Form 990-EZ	Return of C
	Under section 501(c), 527,
	Do not enter s

Department of the Treasu

# **Short Form** Organization Exempt From Income Tax

or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.lrs.gov/Form990EZ for instructions and the latest information.

Open to Public

2022

OMB No. 1545-0047

Inspection

Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.						
A For the 2022 calendar year, or tax year beginning , 2022, and ending						
	Check if applicab		D Employer identification number			
Г		ass change				
F		GIGMERS COLD WEATHER SHELTER	32-0635347			
	7	Number and street (or P.O. box if mail is not delivered to street address) Boom/suit	e E Telephone nu	mber		
	Final		(541)	480-7611		
1	_	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemp	tion		
		GTGEERG OF 07759	Number			
-				if the organization is		
				o attach Schedule B		
	Websil		(Form 990).			
		f organization: X Corporation Trust Association Other				
ĸ		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	11			
			C C	80,392.		
	art I	(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions for Part I)			
F	alli	Check if the organization used Schedule O to respond to any question in this Part I				
	1.	Contributions, gifts, grants, and similar amounts received		80,392.		
	1	Program service revenue including government fees and contracts				
	2	Membership dues and assessments				
	S		4			
	4	Gross amount from sale of assets other than inventory 5a				
	5a	-				
	b	Less: cost or other basis and sales expenses				
	°,					
	6	Gaming and fundraising events:				
9	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
Revenue		φ13,000)				
Rey	b	Gloss income from rondraising events (nor mendaling $\phi$				
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
	C	Less: direct expenses from gaming and fundraising events 6c	6d			
	d	Gross sales of inventory, less returns and allowances				
	7a					
	b	Less: cost of goods sold	7c			
	C	Gross prom or (loss) from sales of inventory (subtract line 70 from line 7a) Other revenue (describe in Schedule 0)				
	8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		80,392.		
	9	Grants and similar amounts paid (list in Schedule O)	40			
	10 11	Benefits paid to or for members				
		Salaries, other compensation, and employee benefits		30,690.		
Expenses	12	Professional fees and other payments to independent contractors		696.		
Ű,	13	Occupancy, rent, utilities, and maintenance		3,800.		
ц Д	14	Printing, publications, postage, and shipping	45			
ш	1.0	Other expenses (describe in Schedule O)	16	12,952.		
	16 17	Total expenses. Add lines 10 through 16	17	48,138.		
_	-	Excess or (deficit) for the year (subtract line 17 from line 9)		32,254.		
ţ	18	Net assets or fund balances at beginning of year (from line 27, column (A))	17 . J. K.			
558	19	(must agree with end-of-year figure reported on prior year's return)	19	27,010.		
Net Assets		Other changes in net assets or fund balances (explain in Schedule O)		0.		
Ne	20	Net assets or fund balances at end of year. Combine lines 18 through 20		59,264.		
	21	NEL 455615 OF TUTILE DATABLES AT ONE OF YOR COMPANY AND AN OWNERS THE AND		Form 990-F7 (2022)		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-E - (2022)

