**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

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

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

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

**Form 990**

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

<table>
<thead>
<tr>
<th>C Name of organization</th>
<th>D Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PINKY SWEAR FOUNDATION</td>
<td>56-2384527</td>
</tr>
</tbody>
</table>

B Check if applicable

Address change
Name change
Change
Initial return
Final return/terminated
Amended return
Application pending

<table>
<thead>
<tr>
<th>E Room/suite</th>
<th>F Name and address of principal officer: ERICA CAMPBELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5555 WEST 78TH ST EDINA, MN 55439</td>
<td>SAME AS C ABOVE</td>
</tr>
</tbody>
</table>

G Telephone number

<table>
<thead>
<tr>
<th>H(a) Is this a group return for subordinates?</th>
<th>H(b) Are all subordinates included?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.PINKYSWEAR.ORG

K Form of organization: [X] Corporation  Trust  Association  Other

L Year of formation: 2003  M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: TO PROVIDE FINANCIAL AND EMOTIONAL SUPPORT TO FAMILIES WITH CHILDREN BATTLING CANCER.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 19

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 23

6 Total number of volunteers (estimate if necessary) 195

7a Total unrelated business income from Form 990-T, Part I, line 11 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0

8 Contributions and grants (Part VIII, line 1h) $5,606,873

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,783

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,698,220 5,217,526

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,130,660 1,454,392

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,073,458 1,146,409

16a Professional fundraising fees (Part IX, column (A), line 11a) 5,610 21,773

16b Total fundraising expenses (Part IX, column (D), line 25) 532,423

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 461,883 554,548

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,671,611 3,177,122

19 Revenue less expenses. Subtract line 18 from line 12 3,017,609 2,040,404

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.

<table>
<thead>
<tr>
<th>Sign Here</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERICA CAMPBELL, EXECUTIVE DIRECTOR</td>
<td>6/20/2023</td>
</tr>
</tbody>
</table>

Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions: [X] Yes  No

Form 990 (2022)
PINKY SWEAR FOUNDATION

TO PROVIDE FINANCIAL AND EMOTIONAL SUPPORT TO FAMILIES WITH CHILDREN BATTLING CANCER.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a**

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $ 1,905,266. including grants of $ 1,421,392.) (Revenue $ 0.)</th>
</tr>
</thead>
</table>

**FAMILY SUPPORT**

AT PINKY SWEAR FOUNDATION, WE UNDERSTAND THAT THE FINANCIAL AND EMOTIONAL BURDENS OF CHILDHOOD CANCER CAN BE OVERWHELMING FOR FAMILIES. THAT'S WHY WE PROVIDE DIRECT FINANCIAL AID FOR BASIC NEEDS, STABLE HOUSING, RELIABLE TRANSPORTATION, GROCERIES, PAYMENTS FOR BILLS, AND MEMORABLE EXPERIENCES THAT CREATE EMOTIONAL SUPPORT FOR FAMILIES. WE ALSO PROVIDE CONVENIENT, STOCKED FOOD PANTRIES IN FOUR HOSPITALS TO REDUCE EXPENSES FOR PARENTS AND FAMILY MEMBERS WHO WANT TO STAY WITH THEIR SICK CHILD.

LAST YEAR, WE SUPPORTED MORE THAN 2,000 FAMILIES ACROSS OUR PROGRAMS. WE DISTRIBUTED MORE THAN 1,250 ORANGE ENVELOPES AND PROVIDED MORE THAN $1.3 MILLION IN FINANCIAL ASSISTANCE THROUGH THE ALL-STAR FUND. WE ALSO

<table>
<thead>
<tr>
<th>(Code</th>
<th>(Expenses $ 369,200. including grants of $ 0.) (Revenue $ 0.)</th>
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**4b**

**EDUCATION/AWARENESS**

WE ARE PASSIONATELY COMMITTED TO INCREASING THE AWARENESS AND UNDERSTANDING OF CHILDHOOD CANCER AND ITS IMPACT ON FAMILIES. BY SHARING STORIES, PHOTOS, AND VIDEOS FEATURING PINKY SWEAR ALL-STARS (KIDS WITH CANCER), THE FINANCIAL AND EMOTIONAL HARDSHIPS THAT REAL FAMILIES FACE BECOME TANGIBLE AND RELATABLE. WE UTILIZE A MIX OF COMMUNICATION CHANNELS, INCLUDING SOCIAL MEDIA, WEBSITE, EMAIL, ADVERTISING, PUBLIC SPEAKING ENGAGEMENTS, AND PUBLIC RELATIONS, TO DEMONSTRATE THE IMPACT PINKY SWEAR FOUNDATION HAS ON OUR ALL-STAR FAMILIES AND HOW OTHERS CAN HELP.

