Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

		2022 calendar year, or tax year beginning	, 2022,	and ending		
В	Check if spplicat	le: C Name of organization			D Employer i 	dentification number
\vdash	Addr	ess change			32_0	635347
L		sisters COLD WEATHER SHELTER		Room/suite	E Telephone	
X	Initia	Number and street (or P.O. box if mail is not delivered to street address)		Nooni/Suite) 480-7611
		natural I PU DUA 1/04				
L	Ame	City or town, state or province, country, and ZIP or foreign postal code			F Group Exe	mption
		ation pending SISTERS, OR 97759			Number H Check	X if the organization is
G /	Accour	nting Method: X Cash Accrual Other (specify)				ed to attach Schedule B
	Websi		1047/5\/4\	or 527		
		empt status (check only one) — X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 521	(FUIII 990)-
K	orm o		Other	t- (Dort I		
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or				80,392.
		(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund	Balances	(cae the inetri	uctions for Par	d1)
Pa	art I	Check if the organization used Schedule O to respond to any question in this Part I	Dulanoco	(200 1110 111201	JUDONS TOT T CO	X
_						80,392.
	1	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts				
	2	•				
	3	Membership dues and assessments				
	4	Investment income				
	5a	Gross amount from sale of assets other than inventory	5b			
	D	Less: cost or other basis and sales expenses	30			
	C	dan or (1033) norm sale or assets other than inventory (222222	•••••••			
	6	Garning and fundraising events:				
9	a	Gross income from gaming (attach Schedule G if greater than	6a			
Revenue		\$15,000)	of contribution	ie.		
æ	b	Gross income from fundraising events (not including \$	oi continuutioi			
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such	6b			
		gross income and contributions exceeds \$15,000)	6c			
	C	Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub			6d	
	- 0	Ret income or (loss) from gaining and fundralising events (and lines of and obtains sub- Gross sales of inventory, less returns and allowances	7a	•••••		,
	7a		7b			
	P	Less: cost of goods sold			7c	
	C					
	8	Other revenue (describe in Schedule 0) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				80,392.
_	9	Grants and similar amounts paid (list in Schedule 0)				
	10	Benefits paid to or for members				
	11	Salaries, other compensation, and employee benefits				30,690.
98	12	Professional fees and other payments to independent contractors				696.
ë	13	Occupancy, rent, utilities, and maintenance			1	3,800.
Expenses	14	Printing, publications, postage, and shipping			4 -	,8 —
_	16	Other expenses (describe in Schedule O)	E SCHED	ULE O	16	12,952.
	17	Total expenses. Add lines 10 through 16				48,138.
_	18	Excess or (deficit) for the year (subtract line 17 from line 9)				32,254.
ş	1	Net assets or fund balances at beginning of year (from line 27, column (A))			9.14	
556	19	(must agree with end-of-year figure reported on prior year's return)			19	27,010.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)				0.
Ž	20					59,264.
1114	21	Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2022)
		I MANIMAN INSPERIOR CONTRACTOR OF THE PROPERTY				

Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any ques				
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		27,010			59,264.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)		0.01.0	24		59,264.
25	Total assets		27,010			0.
26	Total liabilities (describe in Schedule 0)		07 010			59,264.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishment		27,010	• 27	F.,	
1				X	(Required	penses for section
140	Check if the organization used Schedule O to resp	ond to any ques	JOH III WIIS FAIT III	Α	501(c)(3)	and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE O	,	!		organization others.)	ns; optional for
Desc	cribe the organization's program service accomplishments for each of its three largest program se ner, describe the services provided, the number of persons benefited, and other relevant informati	rvices, as measured by expe on for each program title.	inses, in a clear and concise		,	
	SHELTER, ADVOCACY AND SUPPORT FOR TH					
20	DIEDLEN, IDVOCIOLIES DOLLARS					
	(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				30a	
31	Other program services (describe in Schedule O)				31a	
	(Grants \$) If this amount includes foreign g				32	48,136.
	Total program service expenses (add lines 28a through 31a)					
D		nplovees (list each	one even if not compensated -	see the	instructions for	Part IV)
P	art IV List of Officers, Directors, Trustees, and Key Er	nployees (list each	one even if not compensated -	see the	instructions fo	Part IV)
P		nployees (list each ond to any ques	one even if not compensated - tion in this Part IV	(d) He	ealth benefits,	
P	Check if the organization used Schedule O to resp	nployees (list each	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) He cont	ealth benefits, ributions to oyee benefit	(e) Estimated amount of other
Pa	art IV List of Officers, Directors, Trustees, and Key Er	nployees (list each ond to any ques (b) Average hours	one even if not compensated - tion in this Part IV	(d) He cont empl plans,	ealth benefits,	(e) Estimated
_	Check if the organization used Schedule O to resp (a) Name and title	nployees (list each ond to any ques (b) Average hours per week devoted t	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NISC/ 1099-NEC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other compensation
MC	Check if the organization used Schedule O to resp (a) Name and title OLLY JONES	nployees (list each ond to any ques (b) Average hours per week devoted t	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NISC/ 1099-NEC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other compensation
MC PF	Check if the organization used Schedule O to resp (a) Name and title	nployees (list each cond to any ques (b) Average hours per week devoted to position	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) He cont empl plans, con	anaith benefits, ributions to oyee benefit and deferred and pensation	(e) Estimated amount of other compensation
MC PR JI	Check if the organization used Schedule O to respond (a) Name and title OLLY JONES RESIDENT	nployees (list each cond to any ques (b) Average hours per week devoted to position	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (If not paid, enter -0-)	(d) He cont empl plans, con	ealth benefits, ributions to oyee benefit and deferred npensation	(e) Estimated amount of other compensation
MC PF	Check if the organization used Schedule O to resp (a) Name and title OLLY JONES RESIDENT M PRICHARD	nployees (list each ond to any ques) (b) Average hours per week devoted to position 0.00	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0 .	(d) He cont emploined plans, con	paith benefits, ributions to oyee benefit and deferred and deferred opensation	(e) Estimated amount of other compensation 0 .
MC PF JI VI SE SE	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CCE PRESIDENT HARON THORKILDSON ECRETARY, TREASURER	nployees (list each cond to any ques) (b) Average hours per week devoted to position	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) He cont emploined plans, con	anaith benefits, ributions to oyee benefit and deferred and pensation	(e) Estimated amount of other compensation
MO PE JI VI SE SE SE	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CCE PRESIDENT HARON THORKILDSON CCRETARY, TREASURER HARLENE WEED	nployees (list each cond to any quest ond to any quest per week devoted to position 0.00	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (If not paid, enter -0-) 0 .	(d) He continued the continued	paith benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation 0 . 0 .
MC PF JI VI SE SE SE DI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CCRETARY, TREASURER HARLENE WEED RECTOR	nployees (list each ond to any ques) (b) Average hours per week devoted to position 0.00	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0 .	(d) He continued the continued	paith benefits, ributions to oyee benefit and deferred and deferred opensation	(e) Estimated amount of other compensation 0 .
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred and deferred opensation	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CCRETARY, TREASURER HARLENE WEED RECTOR	nployees (list each cond to any quest ond to any quest per week devoted to position 0.00	one even if not compensated- tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (If not paid, enter -0-) 0 .	(d) He cont empl plans, con	paith benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation 0 . 0 .
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred and deferred opensation	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
MO PE JI VI SE SE DI JI	Check if the organization used Schedule O to respond title OLLY JONES RESIDENT M PRICHARD CE PRESIDENT HARON THORKILDSON CRETARY, TREASURER HARLENE WEED CRECTOR CLL EIDSMOE	nployees (list each cond to any quest ond to any quest ond to any quest ond to any quest one devoted to position one of the condition o	one even if not compensated- tion 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, con	alith benefits, ributions to oyee benefit and deferred and deferred appensation 0.	(e) Estimated amount of other compensation 0. 0.

