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#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

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.

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change SOUL 2 SOUL SISTERS Name change 81-1006094 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ P.O. BOX 7632 (720)295-4876termin-ated 763,150. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended DENVER, CO 80207 H(a) Is this a group return Applica-F Name and address of principal officer: COURTNEY ANIKA Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) ( 4947(a)(1) or If "No," attach a list. See instructions (insert no.) WWW.SOUL2SOULSISTERS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 2016 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: WE TRANSFORM COLORADO AND BEYOND Activities & Governance THROUGH BLACK WOMEN-LED PROGRAMS FOCUSING ON BLACK WOMEN'S HEALING & oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 1,649,124. 744,457. Contributions and grants (Part VIII, line 1h) Revenue 1,450.0. Program service revenue (Part VIII, line 2g) 18,693. 596. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,651,170. 763,150 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 772,778. 928,917. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 372,717. 367,447. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,145,495. 1,296,364. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -533,214. 505,675. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,669,178. 1,125,567. 20 Total assets (Part X, line 16) 31,075. 20,364. 21 Total liabilities (Part X, line 26) 638,103. 105,203. Net assets or fund balances. Subtract line 21 from line 20 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. Date Signature of officer Sign COURTNEY ANIKA, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature KELLY D. WATSON P01301106 Paid WATSON COON RYAN, Firm's EIN 82-3543701 Preparer Firm's name Firm's address 6025 SOUTH QUEBEC STREET, SUITE 260 Use Only Phone no. 303-792-3020 CENTENNIAL, CO 80111 May the IRS discuss this return with the preparer shown above? See instructions X Yes

# Form 990 (2023) SOUL 2 SOUL SISTERS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			. v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
_	Schedule D, Part III	8		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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	446		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		-25
ıza	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

## Form 990 (2023) SOUL 2 SOUL SISTERS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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			۱
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
<b>-</b>	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

### 023) SOUL 2 SOUL SISTERS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
<b>2</b> a	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	11		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····	2b	Х	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4-		x
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	·····	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<del></del>			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- 1	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so				
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	[			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to th	e payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-			7.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	098-07	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?	- 1	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		Ŭ		
а		- 1	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	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.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	ŀ	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		Ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	- 1			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
47	If "Yes," complete Form 4720, Schedule O.	- 1			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	····· }	17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		۳		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	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			
	COURTNEY DUNBAR - 720-294-4876			
	2821 S PARKER ROAD, AURORA, CO 80014			

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l g	x1 112C		C)	про	1001	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	ıstee (	truste		يو	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) REV TAWANA DAVIS, PHD	40.00									
EXECUTIVE DIRECTOR				Х				121,227.	0.	6,319.
(2) OLIVIA HUNTE	3.00									_
DIRECTOR		Х						0.	0.	0.
(3) SAM CASANOVA	3.00	ļ								
MISSION KEEPER		Х						0.	0.	0.
(4) BLANCA DEL LOCO	3.00	١,,							0	0
CULTURE KEEPER	2 00	Х						0.	0.	0.
(5) WENDY (DOJA PEJU) TALLEY	3.00	X		х					0	0
CO-PRESIDENT (6) KIM CHERUBIN	3.00	Α.		Λ				0.	0.	0.
	3.00	X		х				0.	0.	0.
CO-PRESIDENT (7) JESS HOWARD	3.00	^		Δ				0.	0.	<u></u>
VICE PRESIDENT	3.00	X		Х				0.	0.	0.
(8) KARINA COWIE-ROWLEY	3.00	123							<u> </u>	
TREASURER	3,00	x		х				0.	0.	0.
(9) MORGAN ROYAL	3.00	<del> </del>						•		
SECRETARY		x		х				0.	0.	0.
(10) OZY ALOZIEM	3.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(11) JALISA WILLIAMS	3.00									
PAST VICE PRESIDENT		Х		Х				0.	0.	0.
(12) TYREESA REEVES	3.00									_
PAST SECRETARY		Х		Х				0.	0.	0.
		1								
		4								
		_								
		-								
	+	-								
		1								
								<u> </u>		