<table>
<thead>
<tr>
<th>(Code</th>
<th>(Expenses $ 149,432. including grants of $ 33,000.) (Revenue $ 0.)</th>
</tr>
</thead>
</table>

**4c**

**STUDENT LEADERSHIP DEVELOPMENT**

PINKY SWEAR FOUNDATION ENCOURAGES PERSONAL DEVELOPMENT OF YOUNG LEADERS THROUGH GOAL SETTING AND ENTREPRENEURSHIP WHILE HELPING KIDS WITH CANCER. OUR PINKY SWEAR YOUTH LEADERSHIP COUNCIL (YLC) ENGAGES KIDS BY BUILDING PEER-TO-PEER AWARENESS AND DEVELOPING RELEVANT SKILLS TO FORM IMPACTFUL LEADERS IN THE COMMUNITY. WE ALSO HAVE THE PINKY SWEAR PACK COLLEGE PROGRAM THAT EMPOWERS STUDENTS ON COLLEGE AND UNIVERSITY CAMPUSES TO PARTICIPATE IN CHILDHOOD CANCER AWARENESS AND SUPPORT INITIATIVES THROUGHOUT THE SCHOOL YEAR. THROUGH THESE YOUTH DEVELOPMENT ACTIVITIES, WE AIM TO INSPIRE THE SERVANT-LEADERSHIP MENTALITY INSPIRED BY THE ORIGINAL PINKY SWEAR PROMISE.

<table>
<thead>
<tr>
<th>Other program services (Describe on Schedule O.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Expenses $ including grants of $ ) (Revenue $ )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4e Total program service expenses $ 2,423,898.</th>
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</thead>
</table>

SEE SCHEDULE O FOR CONTINUATION(S)
Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - Yes: Complete Schedule A
   - No:  
     | Yes | No |
     |-----|----|
     |     | X  |

2. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

4. Section 501(c)(9) 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  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

10. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.
    a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  
       - Yes:  
         | Yes | No |
         |-----|----|
         |     | X  |
    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  
       - Yes:  
         | Yes | No |
         |-----|----|
         |     | X  |
    c. Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  
       - Yes:  
         | Yes | No |
         |-----|----|
         |     | X  |
    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  
       - Yes:  
         | Yes | No |
         |-----|----|
         |     | X  |
    e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  
       - Yes:  
         | Yes | No |
         |-----|----|
         |     | X  |
    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  
       - Yes:  
         | Yes | No |
         |-----|----|
         |     | X  |

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

12b. Was the organization included in consolidated, independent audited financial statements for the tax year?  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

13. Is the organization a school described in section 170(b)(1)(A) or (B)? If "Yes," complete Schedule E  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

14a. Did the organization maintain an office, employees, or agents outside of the United States?  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

14b. 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  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

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  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

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  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

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  
   - Yes:  
     | Yes | No |
     |-----|----|
     |     | X  |

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  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

20b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

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 17? If "Yes," complete Schedule I, Parts I and II  
    - Yes:  
      | Yes | No |
      |-----|----|
      |     | X  |

Form 990 (2022)
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  X

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees?  If "Yes," complete Schedule J  

23  X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?  If "Yes," answer lines 24b through 24d and complete Schedule K.  If "No," go to line 25a  

24a  X

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  

24b

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  

24c

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  

24d

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

25a  X

25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  

25b  X

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?  If "Yes," complete Schedule L, Part II  

26  X

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?  If "Yes," complete Schedule L, Part III  

27

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):  

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  If "Yes," complete Schedule L, Part IV  

28a  X

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

28b  X

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

28c  X

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

29  X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  If "Yes," complete Schedule M  

30  X

31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  

31  X

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?  If "Yes," complete Schedule R, Part I  

33  X

34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  

34  X

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

35a  X

35b 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?  

36  X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  If "Yes," complete Schedule R, Part V, line 1  

37  X

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  

38

Note: All Form 990 filers are required to complete Schedule O.
Part V 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 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," 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


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

C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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). 7

a 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

c 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 7d

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

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 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders 11a

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

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.

a 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 13b

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? 15

If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

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

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included on line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

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?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

8a The governing body

8b Each committee with authority to act on behalf of the governing body

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?

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

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

10b 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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11b 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?

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c Did the organization regularly and consistently monitor and enforce compliance with the policy?

13 Did the organization have a written whistleblower policy?

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

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?