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
	instructions for Part v.) Check if the organization used 30h. O to respond to any question in the		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
-	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			_
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			77
	on lines 2 6a and 7a among others)?	35a	37/	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α
C	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	250		х
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		- 11
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36		Х
	complete applicable parts of Schedule N Enter appoint of political expenditures, direct or indirect, as described in the instructions 37a 0			***
37 a	Cittel diffount of political experientation, direct of managed as	37b	The second second	X
b	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	4 -	A STATE OF THE STA	14
38 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	al and	1/4	12
	Section 501(c)(7) organizations. Enter:		162	
39	Initiation fees and capital contributions included on line 9	10, 615,0	1000	
a L	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
An a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1.5.7.1	24
704	section 4911		7.2	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		1	
٠	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	a sir ditiral	X
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	3.72	10-	
	by the organization		-	-
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40		X
	transaction? If "Yes," complete Form 8886-T	40e		1 2
41	List the states with which a copy of this return is filed OR The considerate backs are in each of SHARON THORKILDSON Telephone no. 54148	0761	1	
42 a	The organization's books are in care of	9775		
	located at 14450 MOUNTAIN VIEW HOOF, BIBLERO, CIT	<u> </u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	N
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		X
	account)?	- 2017		4
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		N Si La	
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
C	If "Yes," enter the name of the foreign country			
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	· 		
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/I	<u> </u>	
	and dried the amount of the country amount of the country and the country amount of the			
			Yes	N
44 :	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	To have		-
	Form 990-EZ	44a	e i Bilani Ba	7
ł	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	(r-)a	And the same of the	
	of Form 990-F7	44b	_	12
	Did the organization receive any payments for indoor tanning services during the year?	440	5	160
ì	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	a a		1
	in Schedule ()	440		+-
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458	Cr. Alterna	
ı	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		0	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	. 45	990-E	