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
(A)	(B)			((				(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		ar	nount (	of
	week (list any	$\vdash$	u				/	from	from related		000	other	tion
	hours for	Individual trustee or director						the organization	organization (W-2/1099-MI			pensator om the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	truste	Institutional trustee		yee	mper		1099-NEC)	,	<b>'</b>	·	d relate	
	below	idual	ution	ie i	key employee	est co o yee	ıer	, , , , , , , , , , , , , , , , , , ,			orga	anizatio	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		-											
		1											
		1											
		1											
1b Subtotal								121,227.		0.		<b>6,3</b> :	
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								121,227.		0.		<b>6,3</b> :	<u> 19.</u>
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportab	ole			1
compensation from the organization												Yes	No.
3 Did the organization list any <b>former</b> officer,	director trust	ا مم	COV C	amn	love	e or	· hio	sheet compensated emr	olovee on			103	140
line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,	_	, , ,	,		3		Х
4 For any individual listed on line 1a, is the su											j		
and related organizations greater than \$15	=		-						ino organization		4		Х
5 Did any person listed on line 1a receive or									idual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation	from	
the organization. Report compensation for	tne calendar y	ear	endi	ng v	vith	or w	ıthir T		year.		,,		
<b>(A)</b> Name and business	address	NO	ONE	₹.				<b>(B)</b> Description of s	ervices	С	<b>))</b> eamo:	ر <b>ز)</b> nsatior	n
								•			<u> </u>		
							$\dashv$						
2 Total number of independent contractors (	noludina but -	O+ 1:	mitc	d +c	tha	SO 11-		d abovo) who received =	oro than				
2 Total number of independent contractors ( \$100,000 of compensation from the organi		IOL II	me	u iÜ		se iis O	o LEC	a above, who received fi	IOIE IIIdII				
# 100,000 of compensation nom the organi											_	990 (c	2000)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 744,457. similar amounts not included above 1f 176,691. 1g |\$ g Noncash contributions included in lines 1a-1f 744,457. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 18,693. 18,693. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d .....

763,150.

0.

Total revenue. See instructions

#### Part IX Statement of Functional Expenses

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

<del>56</del> 01	Charle if Sahadula Chartains a reason				X
Da.	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	127,546.	51,018.	38,264.	38,264.
6	Compensation not included above to disqualified	12773101	31/0101	30,2010	30,2010
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	657,226.	416,156.	172,283.	68,787.
8	Pension plan accruals and contributions (include	,	,	,	,
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	82,093.	50,244.	21,802.	10,047.
10	Payroll taxes	62,052.	37,038.	16,632.	8,382.
11	Fees for services (nonemployees):			,	,
	Management				
	Legal	5,748.		5,748.	
	Accounting	34,925.		34,925.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	171,550.	67,009.	76,496.	28,045.
12	Advertising and promotion	7,487.	2,527.	460.	4,500.
13	Office expenses	30,884.	18,434.	8,278.	4,172.
14	Information technology	21,385.	12,764.	5,732.	2,889.
15	Royalties				
16	Occupancy	5,876.	3,507.	1,575.	794.
17	Travel	7,153.	6,109.	1,044.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,601.		5,601.	
23	Other expanses, Itamize expanses not severed	3,001.		5,001.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	20 405	20 400		
a	COMMUNITY OUTREACH AND	30,407.	30,407.	005	400
b	PROGRAM INCENTIVES AND	25,085.	23,780.	905.	400.
С	TRAINING AND DEVELOPMEN	21,346.	15,812.	5,534.	
d					
	All other expenses	1 206 264	724 005	305 270	166 200
25	Total functional expenses. Add lines 1 through 24e	1,296,364.	734,805.	395,279.	166,280.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	Uneck nere if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2023)

Form 990 (2023)
Part X Balance Sheet

Pa	πλ	Balance Sneet		
		Check if Schedule O contains a response or note to any line in the	nis Part X	
			(A) Beginning of year	<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,141,113. 1	390,775
	2	Savings and temporary cash investments		559,672
	3	Pledges and grants receivable, net		
	4	Accounts receivable, net		
	5	Loans and other receivables from any current or former officer, d		
		trustee, key employee, creator or founder, substantial contributo	r, or 35%	
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as		
		under section 4958(f)(1)), and persons described in section 4958	(c)(3)(B) <b>6</b>	
ţ	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use		
Ϋ́	9	Prepaid expenses and deferred charges		
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	11	175,120
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 660 100 1	1,125,567
	17	Accounts payable and accrued expenses		20,364
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedu		
Ş	22	Loans and other payables to any current or former officer, director		
Liabilities		trustee, key employee, creator or founder, substantial contributo		
abi			22	
=	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related		
		parties, and other liabilities not included on lines 17-24). Complet		
		of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	31,075. 26	20,364
		Organizations that follow FASB ASC 958, check here		
ces		and complete lines 27, 28, 32, and 33.		
<u>a</u>	27	Net assets without donor restrictions	962,387. 27	1,105,203
Ва	28	Net assets with donor restrictions		0
ဋ		Organizations that do not follow FASB ASC 958, check here		
Ę		and complete lines 29 through 33.		
S	29	Capital stock or trust principal, or current funds	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		
As	31	Retained earnings, endowment, accumulated income, or other fu	unds 31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1 600 100	1,105,203
_	33	Total liabilities and net assets/fund balances		1,125,567