15a The organization’s CEO, Executive Director, or top management official

15b Other officers or key employees of the organization

16a Did the organization invest, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16b 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 C. Disclosure

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

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

[X] Own website  [ ] Another’s website  [X] Upon request  [ ] Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

AARON SOULE  -  (952) 236-4031

5555 W. 78TH STREET, EDINA, MN 55439

SEE SCHEDULE O FOR FULL LIST OF STATES
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 directors, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors, or trustees, that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERICA CAMPBELL</td>
<td>40.00</td>
<td>Executive Director</td>
<td>180,131.0</td>
<td>0.0</td>
<td>20,750.0</td>
</tr>
<tr>
<td>Chairman</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>BRIAN MARK</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TREASURER</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TAMARA REDING</td>
<td>2.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>ANGIE FRANKS</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
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<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>MANUELA HILL-MUNOZ</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>BRAD JOSEPH</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>RICK KES</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>FED KONGSNO</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JULIE MOSS</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
### Part VII: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) PETER Moyer</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(19) ANDY NESSLER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(20) RYAN RUUD</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(21) JASON SCHREIFELS</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(22) MARY SETTER</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(23) KARLA VEHRS</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(24) JOHN WERNZ</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

1b Subtotal: 180,131. 0. 20,750.

c Total from continuation sheets to Part VII, Section A: 0. 0. 0.

d Total (add lines 1b and 1c): 180,131. 0. 20,750.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 1

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: X

### Section B: Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>5,183,773</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>$82,293</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>5,184,743</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>138,879</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>2,736,774</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>2,842,870</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>-106,096</td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>-106,096</td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $970 of contributions reported on line 1c). See Part IV, line 18</td>
<td>0</td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>0</td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total revenue. See instructions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,217,526</td>
</tr>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>(A) Total expenses</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>1,454,392</td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td>200,880</td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>795,658</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>18,764</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>54,262</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>76,845</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>21,773</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>40,749</td>
</tr>
<tr>
<td>a Professional fundraising services. See Part IV, line 17</td>
<td>35,907</td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td>25,680</td>
</tr>
<tr>
<td>a Management</td>
<td>85,270</td>
</tr>
<tr>
<td>b Legal</td>
<td>85,072</td>
</tr>
<tr>
<td>c Accounting</td>
<td>68,485</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>21,773</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>40,749</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>15,332</td>
</tr>
<tr>
<td>20 Interest</td>
<td>46</td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>2,868</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>6,935</td>
</tr>
<tr>
<td>a DONOR CULTIVATION</td>
<td>43,989</td>
</tr>
<tr>
<td>b REPAIRS AND MAINTENANCE</td>
<td>15,448</td>
</tr>
<tr>
<td>c DUES AND FEES</td>
<td>13,047</td>
</tr>
<tr>
<td>d All other expenses</td>
<td>30,350</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>3,177,122</td>
</tr>
</tbody>
</table>

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 96-2 (ASC 558-720)
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,500,745</td>
<td>1,024,879</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>492,441</td>
<td>1,096,809</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>134,800</td>
<td>16,300</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>trustee, key employee, creator or founder, substantial contributor, or 35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>54,221</td>
<td>45,604</td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schedule D</td>
<td>21,422</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less: accumulated depreciation</td>
<td>13,138</td>
<td>8,323</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>0</td>
<td>114,095</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets. Add lines 1 through 15 (must equal line 33)</strong></td>
<td>9,189,085</td>
<td>10,609,576</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>trustee, key employee, creator or founder, substantial contributor, or 35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>parties, and other liabilities not included on lines 17-24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of Schedule D</td>
<td>0</td>
<td>122,796</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities. Add lines 17 through 25</strong></td>
<td>66,669</td>
<td>212,765</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow FASB ASC 958, check here</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and complete lines 27, 28, 32, and 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Net assets without donor restrictions</td>
<td>1,471,093</td>
<td>1,136,703</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td><strong>Total net assets or fund balances</strong></td>
<td>9,122,416</td>
<td>10,396,811</td>
</tr>
<tr>
<td>33</td>
<td><strong>Total liabilities and net assets/fund balances</strong></td>
<td>9,189,085</td>
<td>10,609,576</td>
</tr>
</tbody>
</table>
Part XI | Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>5,217,526</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>3,177,122</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses, Subtract line 2 from line 1</td>
<td>2,040,404</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>9,122,416</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) or investments</td>
<td>-766,009</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>10,396,811</td>
</tr>
</tbody>
</table>

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 [x] Accrual [ ] Other [ ]

2a | Were the organization's financial statements compiled or reviewed by an independent accountant? [x]

2b | Were the organization's financial statements audited by an independent accountant? [x]

2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the financial statements and selection of an independent accountant? [x]

3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? [x]

3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.
## 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. Attach to Form 990 or Form 990-EZ.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PINKY SWEAR FOUNDATION</td>
<td>56-2384527</td>
</tr>
</tbody>
</table>