6 Did the ord							A(r) $A(r)$	A Property	N. A. Obe
	panization engage, directly or indirectly, in poli					olic office?	46	Sin Burkstop	X
Part VI S	mplete Schedule C, Part I Section 501(c)(3) Organizations	Only		•••••					
Δ	All section 501(c)(3) organizations must ar	nswer questions 47-4	19b and 52, and	complete the tab	les for lines	50 and 51.	•		
	Check if the organization used Schedule	O to respond to any	question in this I	Part VI				Yes	No
	ganization engage in lobbying activities or have	a a caction 501(h) elect	ion in effect during	n the tax year?					
Did the org	ganization engage in loopying activities of nave omplete Sch. C, Part II	e a Section 30 I(II) clear	ion in oncor domi				47	·	X
Is the orga	enization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co	omplete Schedule I	E			. 48		X
a Did the or	nanization make any transfers to an exempt no	n-charitable related org	ganization?				. 498		Λ_
b If "Yes," w	as the related organization a section 527 organ this table for the organization's five highest co	nization?	(other than officer	e directors truster	s and key en	olovees) wh			nore
O Complete	this table for the organization's five highest co ,000 of compensation from the organization. It	mpensated employees f there is none, enter "N	(other than officer.	s, un cotors, ir ustor	o, una noy on				
than \$ 100	(a) Name and title of each employee	Title of the trees, extended	(b) Average		Reportable	(d) Health be contribution	sto	(e) Estim	
			per week dev	OLEU LU W-2/	1099-MISC/ 199-NEC)	employee be plans, and de	ferred	compens	
	NON	E	position	" - "	, oo neo,	compensat	tion		
]						
							_		
			1						
1 Complete	this table for the organization's five highest co	ompensated independer	nt contractors who	each received mor		000 of comp			
1 Complete organizati	this table for the organization's five highest co	ompensated independer E	nt contractors who	each received mor		000 of comp		from the	
1 Complete organizati	this table for the organization's five highest co on. If there is none, enter "None." NON	ompensated independer E	nt contractors who	each received mor		000 of comp			
1 Complete organizati	this table for the organization's five highest co on. If there is none, enter "None." NON	ompensated independer E	nt contractors who	each received mor		000 of comp			
1 Complete organizati	this table for the organization's five highest co on. If there is none, enter "None." NON	ompensated independer E	nt contractors who	each received mor		000 of comp			
1 Complete organizati	this table for the organization's five highest co on. If there is none, enter "None." NON	ompensated independer E	nt contractors who	each received mor		000 of comp			
1 Complete organizati	this table for the organization's five highest co on. If there is none, enter "None." NON	ompensated independer E	nt contractors who	each received mor		000 of comp			
1 Complete organizati	this table for the organization's five highest co on. If there is none, enter "None." NON	ompensated independer E	nt contractors who	each received mor		000 of comp			
1 Complete organizati (a) N	this table for the organization's five highest co on. If there is none, enter "None." NON ame and business address of each independer	ompensated independer IE nt contractor	nt contractors who	each received mor		000 of comp			
1 Complete organizati (a) N	this table for the organization's five highest coon. If there is none, enter "None." NON arme and business address of each independent arms and business address of each independent contractors each received on the contractors each received and	ompensated independent IE nt contractor ceiving over \$100,000	nt contractors who	each received mor		000 of comp	(c) Cor	mpensatio	n
1 Complete organizati (a) N d Total num 2 Did the or	this table for the organization's five highest coon. If there is none, enter "None." NON arme and business address of each independer arms and business address of each independer or other independent contractors each recognization complete Schedule A? Note; All seconds	ompensated independence TE nt contractor ceiving over \$100,000 action 501(c)(3) organiz	zations must attack	each received mor	f service		(c) Cor	npensatio	n
d Total num 2 Did the or complete	this table for the organization's five highest coon. If there is none, enter "None." NON ame and business address of each independer and business address of each independer of other independent contractors each recognization complete Schedule A? Note; All seed Schedule A	ceiving over \$100,000 oction 501(c)(3) organizations return, including acco	zations must attact	(b) Type o	f service	st of my kno	(c) Cor	npensatio	n
d Total num 2 Did the or complete	this table for the organization's five highest coon. If there is none, enter "None." NON ame and business address of each independer aber of other independent contractors each recorganization complete Schedule A? Note; All se	ceiving over \$100,000 oction 501(c)(3) organizations return, including acco	zations must attact	(b) Type o	f service	st of my kno	(c) Cor	npensatio	n
d Total num 2 Did the or complete.	this table for the organization's five highest coon. If there is none, enter "None." NON ame and business address of each independer and business address of each independer of other independent contractors each recognization complete Schedule A? Note; All seed Schedule A	ceiving over \$100,000 oction 501(c)(3) organizations return, including acco	zations must attact	(b) Type o	f service	st of my kno	(c) Cor	npensatio	n
d Total num 2 Did the or complete linder penalties rue, correct, al	this table for the organization's five highest coon. If there is none, enter "None." NON arme and business address of each independent arms and business address of each independent contractors each recognization complete Schedule A? Note; All seed Schedule A. sof perjury, I declare that I have examined this and complete. Declaration of preparer (other that Signature of officer	ceiving over \$100,000 oction 501(c)(3) organizer return, including acco	zations must attact	(b) Type o	f service	st of my kno	(c) Cor	npensatio	n
d Total num 2 Did the or complete Under penalties rue, correct, an	this table for the organization's five highest coon. If there is none, enter "None." NON arme and business address of each independer arms and business address of each independer of other independent contractors each recording anization complete Schedule A? Note: All seed Schedule A	ceiving over \$100,000 oction 501(c)(3) organizer return, including acco	zations must attact	h a es and statements, which preparer has	and to the be	st of my kno	(c) Cor	npensatio	n
d Total num 2 Did the or complete Under penalties rue, correct, an	this table for the organization's five highest coon. If there is none, enter "None." NON arms and business address of each independent arms and business address of each independent on the property of the pr	ceiving over \$100,000 oction 501(c)(3) organizer return, including acco	zations must attact	(b) Type o	and to the be	st of my kno	(c) Cor	npensatio	n
d Total num 2 Did the or complete Under penalties rue, correct, a	this table for the organization's five highest coon. If there is none, enter "None." NON arms and business address of each independer and business address of each independer of other independent contractors each recordant reganization complete Schedule A? Note: All seed Schedule A	ceiving over \$100,000 cetion 501(c)(3) organizareturn, including account officer) is based on section 501(c)(3) organizareturn, including account officer) is based on section 501(c)(3) organizareturn, including account officer) is based on section 501(c)(3) organizareturn, including account officer) is based on section of the section	zations must attach	h a es and statements, which preparer has	and to the be any knowledg	st of my kno	(c) Cor	npensatio	n N N N N N N N N N N N N N N N N N N N
d Total num 2 Did the or 2 complete Under penalties 3 rue, correct, and 3 Sign Here	this table for the organization's five highest coon. If there is none, enter "None." NON arme and business address of each independer arms and business address of each independer organization complete Schedule A? Note: All seed Schedule A	ceiving over \$100,000 cetion 501(c)(3) organizate return, including account officer) is based on section 501(c)(3).	zations must attach	h a es and statements, which preparer has	and to the be any knowledg	st of my knode. Date Date Proyed P	X owledge	Yes [and belief	n N N N N N N N N N N N N N N N N N N N
d Total num 52 Did the or complete	this table for the organization's five highest come. If there is none, enter "None." NON arme and business address of each independent arms and business address of each independent contractors each recompanization complete Schedule A? Note: All seed Schedule A	ceiving over \$100,000 cition 501(c)(3) organizareturn, including account officer) is based on SECRETARY Preparer's signature LANCE K. HAS	zations must attach	h a es and statements, which preparer has	and to the be	st of my knode. Date PN 81-	X owledge	Yes [and belief	n N N N N N N N N N N N N N N N N N N N
d Total num 2 Did the or complete Under penalties rue, correct, and Bign Here Paid Preparer Use Only	this table for the organization's five highest coon. If there is none, enter "None." NON arme and business address of each independer arms and business address of each independer organization complete Schedule A? Note: All seed Schedule A	ceiving over \$100,000 ceiving 501(c)(3) organization officer) is based on a SECRETARY Preparer's signature LANCE K. HAS C DRIVE 7703	zations must attach	h a es and statements, which preparer has	and to the be any knowleds Check self- emple	st of my knode. Date PN 81-	X owledge	Yes [and belief	n N

