Expense:	5 \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expense:	5 \$	including grants of \$) (Revenue \$)
	-				
4d	Other program services (Describe	in Schedule O.)			
_	(Expenses \$	including grants o	of \$) (Revenue \$)
4e	Total program service expenses ▶	343,605			
					Form 990 (2021)

Form 990 (2021) Page 3 **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," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 candidates for public office? If "Yes," complete Schedule C, Part I 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 Νo Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . 5 Νo Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Νo Schedule D,Part I 📆. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 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 Νo 9 negotiation services? If "Yes," complete Schedule D, Part IV 🥦 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Νo permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🐒 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a

Nο

Νo

Νo

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Nο

Nο

Νo

Nο

Νo

Nο

Νo

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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19

20a

20b

Yes

Yes

Yes

Form 990 (2021)

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ର୍ ପ୍ରମୟକ" ଦେଗୁଖନାହାୟ ନେ ବିଷ୍ଟାଧିକ ନିଜ୍ଞ ଅନ୍ୟୁକ୍ତ hopendent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🥦

m 990 (2021)							
art IV Checklist of Required Schedules (continued)							
		Yes	No				
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					

u	enecklist of Required Schedules (continued)			
			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

Hid the Granketation field to the schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

Page	•

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No

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24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

31

32

33

34

35a

35b

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37

Λ

1a

1b

Yes

Yes

Form 990 (2021)

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b							
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
b	b Accounty: - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
5a	Washe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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		Νo					
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		No					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as								
	required?	7 g							
n	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	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?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the								
	year. 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?								
а	• • • • • • • • • • • • • • • • • • •	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
C 14a	Enter the amount of reserves on hand	14a		Νo					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INU					
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		Νo					
16	If these types at the constant files Fiture of 200 jSchedulee Nacction 4968 excise tax on net investment income?	16		Νο					
17	If "Yes," complete Form 4720, Schedule O. 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.								

year by the following: a The governing body? .

Section C. Disclosure

13 14

18

apply.

or similar committee, explain in Schedule O.

Νo

Nο

Nο

Nο

Νo

Νo

Nο

No

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Form 990 (2021)

(2021)	Pag
Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines	
2. 01 - 401 1-1- 1 1 1 1 1 1 1 1	

ıaı	Governance, Management, and Disciosure. For each res response to lines 2 th	rougn	/ D Deli	ov, and	וטו נ	a IVO	resp	10115	e w	iiiies	•
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI	le 0. S	See ins	tructio	ns. •						
Section A. Governing Body and Management											
									Ye	s	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a					7				
	Year- ere are material differences in voting rights among members of the governing										

, , , , , , , , , , , , , , , , , , ,				
Section A. Governing Body and Management				
			Yes	N
1a Enter the number of voting members of the governing body at the end of the tax	1a	7		
Yeare are material differences in voting rights among members of the governing				
body, or if the governing body delegated broad authority to an executive committee				

Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization have members or stockholders?

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Did the organization have a written whistleblower policy? .

b Other officers or key employees of the organization

List the states with which a copy of this Form 990 is required to be filed

file the organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

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

a The organization's CEO, Executive Director, or top management official

Own website Another's website V Upon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

►Sister Irene O'Neill 1884 Randolph Avenue Saint Paul, M N 55105 (651) 245-3493

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

2

4

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7a

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10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

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

- 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 organization and any related organizations.
- List all of the organization's former officers, key employees, or 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. Vector Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization n		n guiniz	acion			ii sate	u un			
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not bo: h ar or/ti	x, unling officerustee Highest compensated	ess	Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	Estimated amount of other compensation from the organization and related organizations
(1) Sister Irene O'Neill President	40.00	Х		х				0	0	0
(2) Sister Patty Johnson Vice-President	2.00	х		Х				0	0	0
(3) Sister Judy Molosky Secretary/Treasurer	2.00	х		х				0	0	0
(4) Sister Patricia Murray Director	2.00	Х						0	0	0
(5) Sister Mary Amanda Nwagbo Director	2.00	х						0	0	0
(6) Sister Mary Kay Brooks Director	2.00	Х						0	0	0
(7) Sister Mary Waskowiak Director	2.00	Х						0	0	0
										Form 990 (2021)

	(A) Name and title	(B) Average hours per week (list any hours for	more perse and	than on is a dir	one bot	not box h ar	chec x, unle n office rustee	ess er	Repo compe from organiz	D) ortable ensation m the ation (W-	_		(F) Estima imount o compens from t	ited f other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC	099- /1099- EC)	(W-2/1099- MISC/1099- NEC)		rganizati relati organiza	ed
c ·	Sub-Total						*							
	Total (add lines 1b and 1c)					ام ما	•		wa a a i y a d	0		0		0
2	Total number of individuals (includi \$100,000 of reportable compensat					u ai	bove)	WIIO	received	i more th	all			
3	Did the organization list any forme	r officer directe	or or tri	ıctoo	ko	v on	nnlove	20.0	r highost	compon	sated employee		Yes	No
3	Did the organization list any forme on line 1a? <i>If "Yes," complete Sched</i>				, ke	, en	• •	.e, 0	• •	• •		3		No
4	For any individual listed on line 1a, organization and related organizat individual											4		No
5	Did any person listed on line 1a rec						•		_		or individual for			
S	services rendered to the organizate ection B. Independent Contr		npiete S	cnea	uie J	Tor	sucn _l	pers	on			5		No
1	Complete this table for your five h compensation from the organization	ighest compens											tax year.	
	Name	(A) and business addre	ess							Des	(B) cription of services		(C) Compen	

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

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

		t of Revenue					rage 3
	Check if Sche	edule O contains a res	sponse or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Cont	ributions, Gifts, Grant	s, and OtherAmt Simi	1	h Federated campaig b Membership dues c Fundraising events d Related organization e Government grants (co f All other contributions, and similar amounts no above Noncash contributions i lines 1a - 1f:\$ h Total. Add lines 1a	ticons 1d	678,330	678,330
Program Service Revenue	b c d e f All other program Total. Add lines		Business Coo				
Other Revenue	other 49 Modeline afrom the estable services 5 Royalties	stment of tax-exempt (i) Real (i) Real (ii) Real (ii) Real (iv) Real (i	entory	al	34		
		ee instructions	_	678,5	14	184	0 0