### Part I
#### Reason for Public Charity Status.
(All organizations must complete this part.) See instructions.

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).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and 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. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
10. An organization that normally receives 10% or more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
   a. 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.
   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.
   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.
   d. 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.
   e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
   f. Enter the number of supported organizations ____________________________
   g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total**
### Schedule A (Form 990) 2022
#### PINKY SWEAR FOUNDATION
##### Part II
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>1648209.</td>
<td>3813663.</td>
<td>5376512.</td>
<td>5606873.</td>
<td>5184743.</td>
<td>21630000.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>1648209.</td>
<td>3813663.</td>
<td>5376512.</td>
<td>5606873.</td>
<td>5184743.</td>
<td>21630000.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8373890.</td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subline 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13256110.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>1648209.</td>
<td>3813663.</td>
<td>5376512.</td>
<td>5606873.</td>
<td>5184743.</td>
<td>21630000.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>2,361.</td>
<td>35,206.</td>
<td>63,603.</td>
<td>85,959.</td>
<td>138,879.</td>
<td>326,008.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td>1648209.</td>
<td>3813663.</td>
<td>5376512.</td>
<td>5606873.</td>
<td>5184743.</td>
<td>21630000.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>856,342.</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.38 %</td>
</tr>
<tr>
<td>15 Public support percentage from 2021 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>61.87 %</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <strong>stop here</strong>. The organization qualifies as a publicly supported organization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <strong>stop here</strong>. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <strong>stop here</strong>. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 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 <strong>stop here</strong>. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. Add lines 1 through 5**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>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 10 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Add lines 6a and 6b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Public support. (Subtract line 6 from line 5)**

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 on lines 11b and
      11c below, the governing body of a supported organization?
      11a
   b A family member of a person described on line 11a above?
      11b
   c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide
      detail in Part VI.
      11c

Section B. Type I Supporting Organizations

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 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.
   Yes No

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.
   Yes No

Section 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 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).
   Yes No

Section D. All Type III Supporting Organizations

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?
   Yes No

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).
   Yes No

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.
   Yes No

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a 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.
   c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
   Yes No

2 Activities Test. Answer lines 2a and 2b below.
   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.
      Yes No
   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.
      Yes No

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 each of the supported organizations? If "Yes" or "No" provide details in Part VI.
      Yes No
   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.
      Yes No
### Schedule A (Form 990) 2022

**PINKY SWEAR FOUNDATION**

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

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>1b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>1c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

---

**Schedule A (Form 990) 2022**

232028 12-09-22

15260619 131839 A321003

2022.03050 PINKY SWEAR FOUNDATION A3210031
<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amounts paid to supported organizations to accomplish exempt purposes</td>
<td>1</td>
</tr>
<tr>
<td>2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td>2</td>
</tr>
<tr>
<td>3. Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td>3</td>
</tr>
<tr>
<td>4. Amounts paid to acquire exempt-use assets</td>
<td>4</td>
</tr>
<tr>
<td>5. Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
<td>5</td>
</tr>
<tr>
<td>6. Other distributions (describe in Part VI). See instructions.</td>
<td>6</td>
</tr>
<tr>
<td>7. Total annual distributions, Add lines 1 through 6.</td>
<td>7</td>
</tr>
<tr>
<td>8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td>8</td>
</tr>
<tr>
<td>9. Distributable amount for 2022 from Section C, line 6</td>
<td>9</td>
</tr>
<tr>
<td>10. Line 8 amount divided by line 9 amount</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2022</th>
<th>(iii) Distributable Amount for 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distributable amount for 2022 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Excess distributions carryover, if any, to 2022</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. From 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. From 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. From 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. From 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Total of lines 3a through 3e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Applied to 2022 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Carryover from 2017 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Distributions for 2022 from Section D, line 7:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Applied to 2022 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Remaining underdistributions for years prior to 2022, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Excess distributions carryover to 2023. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Excess from 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Excess from 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Excess from 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Excess from 2022</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)
**PUBLIC DISCLOSURE COPY**

Schedule B

(Formerly 990)

Attach to Form 990 or Form 990-PF.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PINKY SWEAR FOUNDATION</td>
<td>56-2384527</td>
</tr>
</tbody>
</table>

**Organization type (check one):**

- 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (1) 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.

**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).
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$2,200,000</td>
<td>Person Payroll Noncash (Complete Part II for noncash contributions)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$754,500</td>
<td>Person Payroll Noncash (Complete Part II for noncash contributions)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$224,251</td>
<td>Person Payroll Noncash (Complete Part II for noncash contributions)</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$108,000</td>
<td>Person Payroll Noncash (Complete Part II for noncash contributions)</td>
</tr>
</tbody>
</table>

---

223450 11-10-22

Schedule B (Form 990) (2022)
## Part II Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
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<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
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<td></td>
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</tr>
<tr>
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<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>
### 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) 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 info. once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SCHEDULE D
### (Form 990)

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 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.

---

### Name of the organization

**PINKY SWEAR FOUNDATION**

| Employer Identification number | 56-2384527 |

---

### Part I

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Total number at end of year ..........................................
2. Aggregate value of contributions to (during year) ............
3. Aggregate value of grants from (during year) ..................
4. Aggregate value at end of year .....................................