POFIT	990-EZ (2022) SISTERS COLD WEATHER SHELT	TER		32-	06353	<b>47</b> Page 2	
Pa	rt II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp				(D) C		
		,	) Beginning of year			nd of year 59 , 264 .	
22	Cash, savings, and investments		27,010	_		59,204.	
23	Land and buildings			23 24			
24 25	Other assets (describe in Schedule O)		27,010			59,264.	
26	Total assets		0	_		0.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27,010			59,264.	
Pa	Int III Statement of Program Service Accomplishmen	ts (see the instruction			Ex	penses	
	Check if the organization used Schedule O to resp	ond to any question	in this Part III	X	(Required   501(c)(3) ;	for section and 501(c)(4)	
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ons; optional for	
Desc	ribe the organization's program service accomplishments for each of its three largest program se er, describe the services provided, the number of persons benefited, and other relevant informati	rvices, as measured by expenses. I ion for each program title	n a clear and concise		others.)		
	SHELTER, ADVOCACY AND SUPPORT FOR TH				1		
28	SHELTER, ADVOCACI AND SUFFORT FOR TH						
	(Grants \$ ) If this amount includes foreign g	rants, check here			28a	48,136.	
29							
				_			
	(Grants \$ ) If this amount includes foreign g	rants, check here			29a		
30							
	(Grants \$ ) If this amount includes foreign g	rants. check here			30a		
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount includes foreign g				31a		
32	22 48,136.						
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)							
FC		nployees (list each one ev	ven if not compensated - s	ee the			
Fe	Total program service expenses (add lines 28a through 31a) It IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	nployees (list each one ex ound to any question	ven if not compensated - s in this Part IV			r Part IV)	
Fe	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	nployees (list each one ev	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) He cont empl	instructions fo ealth benefits, ributions to oyee benefit	r Part IV) (e) Estimated amount of other	
Fe	Int IV List of Officers, Directors, Trustees, and Key Er	nployees (list each one ex bond to any question (b) Average hours	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms	(d) He cont empl plans,	instructions fo ealth benefits, ributions to	r Part IV)	
	Ist of Officers, Directors, Trustees, and Key Er         Check if the organization used Schedule O to resp         (a) Name and title	nployees (list each one en bond to any question (b) Average hours per week devoted to	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (If not paid, enter -0-)	(d) He cont empl plans,	instructions fo ealth benefits, ributions to loyee benefit and deferred npensation	(e) Estimated amount of other compensation	
MO	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	nployees (list each one en bond to any question (b) Average hours per week devoted to	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) He cont empl plans,	instructions fo ealth benefits, ributions to oyee benefit and deferred	r Part IV) (e) Estimated amount of other	
MO PR JI	List of Officers, Directors, Trustees, and Key Er         Check if the organization used Schedule O to resp         (a) Name and title         LLY JONES         ESIDENT         M PRICHARD	nployees (list each one en bond to any question (b) Average hours per week devoted to position 0.00	ven if not compensated - 3 in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0 •	(d) He cont empl plans,	instructions fo aalth benefits, ributions to oyee benefit and deferred npensation 0.	(e) Estimated amount of other compensation	
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Par	990-EZ (2022) SISIERS COLD WEATHER CHEETER		)
Fai	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part V	X
			Yes No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		
		33	X
	activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended		
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	X
95-	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported		
30 a	on lines 2, 6a, and 7a, among others)?	35a	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax		
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36	Did the organization underno a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		
	complete applicable parts of Schedule N	36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		200
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made	1000	atul - TT
	in a prior year and still outstanding at the end of the tax year covered by this return?	<u>38a</u>	X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	print 1	12 10 11
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A 39b N/A		
b	Gross receipts, included on line 9, for public use of club lacings		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1947 	
		14. 14 M	and the second
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	and the part	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	40b	x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	and a	
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	organization managers of disquaimed persons during the year under sections 4512, 4500, and 4000	and the second	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0.		
	by the organization	1. 7. The	
e	transaction? If "Yes," complete Form 8886-T	40e	X
	List the states with which a copy of this return is filed OR		
41	The sensitivity backs are in care of SHARON THORKILDSON Telephone no. 541480		
92 d	Located at 14450 MOUNTAIN VIEW LOOP, SISTERS, OR ZIP+4	9775	9
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority		
5	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes No
	account)?	42b	X
	If "Vec." enter the name of the foreign country	1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	12	X
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/Z	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	IN / F	<u> </u>
			Yes No
	Division of the state of the st	C ME C	Same and the
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44a	X
	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	A Des Land	halana far se al an an an
b		44b	X
	of Form 990-EZ	44c	
C	Did the organization receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction of the second services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction receive any payments for inducer taining services during the year restriction	a la contra	The second s
d	If "Yes" to line 44c, has the organization med a rorm 720 to report mess payments in inc, previou an orpanization	44d	
	In Schedule 0 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1 share	8 1
D	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	
		-	

Form 990-EZ (2022)