	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mu	st complete all colum	mns All other organ	izations must comp	loto column (A)
	Check if Schedule O contains a response or note to	· · · · · · · · · · · · · · · · · · ·		<u>·</u>	Tete column (A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	204,208	204,208	general expenses	схренаса
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	1			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages		ĺ		
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
۵	Other employee benefits	1	1	1	
	Payroll taxes				
	Fees for services (non-employees):				
	Management	76,990	52,285	24,705	0
	DLegal	70,990	32,203	24,703	
	Accounting				
	I Lobbying	20.470			
	e Professional fundraising services. See Part IV, line 17	20,170			20,170
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	9,250	750	0	8,500
13	Office expenses	1,226	176	605	445
14	Information technology	7,073	1,333	4,407	1,333
	Royalties				
16	Occupancy				
17	Travel	1,092	0	339	753
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	700	700	0	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Web and Digital Design	84,335	84,153	182	0
	b Other Expenses	4,195	0	4,195	0
	c				
	d				_
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	409,239	343,605	34,433	31,201
	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).	105,259	3-3,003	37,733	31,201

_		(2021)			Page 11
P	art X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part IX .			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	162,586	1	316,677
	2	Savings and temporary cash investments	73,723	2	73,907
	3	Pledges and grants receivable, net		3	115,000
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		•	
	_			7	
Assets	7	Notes and loans receivable, net			
SS	8	Inventories for sale or use		8 9	
A	9	Prepaid expenses and deferred charges		9	
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10 c	
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets: Add lines 1 through 15 (must equal line 33)	236,309	16	505,584
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>- E</u>		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow FASB ASC 958, check here ▶ ✓ and complete			
Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions	184,722	27	428,589
nd Bi	28	Net assets with donor restrictions	51,587	28	76,995
Fund		Organizations that do not follow FASB ASC 958, check here			
10	20	complete lines 29 through 33.		20	
ts	29	Capital stock or trust principal, or current funds		29	
SSe	30 31	Paid-in or capital surplus, or land, building or equipment fund		30 31	
Net Assets or	31 32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	236,309	32	505,584
Ne	33	Total liabilities and het assets/fund balances	236,309	33	505,584
	<i>_</i>	· · · · · · · · · · · ·	250,509	33	Form 990 (2021)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Single Audit Act and OMB Circular A-133?

Form 990 (2021)

За

3b

Form 990 (2021)		
Additional Data		Return to Form
	Software ID: 21013422	
	Software Version:	
Form 990, Special Condition Descripti	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

Sisters Rising Worldwide

SCHEDULE A

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.

Inspection

OMB No. 1545-0047

Employer identification number

01 2060002

		161-3606603
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The	organiz	zation is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in $\mathbf{section}\ \mathbf{170(b)(1)(A)(i)}$.
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). E hospital's name, city, and state:

(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public

described in **section 170(b)(1)(A)(vi).** (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally

integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN (iii) Type of organization (described on lines			organization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		1- 10 above (see instructions))	Yes	No		
Total						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 4,625 302,922 491,741 313.215 678,330 1.790.833 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 4,625 302,922 491,741 313,215 678,330 1.790.833 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from 1,790,833 line 4. Section B. Total Support Calendar year (e) 2021 (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (f) Total (or fiscal year beginning in) 302,922 491,741 313,215 1,790,833 4,625 678,330 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 1,790,833 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Section C. Computation of Public Support Percentage

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

14

Schedule A (Form 990) 2021

15

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization $\ldots\ldots\ldots\ldots\ldots\ldots$

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Public support percentage for 2020 Schedule A, Part II, line 14 16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

Sche	edule A (Form 990) 2021						Page
Ρ	art III Support Schedule t	for Organiz	ations Descri	bed in Section	on 509(a)(2)	:	l:6 d D t
	(Complete only if you II. If the organization						lalify under Part
S	ection A. Public Support						
	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	fiscal year beginning in)		(1)	()	()	(-)	()
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .		+				
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
,	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
S	ection B. Total Support						
	endar year	(.) 2017	(1.) 2010	(1) 2010	(D 2020	(.) 2021	(6) T. I. I
	fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
. 9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated						
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.						

10a	Gross income from intere
	dividends, payments rece

- - Other income. Do not include gain or loss from the sale of capital
 - assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c,
 - 11, and 12.). . First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,
- Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) 15
- Public support percentage from 2020 Schedule A, Part III, line 15 16
- Section D. Computation of Investment Income Percentage 17

 - Investment income percentage from 2020 Schedule A, Part III, line 17
 - Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))

0 %

0 %

- 17

Schedule A (Form 990) 2021

- 19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
 - b 33 1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

За

3b

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4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

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

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.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Page 5

No

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c		
Se	<u>Part VI.</u> ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
Se	ection C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or		Yes	No
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
S	ectfon ^z b ^{ro} Afi ^o Type III Supporting Organizations		1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	,
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
Ć	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.	ļ	Yes	No
ā	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		-

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

2b

За

3b

instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Page **6**

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

See instructions.

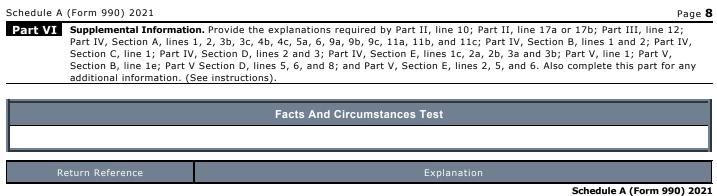
a Excess from 2017. **b** Excess from 2018. c Excess from 2019. . . **d** Excess from 2020. e Excess from 2021.