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

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

Sec	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						105 100
	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					55 555	107 100
4	Total. Add lines 1 through 3				27,008.	80,392.	107,400.
	The portion of total contributions				Change Comments		
	by each person (other than a	ALLES MAN	4 22	e Marini		Marine To the State of the Stat	
	governmental unit or publicly	Mary Committee C	SET WINE TH	A to the second	harmonia de la companya		
	supported organization) included	Table 1 State 1 State 1		Wanter.		**************************************	
	on line 1 that exceeds 2% of the	Edward Allegan	March March	AT CEST CA	A STATE OF THE STA		
	amount shown on line 11,						
	column (f)		N The second		g (*)		107 100
6	Public support, Subtract line 5 from line 4.	The second section of the second	and the state of the	A STATE OF THE			107,400.
Sec	tion B. Total Support						(0 T-4-)
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021 27,008.	(e) 2022 80,392.	(f) Total 107,400.
7	Amounts from line 4				27,000.	00,352.	107,1000
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	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				1.		
	assets (Explain in Part VI.)	- 10 CO	The second secon	in the second second second second		The second second	107,400.
11	Total support. Add lines 7 through 10	201300		A CONTRACT OF A SECOND		12	107,400.
12	Gross receipts from related activities,	etc. (see instruction	ons)	for the profit toy	worr as a section 5		20,7200
13			rst, second, third,	Tourth, or mun tax	year as a section o	01(0)(0)	X
<u></u>	organization, check this box and sto ction C. Computation of Publi	o nere ic Support Per	centage				
14	Public support percentage for 2022 (line 6. column (f). d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A. Part	II, line 14			15	<u>%</u>
162	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% or m	ore, check this bo	x and
	ston here. The organization qualifies	as a publicly supp	orted organization				
Ł	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
172	10% -facts-and-circumstances test	t - 2022. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
t	10% -facts-and-circumstances tes	t - 2021. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	ck this box and s	stop here. Explain	n Part VI now the	
	organization meets the facts-and-circ	umstances test. Th	he organ <i>i</i> zation qu	alifies as a publicly	y supported organi	zation	부
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022 SISTERS COLD WEATHER SHELTER

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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to	ntal
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities	
ization's benefit and either paid to or expended on its behalf The value of services or facilities	
or expended on its behalf	
5 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
6 Total. Add lines 1 through 5	
7a Amounts included on lines 1, 2, and	
3 received from disqualified persons	
b Amounts included on lines 2 and 3 received	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	
amount on line 13 for the year	
c Add lines 7a and 7b	
8 Public support. (Subtract line 7c from line 6.)	
Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) T	otal
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2020	
9 Amounts from line 6	
10a Gross income from interest, dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
b Unrelated business taxable income	
(less section 511 taxes) from businesses	
acquired after June 30, 1975	
c Add lines 10a and 10b	
11 Net income from unrelated business activities not included on line 10b,	
whether or not the business is	
regularly carried on	
12 Other income. Do not include gain or loss from the sale of capital	
assets (Explain in Part VI.)	
Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	
14 First 5 years. If the Form 990 is for the organization's lifet, second, third, locatin, or man tax years.	
check this box and stop here	
Section C. Computation of Public Support Percentage	%
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 16	
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 III	
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage	%
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18	% % %
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18	%
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not	%
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	% % %
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19 Investment income percentage from 2021 Schedule A, Part III, line 17 19 Investment income percentage from 2021 Schedule A, Part III, line 17 19 Investment income percentage from 2021 Schedule A, Part III, line 17 19 Investment income percentage from 2021 Schedule A, Part III, line 17 19 Investment income percentage from 2021 Schedule A, Part III, line 17	% % %