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orm 990-EZ (20	22) SISTERS COLD	WEATHER SHEL	TER			32-063	3534	/  Ye
						hlia office?	1. A.	
	anization engage, directly or indirectly, i	n political campaign activit	ies on behalf of or in	opposition to can	lidates for pu		46	oline Bueren
	mplete Schedule C, Part I Section 501(c)(3) Organization	one Only		· · · · · · · · · · · · · · · · · · ·				
Part VI S	Il section 501(c)(3) organizations mu	ust answer questions 47	-49b and 52, and (	complete the tab	les for lines	50 and 51		
	theck if the organization used Schee	dule O to respond to an	y question in this F	Part VI				
								Ye
7 Did the org	panization engage in lobbying activities o	r have a section 501(h) ele	ction in effect during	the tax year?			47	,
lf "Yes," co	mplete Sch. C, Part II			-			. 47	_
48 Is the orga	nization a school as described in section	1 170(b)(1)(A)(II)? If "Yes,"	complete Schedule E			••••••	49	
19 a Did the or	panization make any transfers to an exem as the related organization a section 527	organization?	ingamzation:	••••••				
b It "Yes," Wa	this table for the organization's five highe	est compensated employee	s (other than officers	s, directors, trustee	es, and key er	mployees) wi	ho each r	receive
50 Complete than \$100	000 of compensation from the organization	tion. If there is none, enter	"None."					
ulan pito	(a) Name and title of each emplo		(b) Average I		Reportable	(d) Health be contribution	nsto  _	(e) Es Imoun
	(-)		per week devo position	V-2/	1099-MISC/ 099-NEC)	employee be plans, and de	eferred	comp
	Ň	IONE	position		99-NEO)	compensa	ation	
			4					
			-					
			-					
			-					
51 Complete	ber of other employees paid over \$100,0 this table for the organization's five high	est compensated independ	lent contractors who	each received mor	e than \$100,	000 of comp	pensation	n from
51 Complete organizati	this table for the organization's five high	est compensated independ NONE	ent contractors who	each received mor (b) Type o		000 of comp	censation (c) Cor	
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	lent contractors who	each received mor		000 of comp		
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	ient contractors who	each received mor		000 of comp		
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	ent contractors who	each received mor		000 of comp		
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	ient contractors who	each received mor		000 of comp		
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	lent contractors who	each received mor		000 of comp		
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	ent contractors who	each received mor		000 of comp		
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	ent contractors who	each received mor		000 of comp		
51 Complete organizati	this table for the organization's five high on. If there is none, enter "None." <b>1</b>	est compensated independ NONE	lent contractors who	each received mor		000 of comp		
51 Complete organizati (a) N	this table for the organization's five high on. If there is none, enter "None." Arme and business address of each indep	est compensated independ NONE bendent contractor		each received mor		000 of comp		
51 Complete organizati (a) N	this table for the organization's five high on. If there is none, enter "None." arme and business address of each indep	est compensated independ NONE Dendent contractor	ent contractors who	each received mor		000 of comp		
51 Complete organizati (a) N (a) N (a) N (b) N (c) N (	this table for the organization's five high on. If there is none, enter "None." arme and business address of each indep arme and business address of each indep business address address of each indep business address a	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ	hizations must attach	each received mor (b) Type o	f service		(c) Cor	) Yes
51 Complete organizati (a) N (a) N (a) N (b) N (c) N (	this table for the organization's five high on. If there is none, enter "None." arme and business address of each indep arme and business address of each indep business address address of each indep business address a	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ	hizations must attach	each received mor (b) Type o	f service		(c) Cor	) Yes
51 Complete organizati (a) N (a) N (a) N (b) N (c) N (	this table for the organization's five high on. If there is none, enter "None." arme and business address of each indep arme and business address of each indep ber of other independent contractors each ganization complete Schedule A? Note: d Schedule A	est compensated independ NONE hendent contractor ch receiving over \$100,000 All section 501(c)(3) organ	ent contractors who	each received mor (b) Type o	f service	est of my kno	(c) Cor	) Yes