3j and 4c. 8 Breakdown of line 7:

c 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.

- If the amount is greater than zero, explain in ${\it Part~VI}$
- 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
- 7 Excess distributions carryover to 2022. Add lines

Schedule A (Form 990) (2021)



SCHEDULE D

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

2021

Open to Public Inspection

Employer identification number

Sis	ters Rising Worldwide					81-	3868803	
Pā	Organizations Maintaining Donor A Complete if the organization answered							
	complete if the organization unowered	(a) Dono					(b) Funds and	other accounts
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizat	-						☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor impermissible private benefit?	nor or donor adviso	or, o	or for any	other purpo	se con	ferring	Yes No
Pa	Conservation Easements. Complete if the organization answered '							
1	Purpose(s) of conservation easements held by the o							
	lacksquare Preservation of land for public use (e.g., recreati	on or education)		Preser	vation of an	histor	ically important	land area
	Protection of natural habitat			Preser	vation of a c	ertifie	ed historic struc	ture
	Preservation of open space							
2	Complete lines 2a through 2d if the organization hel	d a qualified cons	erva	tion cont	ribution in th	ne forr	m of a conserva	tion
	easement on the last day of the tax year.	·					Held at the	End of the Year
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements	;				2b		
c	Number of conservation easements on a certified his	storic structure inc	lude	ed in (a)	1	2c		1
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	cquired after 7/25				2d		
3	Number of conservation easements modified, transfetax year	erred, released, ex	ting	uished, c	r terminated	d by th	ne organization	during the
4	Number of states where property subject to conserv	vation easement is	loc	ated 🕨				
5	Does the organization have a written policy regarding violations, and enforcement of the conservation eas	g the periodic mor	nitor	ing, insp		ling of	 ;	s 🗆 No
_	Staff and volunteer hours devoted to monitoring, ins					na cor		
6	year	specing, nanding	OI V	ioiations,	and emore	ing coi	iservation ease	ments during the
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of vio	olati	ons, and	enforcing co	nserv	ation easement	s during the year
8	Does each conservation easement reported on line 2 (B)(i) and section 170(h)(4)(B)(ii)?						70(h)(4)	s No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to th					•	
Pai	rt III Organizations Maintaining Collection Complete if the organization answered '	ons of Art, His	to r	ical Tro	easures, o	or Ot	her Similar	Assets.
1a	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets he service, provide, in Part XIII, the text of the footnot	B ASC 958, not to eld for public exhil	repo oitio	ort in its n, educa	revenue station, or rese	arch ir	n furtherance of	
b	If the organization elected, as permitted under FASE art, historical treasures, or other similar assets held provide the following amounts relating to these item	B ASC 958, to repo	ort i	n its reve	enue statem	ent an	d balance sheet	
	(i) Revenue included on Form 990, Part VIII, line 1 .						. > \$	
(ii) Assets included in Form 990, Part X						. > \$	
2	If the organization received or held works of art, his following amounts required to be reported under FA	torical treasures, o	or ot	ther simil	ar assets for		-	de the
а	Revenue included on Form 990, Part VIII, line 1 · ·						> \$	
b	Assets included in Form 990, Part X						. > \$	
٠	Panerwork Peduction Act Notice see the Instructions							- D (Farm 000) 202

Sch	edule D	(Form 990) 2021												Page 2
Pai	t III	Organizations N	1aintaining C	Collection	ns of Art	t, Hi	stor	ical T	reasu	res, o	r Other S	Similar A	ssets (continued)
3	_	the organization's action items (check all	•	ion, and ot	ther record	ds, ch	eck a	ny of tl	he follo	wing th	nat are a sig	gnificant use	e of its	
а	☐ F	Public exhibition				d		Loan	or exch	ange pi	rograms			
b		Scholarly research				e		Other						
c	F	Preservation for future	generations											
4	Provid Part	de a description of the XIII.	e organization's o	collections	and explai	n how	they	furthe	r the o	rganiza	tion's exem	pt purpose	in	
5		g the year, did the or s to be sold to raise fo	_				,						Гм	,
Pa	rt IV	Escrow and Cus Complete if the or Part X, line 21.	todial Arran	gements) .									
1a		e organization an ager ded on Form 990, Par										Yes	□ No)
b	If "Ye	es," explain the arranc	nement in Part X	III and con	nplete the	follov	vina t	able:				Amount		
c		ning balance			•		_			1c				
d		ions during the year .								1d				
e										1e				
f		butions during the ye								1f				
2a		ne organization includ								L	count liabil	ity? Yes	□ No	<u> </u>
h		es," explain the arrang												
D	art V	Endowment Fur												
	ar c v	Complete if the or		swered "Y	es" on Fo	orm 9	990,	Part I	V, line	10.				
				(a) Curr			Prior y		(c) Two	years b	ack (d) Three	e years back	(e) Four y	ears back
1a	Beginn	ing of year balance												
b	Contril	butions												
С	Net inv	vestment earnings, ga	ains, and losses											
_				İ	Ì			ı			Ì	Í		
		or scholarships .												
е		expenditures for facil ograms	ities											
f	Admin	istrative expenses .												
g	End of	year balance												
2	Provid	de the estimated perc	entage of the cu	rrent year	end baland	ce (lin	e 1g,	columi	n (a)) ł	neld as:				
а	Board	l designated or quasi-	endowment 🕨											
b	Perma	anent endowment 🕨												
С	Term	endowment 🕨												
	The p	ercentages on lines 2	a, 2b, and 2c sh	nould equa	l 100%.									
3a		nere endowment funds	not in the posse	ession of th	ne organiza	ation	that a	re held	d and a	dminist	ered for the	2		
	-	iization by: nrelated organizations										3a	Yes	No
		elated organizations											(ii)	+
b	If "Ye	es" on 3a(ii), are the r	elated organizat									3	`	
4		· · · · · · · · · · · · · · · · · · ·		he organiz	ation's end	dowm	ent fi	ınds.						
	rt VI	Land, Buildings												
		Complete if the or		swered "Y	es" on Fo						See Form		X, line	
_			(investme											
1a	Land													
b	Buildin	igs												
c	Leaseh	old improvements												
d	Equipn	nent												