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   - Yes  
   - No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   - Yes  
   - No

---

### Part II

**Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Total number of conservation easements ........................................</td>
</tr>
<tr>
<td>b Total acreage restricted by conservation easements ..........................</td>
</tr>
<tr>
<td>c Number of conservation easements on a certified historic structure included in (a) ..........................</td>
</tr>
<tr>
<td>d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register ..........................</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ..........................

4. Number of states where property subject to conservation easement is located ..........................

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   - Yes  
   - No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ..........................

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ..........................

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(G)(ii)?  
   - Yes  
   - No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

---

### Part III

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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 FASB ASC 958 relating to these items:

| a Revenue included on Form 990, Part VIII, line 1 ....................... | $ | 
| b Assets included in Form 990, Part X .................................. | $ |

---

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

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022
PINKY SWEAR FOUNDATION
56-2384527
Page 2
Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange program
   e Other
4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? □ Yes □ No

Part IV
Escrow and Custodial Arrangements. Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No
   b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No
   b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V
Endowment Funds. Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance .................................. $7,004,083, 4,198,892, 280,045, 251,379, 250,000.
   b Contributions .............................................. 1,883,807, 2,247,154, 906,465, 28,666, 1,379.
   c Net investment earnings, gains, and losses .......... -740,891, 558,037, 12,397, 28,666, 1,379.
   d Grants or scholarships ...................................... 99,122.
   e Other expenditures for facilities and programs ..
   f Administrative expenses ...................................
   g End of year balance ......................................... $8,047,877, 7,004,083, 4,198,892, 280,045, 251,379.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment 0.0000 %
   b Permanent endowment 100 %
   c Term endowment 0.0000 %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) Unrelated organizations ................................. □ Yes □ No
   (ii) Related organizations ................................. □ Yes □ No

3b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R? □ Yes □ No

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI
Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>14,320, 7,631, 6,689.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>7,102, 5,507, 1,595.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (b), line 10c.) $8,284.
Part VII Investments - Other Securities.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
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<tr>
<td>(A)</td>
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<tr>
<td>(B)</td>
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<td>(C)</td>
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<td>(D)</td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part VIII Investments - Program Related.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td>(2)</td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
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<td></td>
</tr>
</tbody>
</table>

Part IX Other Assets.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<td>(2)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Part X Other Liabilities.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) LEASE LIABILITY</td>
<td><strong>122,796.</strong></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<td>(6)</td>
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<td>(7)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td><strong>122,796.</strong></td>
</tr>
</tbody>
</table>

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

Schedule D (Form 990) 2022
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>4,410,768</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Not unrealized gains (losses) on investments</td>
<td>-766,009</td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>-766,009</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>40,749</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>40,749</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5,217,526</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>3,136,373</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>40,749</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>40,749</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>3,177,122</td>
</tr>
</tbody>
</table>

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

---

**PART V, LINE 4:**

**ENDOWMENT EARNINGS ARE TO BE USED TOWARD PROGRAMS AND OPERATIONS.**

---

**PART X, LINE 2:**

**THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE AND CORRESPONDING TAX CODES.**

**IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. THE ORGANIZATION HAS ADOPTED GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A**
TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. DURING THE YEARS ENDED DECEMBER 31, 2022 AND 2021, THE ORGANIZATION DID NOT HAVE ANY UNCERTAIN TAX POSITIONS.
**SCHEDULE G (Form 990)**

**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.

---

**Name of the organization**: PINKY SWEAR FOUNDATION

**Employer identification number**: 56-2384527

---

**Part I**

**Fundraising Activities**. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - a. Mail solicitations
   - b. Internet and email solicitations
   - c. Phone solicitations
   - d. In-person solicitations
   - e. Solicitation of non-government grants
   - f. Solicitation of government grants
   - g. Special fundraising events

2. 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?
   - X Yes
   - No

   a. 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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUE NORTH GRANTS CONSULTING LLC - 8375 GALLERY PARKWAY</td>
<td>GRANT WRITING</td>
<td>X</td>
<td>0.</td>
<td>16,223.</td>
<td>-16,223.</td>
</tr>
<tr>
<td>TUPANO CONSULTING LLC - 4709</td>
<td>STRATEGIC DEVELOPMENT</td>
<td>X</td>
<td>0.</td>
<td>5,500.</td>
<td>-5,500.</td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

   AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

---

**LHA**

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

Schedule G (Form 990) 2022

SEE PART IV FOR CONTINUATIONS
### Part II | Fundraising Events

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Gross receipts</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross income (line 1 minus line 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Food and beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III | Gaming