51 Complete organizati (a) N (a) N (a) N (b) N (c) N (	this table for the organization's five high on. If there is none, enter "None." arme and business address of each indep arme and business address of each indep business address address of each indep business address a	est compensated independ NONE hendent contractor ch receiving over \$100,000 All section 501(c)(3) organ	ent contractors who	each received mor (b) Type o	f service	est of my kno	(c) Cor	) Yes
51 Complete organizati (a) N (a) N (a) N (a) N (c) N (	this table for the organization's five high on. If there is none, enter "None." arme and business address of each indep arme and business address of each indep ber of other independent contractors each ganization complete Schedule A? Note: d Schedule A	est compensated independ NONE hendent contractor ch receiving over \$100,000 All section 501(c)(3) organ	ent contractors who	each received mor (b) Type o	f service	est of my kno	(c) Cor	) Yes
51 Complete organizati (a) N (a) N (a) N (b) N (c) N (	this table for the organization's five high on. If there is none, enter "None." If arme and business address of each indep arme arme and business address of each indep arme arme arme arme arme arme arme arme	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ ed this return, including acc her than officer) is based of	ent contractors who	each received mor (b) Type o	f service	est of my kno	(c) Cor	) Yes
51 Complete organizatii (a) N (a) N (a) N (a) N (c) N	this table for the organization's five high on. If there is none, enter "None." arme and business address of each indep arme and business address of each indep ber of other independent contractors each ganization complete Schedule A? Note: d Schedule A sof perjury, I declare that I have examine ad complete. Declaration of preparer (oth	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ ed this return, including acc her than officer) is based on DN, SECRETAR	ent contractors who	each received mor (b) Type o (b) Type o (c)	f service and to the be any knowled	est of my kno ge. Date	(c) Cor	) Yes
51 Complete organizati (a) N (a) N (a) N (b) N (c) N (	this table for the organization's five high on. If there is none, enter "None." If arme and business address of each indep arme arme and business address of each indep arme arme arme arme arme arme arme arme	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ ed this return, including acc her than officer) is based of	ent contractors who	each received mor (b) Type o	f service and to the be any knowled	est of my kno ge. Date	(c) Cor	) Yes
51 Complete organizati (a) N (a) N (a) N (b) N (c) N (	this table for the organization's five high on. If there is none, enter "None." N ame and business address of each indep ame and business address of each indep ber of other independent contractors each ganization complete Schedule A? Note: d Schedule A	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ ed this return, including acc her than officer) is based of ON, SECRETAR' Preparer's signatur	ent contractors who	each received mor (b) Type o (b) Type o (c)	f service	est of my kno ge. Date	(c) Cor	] Yes and b
51 Complete organizati (a) N (a) N (a) N (c) N (	this table for the organization's five high on. If there is none, enter "None." N ame and business address of each indep ame and business address of each indep ber of other independent contractors each ganization complete Schedule A? Note: d Schedule A Schedule A is of perjury, I declare that I have examine ad complete. Declaration of preparer (oth Signature of officer SHARON THORKILDSC Type or print name and title Print/Type preparer's name LANCE K. BRANT	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ ed this return, including acc her than officer) is based on DN, SECRETAR Preparer's signatur LANCE K.	ent contractors who	each received mor (b) Type o (b) Type o (c)	f service	est of my kno ge. Date	(c) Cor X owledge	Yes and b
51 Complete organizatii (a) N (a) N (a) N (b) N (c) N	this table for the organization's five high on. If there is none, enter "None." N ame and business address of each indep ame and business address of each indep ber of other independent contractors each ganization complete Schedule A? Note: d Schedule A Schedule A is of perjury, I declare that I have examine ad complete. Declaration of preparer (oth Signature of officer SHARON THORKILDSC Type or print name and title Print/Type preparer's name LANCE K. BRANT Firm's name CAPSTONE (	est compensated independ NONE bendent contractor ch receiving over \$100,000 All section 501(c)(3) organ ed this return, including acc her than officer) is based on DN, SECRETAR Preparer's signatur LANCE K.	ent contractors who	each received mor (b) Type o (b) Type o (c)	f service	est of my kno ge. Date Date IN 81 -	(c) Cor	) Yes and b