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

	Complete if the organization answered "Yes" on Form 9			e Form 990, F	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Bo valu		(c) Method of v or end-of-year	
	l derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					-
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	>			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 9	90. Part	IV. line 11c. Se	ee Form 990.	Part X. line 13.
	(a) Description of investment	207 . a. c	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1)				Cost of end-	or-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 99	00, Part	IV, line 11d. Se	e Form 990, Par	rt X, line 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 15.)				
	Other Liabilities. Complete if the organization answered 'Yes' on Form 99 See Form 990, Part X, line 25.	0, Part	IV, line 11e or :		
1.	(a) Description of liabil	ity			(b) Book value
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)		_			
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)	notnot- '	o the organization	's financial state	oments that reports the
organization	or uncertain tax positions. In Part XIII, provide the text of the for 's liability for uncertain tax positions under FIN 48 (ASC 740). C				
XIII					

1 Total expenses and losses per audited financial statements 1 409,239 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a

2b

Other losses . . 2c Other (Describe in Part XIII.) 2d

Subtract line 2e from line 1 3 409,239 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a

4b Other (Describe in Part XIII.) Add lines **4a** and **4b** 4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 409,239

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Prior year adjustments

Add lines **2a** through **2d**

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation

Schedule D (Form 990) 2021

2e

(Form 990)
Department of the Treasury Internal Revenue Service Name of the organ Sisters Rising Wo
Part I Gen "Yes
1 For grants

SCHEDULE F

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Statement of Activities Outside the United States

Open to Public

OMB No. 1545-0047

nternal	I Revenue Service					Inspection
lame	e of the organization ers Rising Worldwide				Employer ide	entification number
,,,,,,	as Rising WorldWide				81-386880	3
Pa	"Yes" on Form 990, F			he United States. C	complete if the organ	nization answered
1	For grantmakers. Does the offer assistance, the grante	-			-	
	to award the grants or assis					
2	For grantmakers. Describe assistance outside the Unit		organization's ¡	procedures for monitor	ring the use of its gr	ants and other
3	Activites per Region. (The follo	owing Part I, line	e 3 table can be o	uplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	-					
(10)						
10) (11)						
11 <u>)</u> (12)						
12) (13)						
13) (14)						
14 <u>)</u> (15)						
7	-	İ	İ			1

16) **3a** Sub-total . . . **b** Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b)

Cat. No. 50082W

Schedule F (Form 990) 2021

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

chedule i (i olili 99	0) 2021							raye Z
				ies Outside the Ui ,000. Part II can be				" on Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1)		East Asia and Pacific	Program funding	7,940	wire transfer			
2)		South America	Program funding	10,100	wire transfer			
3)		East Asia and Pacific	Program funding	15,000	wire transfer			
4)		East Asia and Pacific	Program funding	21,095	wire transfer			
5)		East Asia and Pacific	Program funding	·	wire transfer			
(6)		Sub-Saharan Africa	Program funding	26,000	wire transfer			
7)		Sub-Saharan Africa	Program funding	20,000	wire transfer			
8)		Sub-Saharan Africa	Program funding	15,000	wire transfer			
9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(

16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

(2) (3) (4) (5) (6) (7) (8) (9)

10) (11)

12) 13) (14)

15)

16) (17)

18)

Schedule F (Form 990) 2021

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (a) Type of grant or (a) Description (h) Method of

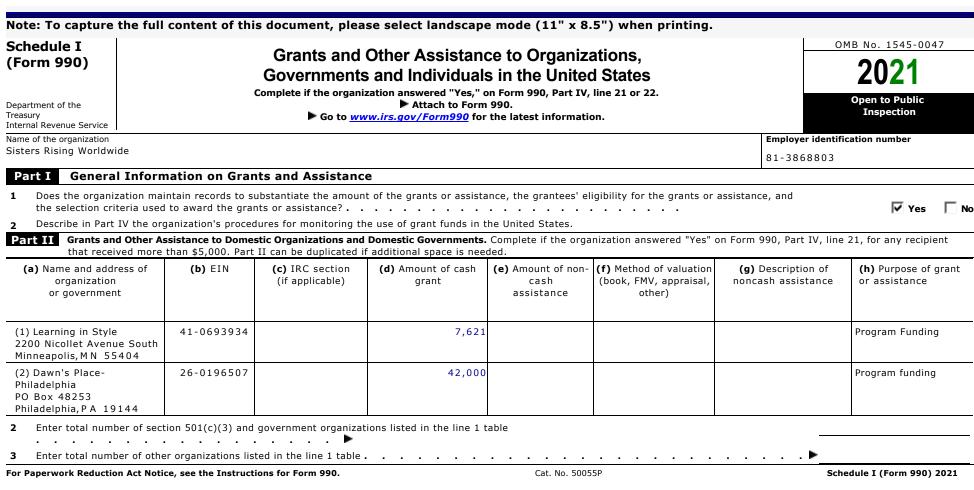
(a) Type of graffic of	(b) Region	(c) Number of		(e) Manner of cash	(1) Amount of	(g) Description	(ii) Method of
assistance		recipients	cash grant	disbursement	noncash	of noncash	valuation
					assistance	assistance	(book, FMV,
							appraisal, other)
(1)							

Schedule F (Form 990) 2021

Schedule F	F (Form 990) 2021	Page 5
Part V	method; amounts of inve (accounting method); and	equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting stments vs. expenditures per region); Part II, line 1 (accounting method); Part III d Part III, column (c) (estimated number of recipients), as applicable. Also complete dditional information. See instructions.
	ReturnReference	Explanation
-		
-		
-		
		Schedule F (Form 990) 2021

Additional Data Software ID: 21013422

Software Version:



(5)

(6)

Schedule I (Form 990) 2021

(7)

Part IV

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

Explanation

Return Reference

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization Sisters Rising Worldwide

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

2021

OMB No. 1545-0047

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

81-3868803

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

Explanation Return Reference Pt VI. Line Organization's Process to Review Form 990 - Each board member will receive a copy of the Form 990 and have the ability to review and ask questions regarding the form. 11b Pt VI. Line 19 Governing Documents Disclosure Explanation - Documents are available upon request.