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>3,1</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 29					
3	Revenue less expenses. Subtract line 2 from line 1	3		-53					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,63	8,1	03.			
5	Net unrealized gains (losses) on investments	5			3	14.			
6	Donated services and use of facilities								
7									
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1	,10	5,2	03.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.						
За	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?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aı	udit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOUL 2 SOUL SISTERS

Employer identification number 81-1006094

			DOOD DI					<del>1 100001</del>
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	his part.) S	Gee instructions.	
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).	
4		A medical research organiz	· ·				-	the hospital's name.
		city, and state:	anorroporatou iir oo					and mospital o maine,
5		An organization operated for	or the benefit of a co	allege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3	ш			niege of difficersity owner	u or opera	ted by a g	overnmental unit descrit	Jed III
_		section 170(b)(1)(A)(iv). (C	. ,					
6	\	A federal, state, or local government						
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	. ,					
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	-	•				-
		See section 509(a)(2). (Cor		,			, 3	,
11		An organization organized a	. ,	ively to test for public sa	afety. See	section 50	)9(a)(4).	
12	$\Box$	An organization organized a	•		•			nurnoses of one or
		more publicly supported or	-	•	-		· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that	-					DIECK THE BOX OH
_		7	* *			-	•	, airina
а		☐ <b>Type I.</b> A supporting orga	•	•	•	-		
		the supported organization			a majority	of the aire	ctors or trustees of the s	supporting
		organization. <b>You must o</b>						
b			anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			<b>grated.</b> A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		☐ Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	•	-				
		functionally integrated, or						
f	Ente	er the number of supported of	• •	many integrated eappoint	ing organii	Lation.		
a.		vide the following information	-	ed organization(s)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	·	organization	. ,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	165	INO		
Tota	al							

332021 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	336,529.	1,071,967.	1,518,134.	1,649,124.	744,457.	5,320,211.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	336,529.	1,071,967.	1,518,134.	1,649,124.	744,457.	5,320,211.
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)						2,452,853.
6	Public support. Subtract line 5 from line 4.						2,867,358.
	ction B. Total Support	·					
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	336,529.	1,071,967.	1,518,134.	1,649,124.	744,457.	5,320,211.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			152	F06	10 600	10 460
	and income from similar sources			173.	596.	18,693.	19,462.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1 701				1 701
	assets (Explain in Part VI.)		-1,721.				-1,721.
11	<b>Total support.</b> Add lines 7 through 10		,				5,337,952.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third, f	ourth, or fifth tax y	ear as a section t	001(c)(3)	
800	organization, check this box and stop etion C. Computation of Publ		roontago				L
	-			- al (f))		44	53.72 %
	Public support percentage for 2023 (					15	56.55 %
15	Public support percentage from 2022 33 1/3% support test - 2023. If the o						
10a	• •	J		•		•	
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2022. If the organization</li></ul>						
L.	and <b>stop here.</b> The organization qual						
170	10% -facts-and-circumstances tes						
17 a	and if the organization meets the fact	-					
	· ·		*	· ·	·	G	
h	meets the facts-and-circumstances to 10% -facts-and-circumstances tes	_		*	-		
Ď.	more, and if the organization meets the	-					070 UI
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						

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

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

Sec	etion A. Public Support	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			,	` '		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4	· ·						
	ization's benefit and either paid to or expended on its behalf						
_			+				
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's f	I first second third	fourth or fifth tax	vear as a section	 501(c)(3) organizat	ion
•	check this box and <b>stop here</b>	•		•			
Sec	tion C. Computation of Publ						
	Public support percentage for 2023 (I			column (fl)		15	9
	Public support percentage from 2022					16	9
	tion D. Computation of Invest					1 10 1	
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box a						., 13 1101
L	33 1/3% support tests - 2022. If the						└── and
i.	• •	•			*	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	ar dia not check 2	A DUX UH IME 14, IS	a, or 190, check t	ins dux and see i	กรถนบเบกรี	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
۵h		
9b		
9c		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	A family member of a person described on line 11a above?	11b		
	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	4		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ns).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

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

Schedule A (Form 990) 2023

instructions).