#### Schedule A (Form 990) 2022 Part II

## SISTERS COLD WEATHER SHELTER

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	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						100 100
	include any "unusual grants.")				27,008.	80,392.	107,400.
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						1.0.5. 1.0.0
4	Total. Add lines 1 through 3				27,008.	80,392.	107,400.
	The portion of total contributions	A TANK TO THE	1 and the factor of the	interview in the second se	and and the set		
•	by each person (other than a	The second second		C. There is the	ALC: A DEC	Here and the second second	
	governmental unit or publicly	Maria and Anna and An		Constraint and a second s	A dimension of the second s	a den andre and	
	supported organization) included		. Rine .	a second and a second and	and the second s	All and a street	
	on line 1 that exceeds 2% of the	A STA SALAN	A State of the state	an Sector al	the second second		
	amount shown on line 11,	and a state of		A ser and	a part of the		
	column (f)	a fair and the	and the second second			the state	
6	Public support. Subtract line 5 from line 4.	Marine Marine	and the second	his and the second	and the second		107,400.
	tion B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4				27,008.	80,392.	107,400.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		6				
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					and the state of the state	107 400
11	Total support. Add lines 7 through 10					and the second	107,400.
12	Gross receipts from related activities.	, etc. (see instruction	ons)			12	107,400.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	X
_	organization, check this box and sto	p here					
Se	ction C. Computation of Publ	ic Support Per	rcentage				%
14	Public support percentage for 2022 (	line 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	I Schedule A, Part	II, line 14				
16:	a 33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 IS 33 1/3% OF IT	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization			ar more check th	
1	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and		of more, check a	
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation	- 12 160 or 16b	and line 14 is 10%	or more.
17:	a 10% -facts-and-circumstances tes	t - 2022. If the org	ganization did not	CHECK a DOX ON IIN	e IJ, IDa, UL IDD, i vra Evolsio in Dort	VI how the organiz	zation
	and if the organization meets the fac	ts-and-circumstance	ces test, check this	s box and stop ne	re. Explain in Part	VI HOW the organi	
	meets the facts-and-circumstances to	est. The organization	on qualities as a pi		a 13 16a 16b ar	17a. and line 15 is	
1	10% -facts-and-circumstances tes	t - 2021. If the org	ganization did not	CHECK & DOX ON IIN	ton here Evolain i	in Part VI how the	
	more, and if the organization meets t	ne facts-and-circur	nstances test, che	CK THIS DOX and S	(supported organi	zation	
	organization meets the facts and circ	umstances test. T	ne organization qu	$a_{1} = a_{2} = a_{2$	h check this hov a	ind see instruction	s
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	a, 100, 1/a, 0/ 1/	D' CHACK (THE DOX 9		(Farma 000) 0000

Schedule A (Form 990) 2022

32	-0	63	53	47	Page 3
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# SISTERS COLD WEATHER SHELTER

(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.)

Seci	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 (	Gifts, grants, contributions, and						
	membership fees received. (Do not						
ì	nclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
c	Add lines 7a and 7b		-				
-	Public support. (Subtract line 7c from line 6.)		and the states of the		and the second of the		
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
-	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						
~	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 assets (Explain in Part VI.)						
13	Total autonatt (Add lines 0 40s 11 and 12)					CO1(-)(0)	L
14	First 5 years. If the Form 990 is for t	he organization's f	first, second, third	, fourth, or fifth tax	year as a section	SUI(C)(S) organization	
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2022	(line 8, column (f),	divided by line 13	, column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage			47	0
17	Investment income percentage for 2	2022 (line 10c, colu	umn (f), divided by	line 13, column (f)	)	17	9
		0021 Schodula A	Dart III line 17			18	9
19:	22 1/2% support tests - 2022. If th	e organization did	not check the box	x on line 14, and lin	ne 15 is more than	33 1/3%, and line i	
	11 - on 1 (00/ sheak this boy s	and stop here. Th	e organization qua	alifies as a publicly	supported organiz	auon	L
	an event water and lifth	e organization did	not check a box (	on line 14 or line 19	a, and line 16 is n	nore than 35 1/5%,	and
	line 19 is not more than 33 1/3% ch	eck this box and s	stop here. The org	ganization qualifies	as a publicly sup	ported organization	L
20	Private foundation. If the organizati	ion did not check	a box on line 14, 1	9a, or 19b, check	this box and see in	nstructions	
20	i intele ioundelloni ii the organizati					<b>a</b> 1 1 1-	A (Earm 000) 000