Cat. No. 51056K For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021



Form 990

2020

990

Department of the

Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		enue Servic					·		
A F	or the	e 2020 ca	alendar year, or tax year beginning 01-01-2020 , and ending 12-31-202	.0					
B Che	ck if a	applicable: change	C Name of organization SISTERS RISING WORLDWIDE	D Employe	D Employer identification number				
l.		hange		81-386	81-3868803				
In	tial re	turn	Doing business as						
Fin retur	al n/term	inated			E Telephone	numhe			
An	nende	d return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	ite	L Telephone	: Hullibei			
Ap	plicati	ion pending	g 1884 RANDOLPH AVENUE						
			City or town, state or province, country, and ZIP or foreign postal code SAINT PAUL, MN 55105						
					G Gross rec	eipts \$ 3	13,398		
			F Name and address of principal officer: SISTER IRENE O'NEILL		this a group re	turn for			
			SISTER TRENE O NEILL		ubordinates? re all subordina	tes	Yes V No		
					cluded?		Yes No		
I Ta	x-exe	mpt status	5: 🔽 501(c)(3) 🔲 501(c)() 🖣 (insert no.) 🔲 4947(a)(1) or 🦳 527				ee instructions)		
J W	ebsit	te:▶ SR	RW.ORG	H(c) G	roup exemption	numbe	r▶		
K Form	n of o	rganizatio	n: 🔽 Corporation 🗌 Trust 🔲 Association 🔲 Other	L Year of t			of legal domicile:		
						MN			
Pa	art I	Sun	nmary						
			escribe the organization's mission or most significant activities:						
Ce Ce		SUPPUR	T POWERFUL WOMEN DOING POWERFUL WORK.						
a									
E E									
νoκ	_		this box $lacktriangle$ if the organization discontinued its operations or disposed $egin{aligned} lacktriangle & lacktri$			1	ets.		
×	3	Number	of voting members of the governing body (Part VI, line 1a)			3	6		
Activities & Governance	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4	6		
Ě	5	Total nu	umber of individuals employed in calendar year 2020 (Part V, line 2a) .			5	0		
cti	6	Total nu	umber of volunteers (estimate if necessary)			6	7		
4	7a	Total ur	nrelated business revenue from Part VIII, column (C), line 12			7a	0		
	b	Net unr	related business taxable income from Form 990-T, line 39			7b			
					Prior Year		Current Year		
9	8	Contrib	utions and grants (Part VIII, line 1h)		491,7	41	313,215		
Revenue	9	Program	n service revenue (Part VIII, line 2g)				0		
Se.	10	Investn	nent income (Part VIII, column (A), lines 3, 4, and 7d)				183		
-	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total re	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	491,7	4 1	313,398		
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		25,2	114,280			
	14	Benefits	s paid to or for members (Part IX, column (A), line 4)				0		
52	15	Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–1	.0)			0		
Expenses	16a	Profess	sional fundraising fees (Part IX, column (A), line 11e)				9,350		
ре			draising expenses (Part IX, column (D), line 25) 19,557						
Ф	17	Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,084 31				
	18	Total ex	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		151,3	00	439,359		
	19	Revenu	e less expenses. Subtract line 18 from line 12		340,4		-125,961		
or es			·	Beg	inning of Current	:	End of Year		
Net Assets or Fund Balances					Year				
Bal	20	Total as	ssets (Part X, line 16)		362,2	70	236,309		
ind A	21	Total lia	abilities (Part X, line 26)				0		
Zű	22	Net ass	ets or fund balances. Subtract line 21 from line 20		362,2	70	236,309		
Pa	rt II	Sign	nature Block						
	•		perjury, I declare that I have examined this return, including accompan						
•		_	l belief, it is true, correct, and complete. Declaration of preparer (other th knowledge.	ian onicer) is based on an	IIIIOIIII	ation of which		
					2021-11-09				
Sigr	1	Signa	ature of officer		Date				
Her			ER IRENE O'NEILL PRESIDENT						
		Type	or print name and title						
				ate		TIN			
Paid	t			021-11-10	self-employed	0137050	/		
Pre		er	Firm's name FREDRIKSON & BYRON PA		Firm's EIN				
Use	•		Firm's address ▶ 200 S 6TH STREET SUITE 4000		Phone no. (612) 4	92-7000)		
	J 11	,			(012)	, 500			
			MINNEAPOLIS, MN 55402		<u> </u>				

May the IRS discuss this return with the preparer shown above? (see instructions) .

Form 990 (2020) Page 3 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," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

12a bid fire of anietation of the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Nο

Nο

Nο

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Nο

Νo

Νo

Νo

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Yes

Form 990 (2020)

VIII, IX, or X as applicable.

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

990 (2020)			Page
t IV Checklist of Required Schedules (continued)			
		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Νo
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			

Par	Checklist of Required Schedules (continued)		
		Yes	No
22	Did the organization report more than #5 000 of grants or other assistance to or for demostic individuals on		

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

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1a

1b

Yes

Form 990 (2020)

Part IV	Checklist of Required Schedules (continued)		
		Yes	No

Νo "Yes," complete Schedule L, Part I 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 26

transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Hid He Granketa School field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

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 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Νo **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 25b

Νo 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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 Νo 24a

If "Yes," complete Form 4720, Schedule O.