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

<table>
<thead>
<tr>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Gross revenue</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Volunteer labor</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes_______ %</td>
<td>Yes_______ %</td>
<td>Yes_______ %</td>
<td></td>
</tr>
<tr>
<td>No________________________</td>
<td>No________________________</td>
<td>No________________________</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

a) Is the organization licensed to conduct gaming activities in each of these states?  
   [ ] Yes [ ] No

b) If "No," explain:
   
   ________________________________

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  
   [ ] Yes [ ] No

b) If "Yes," explain:
   
   ________________________________

232682 10-27-22

Schedule G (Form 990) 2022
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility .......................................................... 13a %
   b An outside facility ...................................................................... 13b %

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 $ _______________

   c 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:

   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $ _______________

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: TRUE NORTH GRANTS CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 8375 GALLERY PARKWAY, VICTORIA, MN 55386

---

(I) NAME OF FUNDRAISER: TUFANO CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 4709 27TH AVENUE SOUTH, MINNEAPOLIS, MN 55406

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

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

Attach to Form 990.

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

Name of the organization: PINKY SWEAR FOUNDATION

Employee identification number: 56-2384527

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (a)</td>
<td>Name and address of organization or government</td>
</tr>
<tr>
<td>(b) EIN</td>
<td>(c) IRC section (if applicable)</td>
</tr>
<tr>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
</tr>
<tr>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of noncash assistance</td>
</tr>
<tr>
<td>(h) Purpose of grant or assistance</td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### PINKY SWEAR FOUNDATION

#### Schedule I (Form 990) 2022

**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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL-STAR FUND GRANTS (HOME RESCUE, TRANSPORTATION, GROCERIES, BILL PAYMENT)</td>
<td>1055</td>
<td>1,109,891.</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>EXPERIENCES</td>
<td>19</td>
<td>0</td>
<td>47,332</td>
<td>ESTIMATED FMV</td>
<td>HILTON HOTEL STAYS AND BREAKFAST; PACKAGED NON-PERISHABLE FOOD</td>
</tr>
<tr>
<td>ORANGE ENVELOPE</td>
<td>1258</td>
<td>255,450</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>YOUTH DEVELOPMENT</td>
<td>29</td>
<td>33,949</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FAMILY SUPPORT</td>
<td>3</td>
<td>7,770</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Part IV Supplemental Information

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

**PART I, LINE 2:**

THE FOUNDATION PAYS GRANTS FOR THE ALL-STAR FUND AND YOUTH DEVELOPMENT SCHOLARSHIPS DIRECTLY TO VENDORS AND INSTITUTIONS. APPLICANTS TO ALL PROGRAMS ARE VETTED THROUGH A RIGOROUS PROCESS PRIOR TO APPROVAL. FAMILIES RECEIVING GIFT CARDS OF $500 OR LESS AS PART OF PROGRAM GRANTS ARE VETTED PRIOR TO APPROVAL AND ARE THEREFORE NOT REQUIRED TO SUBSTANTIATE THE USE OF FUNDS.

GRANTS LESS THAN $500 CAN BE APPROVED BY PROGRAM DIRECTOR.

232102 10-31-22
GRANTS BETWEEN $500 AND $3,000:

1. PROGRAM LEADERSHIP SENDS RECOMMENDATIONS TO THE EXECUTIVE DIRECTOR OR DESIGNEE FOR REVIEW AND APPROVAL AFTER RECOMMENDED REQUESTS HAVE BEEN VERIFIED BY THE SOCIAL WORKER, PRIMARY ONCOLOGY PHYSICIAN, OR HOSPICE CARE REPRESENTATIVE.

2. APPROVAL IS COMMUNICATED BY EMAIL.

3. EMAIL APPROVAL IS SAVED.

4. CHECK REQUEST IS APPROVED BY LEADERSHIP TEAM; CHECK IS REVIEWED BY FINANCE TEAM AND SIGNED BY APPROVED SIGNATORY.

A. GIFT CARDS ARE APPROVED AS A PART OF ABOVE PROCESSES WITH REQUEST FOR GIFT CARD INVENTORY APPROVED VIA EMAIL. COPIES ARE MADE OF OUTGOING GIFT CARDS, NOTING RECIPIENT FAMILY, AND INVENTORY RECONCILED MONTHLY BY PROGRAM DIRECTOR AND FINANCE DIRECTOR.

5. THE SAME PROCESS HAPPENS WITH URGENT INDIVIDUAL REQUESTS THAT ARE REVIEWED AND APPROVED OUTSIDE OF THE MONTHLY RECOMMENDATIONS.

GRANTS GREATER THAN $3,000 REQUIRE EXECUTIVE DIRECTOR APPROVAL WITH EMAIL APPROVAL RECORDED.