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### SISTERS COLD WEATHER SHELTER

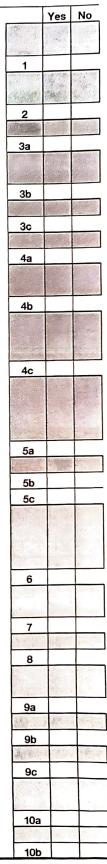
#### Part IV Supporting Organizations

chedule <u>A (Form 990)</u> 2022

(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 yea? // "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; (ii) 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.)



	TURE A (Form 990) 2022 SISTERS COLD WEATHER SHELTER 32-06	53534	7 Pa	ige 5
Par				
Fai			Yes	No
	the three tests are the time from one of the following porcono?			
11	Has the organization accepted a gift or contribution from any of the following persons?	Alexander	Salar	1.00
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a		
	11c below, the governing body of a supported organization?	11b		
ь	A family member of a person described on line 11a above?		1. A. A.	Maria
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	Contraction of the local distance	
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations		N/	No
		1 (1) (1) (1) (1) (1) (1)	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	and the second second	The second	1. 2. A.
	mem supported emphizations have the power to regularly appoint of elect at least a majority of the organization's oncers,		a	
	director or trustops at all times during the tax year? If "No" describe in <b>Part VI</b> how the supported organization(s)			1
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		A land	5. S. S.
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	A State	and the second	197
2	Did the organization operate for the benefit of any supported organization outer what are opported in	1121		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	mi a		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations		Yes	No
			163	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			and the second
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	the se	-	
	or management of the supporting organization was vested in the same persons that controlled or managed	and the second	- 10 m	and the
	the supported organization(s)	1		
Sec	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			
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			are .
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	year, (ii) a copy of the Form 990 that was most recently need as of notification, to the extent not previously provided?	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		A State	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ie 2	REAL	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	- APRILL	
	the organization maintained a close and continuous working relationship with the supported organization(s).	CONSTRUCTION OF	(CRA) A	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
	significant voice in the organization's investment policies and in directing the use of the organization's	and had		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	75.00		
	supported organizations played in this regard	3		
Sec	ction 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 instruction	ıs).		
	The second			
а	- the state of the supported organizations. Complete line 3 below			
Ь	The second second a governmental entity Occasibe in Part VI how you supported a governmental entity (see	instructio	n <u>s)</u> .	
c			Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.5		
	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,	and the second	- ad	6
	how the organization was responsive to those supported organizations, and how the organization determined	0-	124	and the factor
	that these activities constituted substantially all of its activities.	2a	A MARTA	Carlos C

- 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.
- 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.*b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
- b Did the organization exercise a substantial degree of direction order are policic, pregrame, and organization in this regard.