Form **990** (2020)

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns: 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?	3a	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth over, a financial account in a foreign country (such as a bank account, securities account, or other financ	,	No
b	actives)t)enter the name of the foreign country:		
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco WBAthe organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	an2	No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	. 5c	No
ou	organization solicit any contributions that were not tax deductible as charitable contributions?		110
b	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	s or gifts 6b	
7	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo services provided to the payor?		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re file Form 8282?	quired to 7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ract?	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	? 7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form required?	1 8899 as 7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	n file a 7h	No
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:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		
	Gross income from members or shareholders		
-	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera excess parachute payment(s) during the year?	15	No
16	Is "theso"rg:ameiianstorucatio est wareatitiinen Forrsmittរើដល់ា, នាលាស់jeedulteoNthe section 4968 excise tax on net investment i	income? 16	No

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

Check if Schedule O contains a response or note to any line in this Part VI								
Section A. Governing Body and Management								
					Yes	No		
1 a	Enter the number of voting members of the governing body at the end of the tax	1a	6					
	Yethere 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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6					

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? Did the organization delegate control over management duties customarily performed by or under the d supervision of officers, directors or trustees, or key employees to a management company or other per

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

b Describe in 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 . . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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?

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶SISTER IRENE O'NEILL 1884 RANDOLPH AVENUE SAINT PAUL,MN 55105 (651) 245-3493

State the name, address, and telephone number of the person who possesses the organization's books and records:

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

. . . .

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written whistleblower policy?

b Other officers or key employees of the organization

List the states with which a copy of this Form 990 is required to be filed

taxable entity during the year? .

Section C. Disclosure

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

a The organization's CEO, Executive Director, or top management official . .

Did the organization make any significant changes to its governing documents since the prior Form 990 Blathe organization become aware during the year of a significant diversion of the organization's assets 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoin **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, sto

Νo

No

Νo

Nο

Νo

Nο

Νo

Νo

Νo

other officer, director, trustee, or key employee?	2		Νo
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
filedthe organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
Did the organization have members or stockholders?	6		Νo
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		Νo
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
The governing body?	8a	Yes	
Each committee with authority to act on behalf of the governing body?	8b	Yes	

10a

10b

11a

12a

12b

12c

13

15a

15b

16a

16b

Yes

Yes

Yes

year by the following: **a** The governing body? . .

13

14

Part VII

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.								e.		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position more than person is and a dir		n (do not chec n one box, unlo is both an offic lirector/trustee Key employee		ess	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) SISTER PATTY JOHNSON VICE PRESIDE		Х		Х				0	0	0
(2) SISTER JUDY MOLOSKY SECRETARY, T		х		X				0	0	0
(3) SISTER PATRICIA MURRAY DIRECTOR		х						0	0	0
(4) SISTER MARY AMANDA NWAGBO DIRECTOR		х						0	0	0
(5) SISTER IRENE O'NEILL PRESIDENT		х		x				0	0	0
(6) SISTER ANN OESTEICH DIRECTOR		Х						0	0	0
-										
							<u> </u>			Form 990 (2020)

\$100,000 of compensation from the organization 1

(A) Name and title		(B) Average hours per week (list any hours for	more pers	than on is	one bot	not bo: h ar	check x, unle n office rustee	ess er	Repo compe froi	D) ortable ensation m the ation (W-	from related	Reportable Estimat amount of from related organizations from the				
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	(W-2/1099- MISC)	related organization				
												_				
												_				
												+				
												-				
												_				
												-				
												_				
												-				
1b S	Sub-Total				•		•					士				
	otal from continuation sheets to Pa otal (add lines 1b and 1c)	•		:	:		*					+				
2	Total number of individuals (including \$100,000 of reportable compensate)	-				d al	bove)	who	received	d more th	an					
													Yes	No		
3	Did the organization list any forme on line 1a? If "Yes," complete Sched				, ke	y er	nploye	e, o	r highest	t compen	sated employee	3		No		
4	For any individual listed on line 1a, organization and related organizat	, is the sum of r	eportab	ole co								3		No		
	individual											4		No		
5	Did any person listed on line 1a receives rendered to the organizat						,		_			5		No		
Se	ction B. Independent Contr		•											NO		
1	Complete this table for your five h compensation from the organization												tax year			
	Name	(A) and business addre	ess							Des	(B) cription of services		(C Comper			
THE W	ONDERFUL COMPANY									WEB DEVE	LOPMENT			288,343		
	W OLYMPIC NGELES, CA 90064															
												-				
2 T	otal number of independent contrac	tors (includina l	out not	limite	ed to	o th	ose lis	ted	above) v	vho recei	ved more than					

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

Form Part					Page 9
	Check if Schedule O contains a response or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
Cor	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f	313,215			
	Business Cod	_			
enne					
Program Service Revenue	b				
rvice	С				
am Se	d				
Progre	e				
	f All other program service revenue.				
	9 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other 49imulare afform westment of tax-exempt bond proceeds	18	18	3	
	5 Royalties	•			
	6a Gross rents b Less: rental expenses 6b				
	c Rental income or 6c				
	d (Ness)ental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7a				
	b Less: cost or other basis and sales expenses c Gain or (loss) 7b 7c				
	d Net gain or (loss)				
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b	_			
ar Re	c Net income or (loss) from fundraising events				
Othe	9a Gross income from gaming activities. See Part IV, line 19 9b b Less: direct expenses				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Coc	de			
	ь				
	d All other revenue				
	e Total. Add lines 11a-11d	•			
	12 Total revenue. See instructions	313,39	98 18	3	

P	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus		_		` ′ —
Do	Check if Schedule O contains a response or note to not include amounts reported on lines 6b,	any line in this Part (A)	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	114,280	114,280		
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, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal	1,415		1,415	
•	: Accounting				_
c	Lobbying				_
•	Professional fundraising services. See Part IV, line 17	9,350			9,350
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	525		318	207
	Information technology	300,696	300,696		_
15	Royalties				_
16	Occupancy				_
17	Travel	727	727		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a BANK CHARGES	12,366		12,366	
	b				
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	439,359	415,703	14,099	9,557
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).				
	CHECK HEIE F II IOHOWHIIG SUP 98-2 (ASC 958-720).				Form 990 (2020)