Sche	edule A (Form 990) 2023 SOUL 2 SOUL S	ISTERS		8	1-1006094 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	<u> </u>
Sect	ion D - Distributions		(00	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990) 2023

**b** Applied to 2023 distributable amount

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

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

#### Schedule B

Department of the Treasury

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2023

Internal Revenue Service

Name of the organization

SOUL 2 SOUL SISTERS

Employer identification number

81-1006094

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

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

#### SOUL 2 SOUL SISTERS

81-1006094

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	176,691.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions  16,667.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6	raine, audi ess, and Zir + 4	\$_	55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### SOUL 2 SOUL SISTERS

81-1006094

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

Name of organization Employer identification number

#### SOUL 2 SOUL SISTERS

81-1006094

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK DONATION		
1			
		\$176,691 <b>.</b>	12/31/23
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	-	(555 menastro)	
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	

Name of organization Employer identification number

81-1006094 SOUL 2 SOUL SISTERS 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.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

SOUL 2 SOUL SISTERS

Employer identification number 81-1006094

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X		176,691.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part V, [	Donee Acknowledg	gement <b>29</b>			
						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	nich isn't required to be used	for		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31	X
32a			_	· ·		200	X
L						32a	77
	If "Yes," describe in Part II.		ur a tura a a a a a a a a a a a a a a a a a a	hu far which only man (a) is also	alrad		
33	If the organization didn't report an amount in o	olumn (c) fc	r a type of propert	ly for which column (a) is che	eckea,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SOUL 2 SOUL SISTERS

Employer identification number 81-1006094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH, REPARATIONS, BLACK VOTER ENGAGEMENT, AND ENDING ANTI-BLACK

RACISM.

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

THE DISMANTLING OF ANTI-BLACK OPPRESSION WITHIN INSTITUTIONS AT THE

LEGISLATURE, THE BALLOT BOX, AND BEYOND. BCEP ENGAGED IN 3 ELECTIONS,

DENVER MUNICIPAL ELECTIONS (APRIL 4TH), DENVER RUNOFF ELECTIONS (JUNE

6TH), AND THE STATEWIDE ELECTIONS (NOVEMBER 7TH). THEY CREATED CONTENT

ON HOW TO REGISTER TO VOTE, HOW TO RECEIVE YOUR BALLOT, AND HOW TO CAST

YOUR VOTE, IN ADDITION TO OFFICES ON THE BALLOT/BALLOT MEASURES AND HOW

THEY IMPACT THE LIVES OF BLACK COMMUNITIES. FOR THE DENVER MUNCIPAL

ELECTIONS, BCEP COLLABORATED WITH DENVERITE/CPR TO PUT ON A MAYORAL

CANDIDATE FORUM, DENVERITE'S THE PEOPLE'S FORUM. FOR THE STATEWIDE

ELECTIONS, BCEP SENT 3,058 TEXTS AND DEVELOPED THE 2023 BLACK VOTER

GUIDE WHICH HAS BEEN ACCESSED 210 TIMES ONLINE.

THE HEART OF SOUL 2 SOUL SISTERS IS THEIR BLACK HEALING, HEALTH & JOY

(BHHJ) PROGRAM. THROUGH BHHJ, S2SS STRIVES TO EMBODY AND MODEL LIFE

NOURISHING WAYS TO HONOR BLACK WOMEN AND ADVOCATE FOR BLACK BELOVEDS'

RIGHT TO MAKE DECISIONS ABOUT THEIR LIVES, BODIES, AND FUTURES. S2SS

COLLABORATED WITH PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS TO ASSEMBLE