3b Schedule A (Form 990) 2022

2b

3a

Sche	dule A (Form 990) 2022 SISTERS COLD WEATHER SH	ELTER	32	2-0635347
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 ( explain in Pa	art VI). See instruc
	All other Type III non-functionally integrated supporting organizations must			
				(B) Current Ye
Secti	on A - Adjusted Net Income		(A) Prior 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Y (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		and and any property of the second	and the second second
	instructions for short tax year or assets held for part of year):	1 state	and the second sec	the second of the second
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			and the second second
-	(explain in detail in Part VI):		the state of the state	and a free and a second and a
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		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
-	ion C - Distributable Amount			Current Ye
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		2
-4	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		When the second s	
				1

Schedule A (Form 990) 2022

SI	STERS	COLD	WEATHER	SHELTER

		WEATHER SHELTER		32-0635347 Pag	e 7
Par		(a)(s) Supporting Orga	nizations (continued)	Current Year	
Secti	on D - Distributions	•	1		
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	2		
	organizations, in excess of income from activity	a of even exted examinations			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	4		
4	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pr	avida dataila in Part VI)	5		
_ <u>5</u>	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6		
<u>6</u> 7	Total annual distributions. Add lines 1 through 6.		7		
_7 8	Distributions to attentive supported organizations to which the	ne organization is responsive			
0	(provide details in Part VI). See instructions.	le elganization (	8		
9	Distributable amount for 2022 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022	
			PTE-2022		
1	Distributable amount for 2022 from Section C, line 6	and the second s	and the second of the		1000
2	Underdistributions, if any, for years prior to 2022 (reason-	an and the second second			
	able cause required - explain in Part VI). See instructions.	the market of the second	and the contract of the second state of the second state of the second state of the second state of the second	Martin and a start of	
3	Excess distributions carryover, if any, to 2022				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
а	From 2017	the second second second second	and a second to a second	and a second	a serte
b	From 2018		and the second	to a star	
c	From 2019	All and the second s	And the second	and a set of the set of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
d	From 2020	And the second s		and a start the start of the	
e	From 2021	Manufacture and the second second		the second s	
f	Total of lines 3a through 3e	·		a construction of the second	
g	Applied to underdistributions of prior years		and the second se	the state of the s	12 St.
h	Applied to 2022 distributable amount	and the second sec			1. A
i	Carryover from 2017 not applied (see instructions)				and and a
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		Presente and a second and a second		1
4	Distributions for 2022 from Section D,	a and an enter the state of the state of the			
	line 7: \$	All and the second s	and the second second		to and
-	Applied to underdistributions of prior years		and the second	별전	
	Applied to 2022 distributable amount	A logar to say a set of the set of			+
	Remainder. Subtract lines 4a and 4b from line 4.		and a second	the second s	1.1.12
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater	have all the manual is a		in a second to the second s	
	than zero, explain in Part VI. See instructions.		Section and the section of		
6	Remaining underdistributions for 2022. Subtract lines 3h	and the second	and the second second second	5 D	
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			5 C	
	Excess distributions carryover to 2023. Add lines 3j			an a	
7	and 4c.				Shite in
	Breakdown of line 7:		16.1 M	- Alter and a	
8	Excess from 2018	and the second second		a set of any a	14 10
	Excess from 2019				The set
	Excess from 2020	and the second	in the second second		1918
_	Excess from 2021	L			122
	Excess from 2022	and the second second second second		the second second second second	
-				Schedule A (Form 990) 2	022

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Schedule	A (Foi	rm 990)	2022

## SISTERS COLD WEATHER SHELTER

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 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.
 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

 Part IV.
 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.)
 Section E, lines 2, 5, and 6. Also complete this part for any additional information.

SCHEDULE O	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific question	990-62 s on	2022
Form 990)	Form 990 or 990-EZ or to provide any additional information.		Open to Publ Inspection
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employ	er identification nun
Name of the organizatior	SISTERS COLD WEATHER SHELTER	32-	0635347
FORM 990-EZ	PART I, LINE 16, OTHER EXPENSES:		
			AMOUNT :
	OF OTHER EXPENSES:		34
BUSINESS EXP			7:
BANK FEES			
OFFICE			84
OPERATION EX	PENSES		5,43
INSURANCE			2,03
			4,21
PROGRAM EXPE			12,95
	XM 990-EZ, LINE 16 , PART III, PRIMARY EXEMPT PURPOSE - SHELTE	ER, ADVOC	
	, PART III, PRIMARY EXEMPT PURPOSE - SHELTE	ER, ADVOC	
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