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.
- 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.
- 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?
- 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
The state of	1284	
Topics .	1	de th
1		
	1	Triger.
中的物质。		
2	A CONTRACT	West Control of the
10年9月	a Code at	1000
3a	PASSES SELECT	AND
3b		Median of the con-
OD .		in the second
3с		
4a	No. of the last of	#ISO 317
4b	a charge in the	B70000
4c		
		*
5a	The Author South	e Salar
P. T. S.		
5b	+	+
5c		
14,500		
6		
		F MENNANCE S
*		Page 1
7	n balantari sa	et Suscinariano
		9.5
8		
9a		
4.5	j 650	
9b		
A	100	187.1
9с		
		M. Person
	M. IA.	, 61 ₄₀
10a		N. Carrier
		THE REAL PROPERTY.

	dule A (Form 990) 2022 BIDTHRB CODE WELLTHER			
Par	t IV Supporting Organizations (continued)		Yes	No
			163	
11	Has the organization accepted a gift or contribution from any of the following persons?		- apple	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a	- Heighlin	1000
	11c below, the governing body of a supported organization?	11b		
b	A family member of a person described on line 11a above?	1,5		Maria
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c	and to the	
200	detail in Part VI. tion B. Type I Supporting Organizations	7.0		
ec	don B. Type I Supporting Organizations		Yes	No
	the second is body officers acting in their official capacity or membership of one or			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			priem
	directors as thustons at all times during the tax year? If "No " describe in Part VI now the supported organization(s)	5	3	
	of a time and a supported or controlled the organization's activities. If the organization had more used one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•	Did the organization operate for the benefit of any supported organization other than the supported	127 368		
2	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,	And the		
	supervised, or controlled the supporting organization.	2		
Sec	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		4	
	or management of the supporting organization was vested in the same persons that controlled or managed	Control of the Control	(A)	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	No
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			305
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		# · ·	100
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	A MARKET	
	the organization maintained a close and continuous working relationship with the supported organization(s).		Cana a	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
500	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5).		
1	The state of the Assistation Took Occupated line 2 holow			
a b	- Complete line 3 helow			
	- Part VI how you supported a governmental entity (see i	nstructio	ns).	_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	2: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Park a
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		4.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Car	
	how the organization was responsive to those supported organizations, and how the organization determined		1	- Storter
	that these activities constituted substantially all of its activities.	2a	inga -	
k	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	17 M		
	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			4 355
	these activities but for the organization's involvement.	2b		of i
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			P
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		+
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	1	
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		+
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	1 A (F		0) 000

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1	Sche	dule A (Form 990) 2022 SISTERS COLD WEATHER SHE	LTER	32	2-0635347 Page 6
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (A) Prior Year (A) Prior Year (Optional) Net short-term capital gain 1	_				
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (b) Prior Year (cptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly cash balances 1 b Average monthly cash balances 1 b Total (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 2 Acquisition indebtedness applicable to non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c D Total (add lines 1a, 1b, and 1c) 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 9 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Aggregate fair for the factor of	1				art VI). See instructions.
Section A - Adjusted Net Income (A) Prior Year (b) Current Year (coptional) 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) (B) Current Year (opti					,
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Rection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Descount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1.	Secti				
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 C Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	1	Net short-term capital gain	1		
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Rection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 A trail (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Acquisition indebtedness applicable to non-exempt-use assets 5 Net value of non-exempt-use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Enter 0.85 of line 1.	2		2		
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly cash balances b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition in detail in Part VI): 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	3		3		
5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Ayerage monthly value of securities 1 Average monthly value of securities 1 A verage monthly value of securities 1 A verage monthly value of securities 1 A verage monthly cash balances 1 B Verage monthly cash balances 1 C Fair market value of other non-exempt-use assets 1 C Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Erter 0.85 of line 1.	4		4		
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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	5	Maria de la companya	5		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (potional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 d e Discount claimed for blockage or other factors (explair in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.					
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1		collection of gross income or for management, conservation, or			
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a b Average monthly cash balances 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Agjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.			6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	7		7		
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.			8		
a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.				(A) Prior Year	
instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e 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. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	1	Aggregate fair market value of all non-exempt-use assets (see	A day	A second order and the second of the second	
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	•		11.3728		Commence Service Contract of the service of the ser
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e 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. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	a		1a		
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Net value of non-exempt (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.		0	1b		
d Total (add lines 1a, 1b, and 1c) e 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). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.			1c		
e 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 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.		•	1d		
(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 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.			Section 19		At the second second
2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	•				the property of the party of the state of th
3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	2		. 2		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.			3		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.					
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 Section 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	•		4		
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.	5		5		
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section 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			6		
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1.			7		
Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1.			8		
2 Enter 0.85 of line 1.					Current Year
2 Enter 0.85 of line 1.	1	Adjusted net income for prior year (from Section A. line 8, column A)	1		
			2	wanted and a second of the second	
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3		Minimum asset amount for prior year (from Section B, line 8, column A)	3	No.	
4 Enter greater of line 2 or line 3.			4		£
5 Income tax imposed in prior year 5			5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				West of the second seco	
emergency temporary reduction (see instructions).	9		6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7		_	ated Type III supporting organ	nization (see