AND DISTRIBUTE 300 AFTERCARE ABORTION KITS THAT INCLUDED COMFORT ITEMS

AND ESSENTIAL SUPPLIES SUCH AS MENSTRUAL & HEATING PADS, SNACKS, FUZZY

SOCKS, AND EDUCATIONAL/ADVOCACY HANDOUTS. S2SS ALSO PARTNERED WITH

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

Name of the organization

SOUL 2 SOUL SISTERS

Employer identification number 81-1006094

FOUR LOCAL BIPOC WOMEN ARTISTS TO CREATE A MURAL FOR WARREN VILLAGE'S

COMMUNITY SPACE. WARREN VILLAGE PROVIDES PRIVATE, TRANSITIONAL HOUSING

FOR LOW-INCOME, SINGLE-PARENT FAMILIES, IN ADDITION TO, LIFE SKILLS

CLASSES, EDUCATION AND MORE. THE MURAL HIGHLIGHT CAREGIVING, SINGLE

PARENTING, VILLAGE, AS OTHER THEMES ACCOMPANYING BREASTFEEDING.

FINALLY, 65 BLACK BELOVEDS CONVENED IN DENVER, CO FOR BLACK BECOMING:

SHAPING OUR AFROFUTURISM INTO THRIVING. IN THE SPAN OF TWO DAYS, THEY

PARTICIPATED IN WORKSHOPS AND SCREENINGS, ENGAGED WITH HEALING

MODALITIES AND HEALTH/WELLNESS RESOURCES, HAD A DANCE PARTY AND MORE!

FINALLY, THE FALL 2023 COHORT IS THE ONLY PROGRAM OF ITS KIND. SOUL 2

SOUL SISTERS HOSTS FACING RACISM COHORTS COMPRISED OF MOSTLY WHITE AND

NON-BLACK PEOPLE OF COLOR WHO IDENTIFY AS ACTIVISTS, EDUCATORS,

PROFESSIONALS, FAITH LEADERS, ARTISTS, SOCIAL WORKERS, AND MORE IN

CENTERING BLACK WOMEN AND FEMMES, BLACK EXPERIENCES, AND BLACK

LIBERATION. SESSIONS INCLUDE POETRY, MUSIC, ARTICLES, BOOKS AND VIDEOS

ON THEOLOGICAL AND SOCIOLOGICAL TOPICS AND FOLLOW-UP SUPPORT.

PARTICIPANTS ENTER THE INTELLECTUAL, EMOTIONAL, AND SPIRITUAL PROCESS

OF ENGAGING IN ANTI-RACIST SELF-LIBERATION WORK, EDUCATING

AND ELIMINATING RACISM WITHIN PERSONAL CIRCLES, AND LEADING RACIAL

JUSTICE WORK IN CONGREGATIONS/ORGANIZATIONS TOWARD CULTIVATING

HOSPITABLE AND JUST COMMUNITIES. IN 2023, 19 PARTICIPANTS SUCCESSFULLY

COMPLETED THE COHORT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING WITH THE IRS.

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

Name of the organization  SOUL 2 SOUL SISTERS	Employer identification number 81-1006094
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLIANCE V	VITH THE CONFLICTS
OF INTEREST POLICY ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND	TOP MANAGEMENT
STAFF IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS	ANNUALLY AND IS
BASED ON BUDGETARY CONSTRAINTS, COMPARISON TO DATA FROM S	SIMILARLY SITUATED
ORGANIZATIONS AND MERIT.	
FORM 990, PART VI, SECTION C, LINE 19:	
MADE AVAILABLE UPON RECEIPT OF A VALID WRITTEN REQUEST AN	ND THE RECEIPT OF A
NOMINAL FEE TO COVER THE COSTS OF COPYING AND MAILING.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADP HR AGENCY:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	46,406.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,406.
CONTRACTORS:	
PROGRAM SERVICE EXPENSES	59,530.
MANAGEMENT AND GENERAL EXPENSES	26,732.
FUNDRAISING EXPENSES	13,472.
TOTAL EXPENSES	99,734.
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Schedule O (Form 990) 2023 Page **2** 

Name of the organization SOUL 2 SOUL SISTERS	Employer identification number 81-1006094
PROGRAM SERVICE EXPENSES	7,479.
MANAGEMENT AND GENERAL EXPENSES	3,358.
FUNDRAISING EXPENSES	1,693.
TOTAL EXPENSES	12,530.
GRANT WRITER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	12,880.
TOTAL EXPENSES	12,880.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	171,550.
FORM 990, PART XII, LINE 2C  THE PROCESS OF THE OVERSIGHT OF THE REVIEW OF ITS FINANCE AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGE YEARS.	