VERIFICATION OF ELIGIBILITY, NEED, AND BILL AMOUNT FOR ALL REQUESTS:

A FORM IS SENT TO THE SOCIAL WORKER OR PRIMARY ONCOLOGY PHYSICIAN REQUESTING VERIFICATION OF PATIENT STATUS, DIAGNOSIS, DATE OF BIRTH, AND FEEDBACK REGARDING THE AMOUNT REQUESTED AND THE PURPOSE AND THE NARRATIVE ON NEED FROM THE FAMILY.
OCCASIONALLY, THE SOCIAL WORKER WILL BE MORE COMFORTABLE WITH A PHONE CALL TO SHARE FEEDBACK OR PINKY SWEAR STAFF WILL REACH OUT TO THE SOCIAL WORKER TO DISCUSS THE REQUEST AND RECEIVE VERBAL VERIFICATION. WHEN AN APPLICATION IS COMPLETED BY THE SOCIAL WORKER THAT IS CONSIDERED VERIFICATION OF THE APPLICATION INFORMATION. REASONABLE EFFORTS ARE MADE TO SECURE EMAIL VERIFICATION IN THESE INSTANCES, BUT SOCIAL WORKER COMMENTS ARE RECORDED AND NOTED "BY PHONE" IN DATABASE OR EXCEL GRANT REVIEW, OR "COMPLETED BY SOCIAL WORKER" RECORDED.
### Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

**Attach to Form 990.**

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PINKY SWEAR FOUNDATION</td>
<td>56-2384527</td>
</tr>
</tbody>
</table>

#### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of any of the expenses described above? If "No," complete Part III to explain.

2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3. Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a. Receive a severance payment or change-of-control payment?

b. Participate in or receive payment from a supplemental nonqualified retirement plan?

c. Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a. X

4b. X

4c. X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a. The organization?

b. Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

5a. X

5b. X

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the earnings of:

a. The organization?

b. Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

6a. X

6b. X

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

7. X

8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8. X

9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule J (Form 990) 2022

**PINKY SWEAR FOUNDATION**

56-2384527

**Part II** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ERICA CAMPBELL EXECUTIVE DIRECTOR</td>
<td>(i) 145,131.</td>
<td>(ii) 35,000.</td>
<td>(iii) 0.</td>
<td>4,354.</td>
<td>16,396.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
**Noncash Contributions (Form 990)**

**Part I: Types of Property**

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td>X</td>
<td>96, 16,270. AVERAGE PRICE PER PO</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (HOTEL AND MEALS)</td>
<td>X</td>
<td>32,314. ESTIMATED FMV</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other (GIFT CARDS)</td>
<td>X</td>
<td>17,135. FACE VALUE</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other (EXPERIENCES/MIS)</td>
<td>X</td>
<td>16,574. ESTIMATED FMV</td>
<td></td>
</tr>
</tbody>
</table>

**29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement**

**30a** During the year, did the organization receive by contribution any property reported in 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 used for exempt purposes for the entire holding period?

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Schedule M (Form 990) 2022**

**Employer identification number**

PINKY SWEAR FOUNDATION

56-2384527
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Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

TOTAL NUMBER OF CONTRIBUTORS IS REPORTED IN PART I, COL (B)
PART I, LINE 6: VOLUNTEER NARRATIVE:

PINKY SWEAR FOUNDATION OWES A GREAT DEAL OF GRATITUDE TO OUR VOLUNTEERS, WHO PLAY A CRUCIAL ROLE IN OUR SUCCESS. OUR VOLUNTEERS WORK TIRELESSLY IN VARIOUS CAPACITIES TO ENSURE WE ACHIEVE OUR GOALS. WE'RE FORTUNATE TO HAVE VOLUNTEERS ON OUR BOARD OF DIRECTORS WHO PROVIDE GUIDANCE AND DIRECTION TO THE FOUNDATION. THEY ALSO SERVE ON OUR VARIOUS COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, FINANCE COMMITTEE, ENDOWMENT COMMITTEE, FAMILY SUPPORT COMMITTEE, MARKETING COMMITTEE, AND YOUTH LEADERSHIP COUNCIL COMMITTEE. THEIR CONTRIBUTIONS ARE INVALUABLE.

ADDITIONALLY, OUR VOLUNTEERS PLAY A SIGNIFICANT ROLE IN OFFICE ACTIVITIES, WORKING WITH OUR PANTRY AND ALL-STAR EXPERIENCES, AND CREATING LETTERS OF ENCOURAGEMENT FOR OUR FAMILIES. WE APPRECIATE ALL OUR VOLUNTEERS' HARD WORK AND DEDICATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

 PROVIDED ACCESS TO OUR PANTRIES TO 6,900 INDIVIDUALS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

 IN 2022, PINKY SWEAR FOUNDATION SUCCESSFULLY INCREASED PUBLIC AWARENESS OF CHILDHOOD CANCER THROUGH VARIOUS INITIATIVES. MORE THAN 3,500 LETTERS OF ENCOURAGEMENT WERE WRITTEN TO KIDS WITH CANCER AND THEIR FAMILIES. PINKY SWEAR RECEIVED MORE THAN 450 MEDIA MENTIONS ACROSS THE COUNTRY AND INCREASED SOCIAL MEDIA FOLLOWERS TO MORE THAN 26,000.