Schedule A (Form 990) 2022

instructions).

		WEATHER SHELTER			2-0635347 Page 7	-
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	2 17	-
Sect	ion D - Distributions				Current Year	-
1	Amounts paid to supported organizations to accomplish exe			_1		-
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		-
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		_
4	Amounts paid to acquire exempt-use assets			4		_
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		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 the	he organization is responsive				
	(provide details in Part VI). See instructions.			8		-
9	Distributable amount for 2022 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-2022	ns	(iii) Distributable Amount for 2022	_
1	Distributable amount for 2022 from Section C, line 6	complete services		Dr. Do		
2	Underdistributions, if any, for years prior to 2022 (reason-					
_	able cause required - explain in Part VI). See instructions.	Marine Marine			Maria Sand	2
3	Excess distributions carryover, if any, to 2022			3×6		
	From 2017	the first of the second	A STATE OF THE STA		and the state of the same of	100
	From 2018		September 1980 per project	3.43		
	From 2019	MASS SUBJECTION STORY			"The second of the second	
	From 2020		100.4		1 4 mm 16 11 25 12 27 18	New
	From 2021	Control of the second s	na de la companya de			200
	Total of lines 3a through 3e	•				100
	Applied to underdistributions of prior years				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 m
	Applied to 2022 distributable amount	1912				
	Carryover from 2017 not applied (see instructions)					1000
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,			*		
7	line 7: \$		**************************************	No. of Street, or other parts of the		2000
	Applied to underdistributions of prior years					600
	Applied to 2022 distributable amount	A CONTRACTOR OF THE PARTY OF TH	The second second second second second	中國的理		_
	Remainder. Subtract lines 4a and 4b from line 4.			ec .		1
-5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
U	and 4b from line 1. For result greater than zero, explain in	the second of th				
	Part VI. See instructions.	**				
7	Excess distributions carryover to 2023. Add lines 3j			7 4	A STATE OF THE STA	
7	-					
_	and 4c. Breakdown of line 7:				3700 10000	
8					and the second of the second	10
	Excess from 2018					_
<u>D</u>	Excess from 2019 Excess from 2020					

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022 SISTERS COLD WEATHER SHELTER 32-06353	
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 1 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 D, lines 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 16 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.)	2; etion C, e; Part V,
•	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

GIGNERG COLD WEATHER SHELTER

Employer identification number 32-0635347

SISTERS COLD WEATHER SHELTER	32-0633347
ORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
	AMOUNT:
	217
USINESS EXPENSES	71.
ANK FEES	848.
FFICE	
PERATION EXPENSES	5,438.
INSURANCE	2,032.
PROGRAM EXPENSES	4,216.
TOTAL TO FORM 990-EZ, LINE 16	12,952.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SHELTE	R, ADVOCACY AND
SUPPORT FOR HOMELESS	
TOTAL DEPONIAL BE	NREIT CONTRACTS:
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BE	Z EINDS DIRECTLY
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY	FUNDS, DIRECTELY
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT O	CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PR	REMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	