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236,309

236,309

Form **990** (2020)

362,270

362,270

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Га	IL X	Dalance Sheet				_
		Check if Schedule O contains a response or	note to any line in this Part IX .			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		362,270	1	162,586
	2	Savings and temporary cash investments	· · · ·	302,2:0	2	73,723
	3	Pledges and grants receivable, net			3	70,720
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or fo				
	3	key employee, creator or founder, substantial			5	
	_	controlled entity or family member of any of t	·			
	6	Loans and other receivables from other disques under section $4958(f)(1)$, and persons desc			6	
	-				7	
Sie	7	Notes and loans receivable, net				
Assets	8	Inventories for sale or use		9		
A	9	Prepaid expenses and deferred charges .	; · _' · · · ·		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, Ii	ne 11		12	
	13	Investments—program-related. See Part IV, I		13		
	14	Intangible assets	[14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets: Add lines 1 through 15 (must e	362,270	16	236,309	
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo	rmer officer, director, trustee,			
Ö		key employee, creator or founder, substantial	-			
3		controlled entity or family member of any of t	·		22	
	23	Secured mortgages and notes payable to unre	·		23	
	24	Unsecured notes and loans payable to unrela	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li			25	
	26	Complete Part X of Schedule D		0	26	(
s	26	Total liabilities. Add lines 17 through 25 .	distance in Manual committee	0	26	
ce		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck nere ▶ 💌 and complete			
und Balances	27	Net assets without donor restrictions		322,770	27	184,722
g						I
2	28	Net assets with donor restrictions		39,500	28	51,587
3		Organizations that do not follow FASR ASC 9	58 check here			

32

complete lines 29 through 33.

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form 990 (2020)		
Additional Data		Return to Form
	Software ID:	
	Software 1D:	
	Software Version:	
Form 990, Special Condition D	Description:	
	Special Condition Description	

(Form 990 or 990EZ) Department of the Treasury

SCHEDULE A

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.

Inspection

OMB No. 1545-0047

ication number

		110 110 110 110 110 110 110 110 110 110	
		nue Service ne organization ING WORLDWIDE	Employer identification
			181-3868803
Рa	rt I	Reason for Public Charity Status (All organizations must complete this p	oart.) See instructions
he (organi	zation is not a private foundation because it is: (For lines 1 through 12, check only one b	ox.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-	EZ).)
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4		A medical research organization operated in conjunction with a hospital described in se	ction 170(b)(1)(A)(iii). E

2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
ļ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

described in **section 170(b)(1)(A)(vi).** (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the

supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or

management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its

supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization (v) Amount of organization listed in your governing organization monetary support

(vi) Amount of other support (see (described on lines document? (see instructions) instructions) 1- 10 above (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2020

Public support. Subtract line 5 from

Section B. Total Support

(or fiscal year beginning in)

Net income from unrelated

business activities, whether or not the business is regularly carried on

7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

line 4.

Calendar year

Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support

(0	r fiscal year beginning in) 🕨	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) 2020	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")		4,625	302,922	491,741	313,215	1,112,50
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		4,625	302,922	491,741	313,215	1,112,50
5	The portion of total contributions by each person (other than a governmental unit or publicly						

	furnished by a governmental unit to the organization without charge					
4	Total. Add lines 1 through 3	4,625	302,922	491,741	313,215	1,1
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)					

(b) 2017

The value of services or facilities					
furnished by a governmental unit to					
the organization without charge					
Total. Add lines 1 through 3	4,625	302,922	491,741	313,215	1,112,5
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 chown on line 11 column (f)					

3	The value of services or facilities furnished by a governmental unit to the organization without charge					
4	Total. Add lines 1 through 3	4,625	302,922	491,741	313,215	1,112,5
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					

The value of services of facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3		4,625	302,922	491,741	313,215	1,112,50
The portion of total contributions by						
each person (other than a						
governmental unit or publicly						
supported organization) included on						
	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

(0) 2020

Calendar year (f) Total

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported h 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 1.112.503

4,625

(c) 2018

302,922

(d) 2019

491,741

12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

(a) 2016

Section C. Computation of Public Support Percentage

Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) Public support percentage for 2019 Schedule A, Part II, line 14

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization $\ldots\ldots\ldots\ldots\ldots\ldots$

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

14 15

12

(e) 2020

313,215

Schedule A (Form 990 or 990-EZ) 2020

1,112,503

1,112,503

183

(f) Total

	dule A (Form 990 or 990-EZ) 2020						Page
P	Support Schedule f						
							fy under Part
_	II. If the organization	fails to qualify	y under the te	sts listed below	ı, please compl	ete Part II.)	
	ection A. Public Support		T	T		1	1
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in)	. ,	. ,	1,,	. ,	,	,
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
	T			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						0 (f) Total
_	The section of the se						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.			+			
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
-	from line 6.)						
	ection B. Total Support	Т	1		Т	1	1
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in) 🕨	. ,	. ,	, ,	, ,	,	,
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	• • • • • • • • • • • • • • • • • • • •						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.				+		1
С	Add lines 10a and 10b.		ļ	1			
11	Net income from unrelated						
	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1	1		1	1
13	Total support. (Add lines 9, 10c,						
	11, and 12.).		1	1			<u> </u>
14	First 5 years. If the Form 990 is for t						
	check this box and stop here	<u> </u>	<u></u> .	<u></u> .	<u> </u>	<u> </u>	▶
Se	ection C. Computation of Publ	ic Support P	ercentage	<u> </u>			<u> </u>
15	Public support percentage for 2020 (2 13, column (f))		. 15	
	Public support percentage from 201	•	•				
16						16	
Se	ection D. Computation of Inve						
17	Investment income percentage for 2	2020 (line 10c, co	olumn (f) divided	by line 13, colur	nn (f))	. 17	
18	Investment income percentage from	2019 Schedule	A, Part III, line	17		18	
	331/3% support tests—2020. If the o	rganization did r	not check the bo	x on line 14, and	line 15 is more tl		line 17 is not
	more than 33 1/3%, check this box ar						

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

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

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

	(Complete only if you checked a
cked	hox 12h of Part I com

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

	(Complete only if you checked a
hecked	box 12b, of Part I, con
to a set of the	121 (5.1.1.