FURTHERMORE, MORE THAN 30,000 UNIQUE EMAIL PARTICIPANTS LEARNED MORE
ABOUT THE REALITIES OF CHILDHOOD CANCER AND HOW TO GET MORE INVOLVED AT
PINKY SWEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2022, PINKY SWEAR FOUNDATION CONTINUED TO ENGAGE AND EMPOWER YOUNG
PEOPLE TO SUPPORT OUR MISSION. MORE THAN 600 STUDENTS TOOK PART IN A
RANGE OF ACTIVITIES, INCLUDING ONLINE FUNDRAISING, RESTAURANT GIVEBACK
NIGHTS, SOCIAL MEDIA CAMPAIGNS, BLOOD DRIVES, PANTRY DRIVES, AND LETTER
WRITING CAMPAIGNS TO SUPPORT FAMILIES AFFECTED BY CHILDHOOD CANCER.
WE ARE GRATEFUL FOR THE ENERGY AND ENTHUSIASM OF ALL THE YOUNG PEOPLE
WHO HAVE JOINED OUR CAUSE, AND WE ARE CONFIDENT THAT THEIR COMMITMENT
AND PASSION WILL HELP US TO CONTINUE MAKING A MEANINGFUL DIFFERENCE IN
THE LIVES OF FAMILIES AFFECTED BY CHILDHOOD CANCER.

FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE AND GOVERNANCE COMMITTEE EXERCISES THE POWER OF THE BOARD OF
DIRECTORS IN RELATION TO MATTERS THAT ARISE BETWEEN REGULARLY SCHEDULED
BOARD MEETINGS OR WHEN IT IS NOT PRACTICAL OR FEASIBLE FOR THE BOARD TO
MEET. THE COMMITTEE IS DELEGATED THE AUTHORITY TO ACT AS THE FULL BOARD
WHEN EXERCISING THE POWERS AND AUTHORITY UNDER THIS CHARTER, SUBJECT TO THE
LIMITATIONS LISTED BELOW. THE COMMITTEE ALSO ENSURES HONEST AND ETHICAL
CONDUCT AND COMPLIANCE WITH THE CORPORATION’S CODE OF CONDUCT. THE
COMMITTEE IS RESPONSIBLE FOR CONDUCTING EVALUATIONS OF THE BOARD OF
DIRECTORS FROM TIME TO TIME. THE COMMITTEE MAY SOLICIT, ACCEPT, CONSIDER,
MAKE, AND SUBMIT NEW SUCCESSOR MEMBERS OF THE BOARD AND ITS COMMITTEES
PURSUANT TO THE BYLAWS OF THE CORPORATION. THE COMMITTEE ACCEPTS,
CONSIDERS, MAKES, AND SUBMITS TO THE BOARD NOMINATIONS FOR THE FOLLOWING
OFFICERS: CHAIR, VICE-CHAIR, TREASURER, AND SECRETARY.
FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. ONCE THE DRAFT IS AVAILABLE, IT IS PROVIDED TO MANAGEMENT FOR THEIR REVIEW, AND ANY COMMENTS OR CORRECTIONS ARE INCORPORATED INTO THE FILING. THE FINANCE COMMITTEE THEN REVIEWS THE FORM 990 IN CONJUNCTION WITH THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS, MAKING COMPARISONS FOR CONSISTENCY AND ACCURACY. A COMPLETE COPY OF THE 990 IS THEN PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:


FORM 990, PART VI, SECTION B, LINE 15A:

A SELECT COMMITTEE OF INDEPENDENT BOARD MEMBERS ANNUALLY REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR USING A MULTI-PAGE REVIEW DOCUMENT. THE BOARD MEMBERS CREATE THE REVIEW DOCUMENT AND CONDUCT THE ACTUAL
PERFORMANCE EVALUATION. BOARD MEMBERS AND STAFF ARE ASKED FOR INPUT
REGARDING THE EXECUTIVE DIRECTOR'S PERFORMANCE, WHICH IS THEN INCORPORATED INTO THE EVALUATION. THE EXECUTIVE DIRECTOR ALSO FILLS OUT THE DOCUMENT TO PROVIDE A SELF-EVALUATION FOR THE DISCUSSION. GOALS ARE SET AND PROGRESS IS REVIEWED ANNUALLY OR AS NEEDED THROUGHOUT THE YEAR. COMPENSATION IS BASED ON PROVIDING A COMPETITIVE SALARY WITHIN THE MARKETPLACE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV, AK, CO, OK, OH, LA, WA, NC, MS, NV, ND

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION'S FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.