⁄es	No

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

No

11	11 Has the organization accepted a gift or contribution from any of the following persons?					
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c						
	below, the governing body of a supported organization?	11a				
b	A family member of a person described in 11a above?	11b				
c		11c				
S	ection B. Type I Supporting Organizations		ı			
	/ 11 3 3		Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
	ection C. Type II Supporting Organizations					
	cetton of Type 12 Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or					
_	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or	1				
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1				
_ <u>S</u>	ection ^z b ^{:o} Afi ⁾ Type III Supporting Organizations		1			
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	_		
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see				
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the					
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities					
	constituted substantially all of its activities.	2a				
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Section A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2020

(A) Prior Year

Page **6**

(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):	1		
		1 1a		
a	short tax year or assets held for part of year):			
a	short tax year or assets held for part of year): Average monthly value of securities	1a		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances	1a 1b		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets	1a 1b 1c		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	1a 1b 1c		

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

b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see

instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

1

3

4

7

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A)

1 2 3 4

4

5 6

7

8

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

Current Year

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D^Or อาการสาเสียน์เกิดกร

b Excess from 2017.
 c Excess from 2018.
 d Excess from 2019.
 e Excess from 2020.

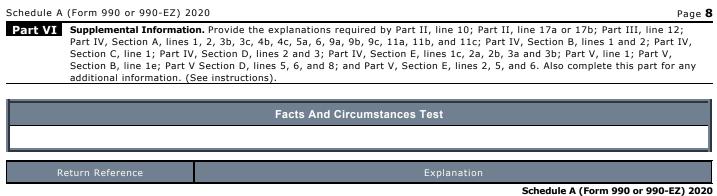
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

1

Page 7

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
		4		
red - provide details in Part V	I)	5		
•	-,			
tions		6		-
		7		
which the organization is res	sponsive	8		
		9		
		10		
(2)	(i			(iii)
(I) Excess Distributions	Underdist	tributio	ons	Distributable Amount for 2020
				Amount for 2020
	purposes of supported organized - provide details in Part V tions which the organization is res	purposes of supported organizations red - provide details in Part VI) tions which the organization is responsive (i) (i) Underdist	purposes of supported organizations 4 red - provide details in Part VI) 5 tions 6 7 which the organization is responsive 8 9 10 (ii) Inderdistribution	purposes of supported organizations 4 red - provide details in Part VI) 5 tions 6 7 which the organization is responsive 8 9 10 (i) Excess Distributions Underdistributions



Schedule B Schedule of Contributors (Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information.

2020

81-3868803

Internal Revenue Service Name of the organization SISTERS RISING WORLDWIDE

Employer identification number

OMB No. 1545-0047

Organization type (check one): Filers of: Section:

527 political organization

Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

501(c)(3) exempt 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.

Form 990-PF

General Rule

for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990,

Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or

For 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

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

Name of organization SISTERS RISING WORLDWIDE Employer identification number 81-3868803

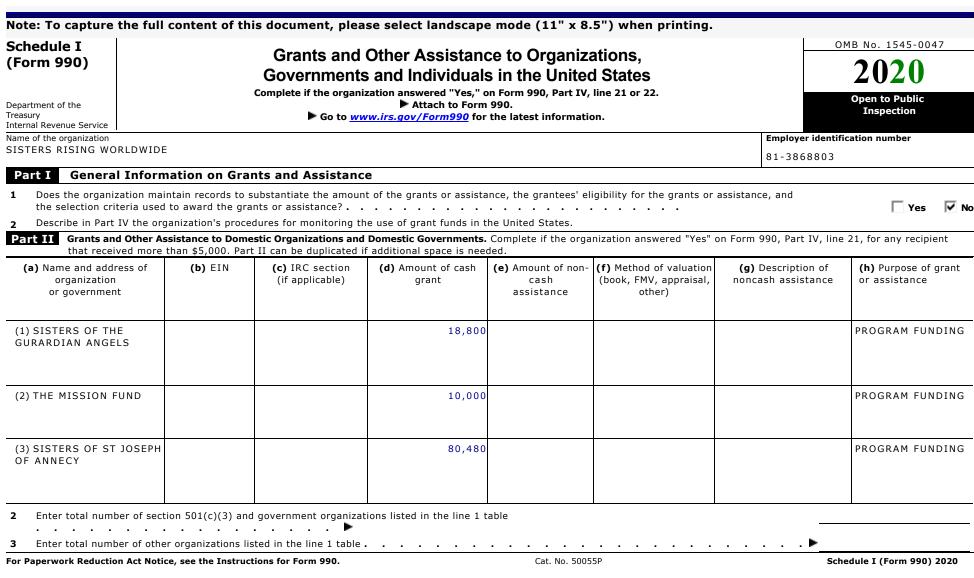
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
	,		(Complete Part II for noncash contributions.)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

Page 3

Employer identification number

SISTERS RISING WORLDWIDE		Employer Identification number	
2131EK3 K	ISING WORLDWIDE	81-3868803	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is ne	eeded.	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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



Schedule I (Form 990) 2020

(7)

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

Explanation

Return Reference

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Return

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.

2020 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

81-3868803

Namel Betheeoferaintzation SISTERS RISING WORLDWIDE

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

Explanation

Attach to Form 990 or 990-EZ.

Reference FORM 990. EACH BOARD MEMBER WILL RECEIVE A COPY OF THE FORM 990 AND HAVE THE ABILITY TO REVIEW AND ASK QUESTIONS REGARDING THE FORM. PAGE 6. PART VI. LINE 11B FORM 990. DOCUMENTS AVAILABLE UPON REQUEST. PAGE 6. PART VI. LINE 19

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020