Form **990-EZ**

EXTENDED TO NOVEMBER 15, 2022 Short Form

Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

		endar year, or tax year beginning	The second	and end	ling	1					
B Check if applicat	t ble: ress change	C Name of organization		property and			D Emp	loyer i	identification	numbe	er
	GT GRAPP C							** ***			
	al return	Number and street (or P.O. box if mail is not delivered to street address)			I	10 10		**-***8655			
Final	I return/ inated	2411 T.VNDATE ATTENTED 2007			Room/s	suite		E Telephone number			
—	ended return	2411 LYNDALE AVENUE NORTH City or town, state or province, country, and ZIP or foreign postal code						612-315-5914			
						01/7			mption		
	cation pending	MINNEAPOLIS, MN 55411						Number >			
	inting Meth								if the		
l Websi	ite: <u>vv</u>	WW.SISTERSNEEDAPLACE.ORG							ed to attach S	Schedul	е В
		us (check only one) $ \times$ 501(c)(3) \times 501(c) () \blacktriangleleft (insert no.)	49	47(a)(1)	or	527	(Foi	rm 990	0).		
		ttion: X Corporation Trust Association	Other				2. Van				
L Add III	nes ob, oc,	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more,	or if tota	l assets (Part I				0.17	-11
Colum	in (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund						> \$		87,	511.
Part I					•						
	Check	if the organization used Schedule O to respond to any question in this Part I							······································		X
1		tions, gifts, grants, and similar amounts received						1		53,	776.
2	Program	service revenue including government fees and contracts						2			795.
3	Member	ship dues and assessments						3	1		
4	Investm	ent income						4			
5 a		mount from sale of assets other than inventory									
b	Less: co	st or other basis and sales expenses	5b								
C	Gain or	(loss) from sale of assets other than inventory (subtract line 5b from line 5a)						5c			
6	Gaming	and fundraising events;						F. A.M.	green and the		
o a	a Gross income from gaming (attach Schedule G if greater than										
Revenue	\$15,000)	6a			- April 1	2.99		a results to		
ě t	Gross in	ncome from fundraising events (not including \$	of cor	ntribution	ributions						
۳	from fundraising events reported on line 1) (attach Schedule G if the sum of such						- A	Je de la companya de			
	gross in	come and contributions exceeds \$15,000)	6b								
	c Less: di	rect expenses from gaming and fundraising events	6c								
(Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d				
78	a Gross s	ales of inventory, less returns and allowances	7a								
ı	b Less: co	ost of goods sold	7b								
(c Gross p	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)						7c			
8	Other re	evenue (describe in Schedule 0)	E S	CHEL	ULE	0		8		32,	940.
9		venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					\triangleright	9	10.5	87,	511.
10		and similar amounts paid (list in Schedule 0)						10			
11		s paid to or for members						11			
ω 12	Salaries	Salaries, other compensation, and employee benefits						12			
2 13	Droface	ional fees and other nayments to independent contractors						13		5,	679.
12 13 14 15	Occupa	ncy, rent, utilities, and maintenance SE	E S	CHEL	ULE	0		14			117.
й 15	Printing	nublications postage and shipping						15			196.
16		xpenses (describe in Schedule 0)	E S	CHEL	ULE	0		16		18,	572.
17		xpenses. Add lines 10 through 16					>	17		33,	564.
18	Excess	Excess or (deficit) for the year (subtract line 17 from line 9)						18			947.
st 19	Net assets or fund balances at beginning of year (from line 27, column (A))										
lss	(must a	(must agree with end-of-year figure reported on prior year's return)						19		118	274.
Net Assets	Other	hanges in net assets or fund balances (explain in Schedule 0)						20			0.
ž 20	Net acc	ets or fund balances at end of year. Combine lines 18 through 20						21		172	,221.
I HA F	or Panerw	ork Reduction Act Notice, see the separate instructions.									Z (2021)

132172 12-08-21

Form **990-EZ** (2021)

33	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this		Yes	No		
	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 0					
34	were any significant changes made to the organizing or governing documents? If "Ves." attach a conformed copy of the amended		-	en se		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	100	X		
35 a	but the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported					
	on mies 2, oa, and 7a, among others)?	35a		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/	A		
C	requirements during the year? If "Yes," complete Schedule C, Part III					
	complete applicable parts of Schedule N	36		х		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
ь	Did the organization file Form 1120-POL for this year?	37b		X		
38 a	the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made					
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9 39a N/A					
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 ·					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit					
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			v		
	of its prior Forms 990 or 990-527 if "Yes," complete Schedule L, Part I	40b		X		
С	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					
	, , ,					
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
	by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
Е	transaction? If "Yes," complete Form 8886-T	40e		X		
41	List the states with which a copy of this return is filed MN					
	The organization's books are in care of ► TUERE TIDWELL Telephone no. ► 612-29	3-60	86			
7L u	Located at ≥ 2411 LYNDALE AVENUE NORTH, MINNEAPOLIS, MN ZIP+4 ≥ 5					
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No		
	account)?	42b		X		
	If "Ves." 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).					
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>		
	If "Voc." 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	NT / 3				
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		_		
		1	es l	No		
	the decision the year? If "Ves." Form 990 must be completed instead of		03 1	10		
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 maintain any deficit determined the year? If "Yes," Form 990 must be completed instead	770		**		
	of Form 990-EZ	44b 44c		<u>X</u>		
	of Form 990-EZ	44c		X		
c d	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	-				
c d	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? Dif "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	44c				
c d	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public

Name of the organization Inspection SISTERS NEED A PLACE (SNAP) **Employer identification number** Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I **-***8655 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (i) Name of supported in your gove (described on lines 1-10 support (see instructions) support (see instructions) Yes organization above (see instructions))

Schedule A (Form 990) 2021
Part II Support Sch (Form 990) 2021 SISTERS NEED A PLACE (SNAP) **-*** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	mater polow, pieds	se complete Fart III	-)			
	ndar year (or fiscal year beginning in)	(a) 2017	(1.) 0040	4.3.0040	4.0.000	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	72,104.	65,833.	19,901.	17,436.	53,775.	229,049.
2	Tax revenues levied for the organ-	,2,101.	03,033.	19,901.	17,430.	33,1130	
	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	And their resistance transport of the endings of the endings of the end of th	the transfer of the second second second	reconstruction design to the			
	the organization without charge						
4	Total. Add lines 1 through 3	72,104.	65,833.	19,901.	17,436.	53,775.	229,049.
	The portion of total contributions		03,033	19,901.			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					and the state of the state of	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			70			
	column (f)		edicine est d'accest à la graphique (en e manifesta (e. 2) no propos de la figil			
6	Public support. Subtract line 5 from line 4.						229,049.
Se	ction B. Total Support					TO STATE OF THE ST	223 / 013 (
Cale	ndar year (or fiscal year beginning in) 🔊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	72,104.	65,833.	19,901.	17,436.	53,775.	229,049.
8	Gross income from interest,						
	dividends, payments received on		and the second s				ath eater again to the property of
	securities loans, rents, royalties,						the first of the section of the sect
	and income from similar sources						The second of the second of the second
9	Net income from unrelated business		75155718				
	activities, whether or not the						and the second second
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			Marie Carlos Carros de Carlos conseguentes de Santos Carlos Carlo	manager of the second	the state of the section with a section of the	
11	Total support. Add lines 7 through 10			a de la estado	0.00		229,049.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	223,043.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax v	ear as a section F	501(c)(3)	
47	organization, check this box and stop	here				A company of the comp	
	ction C. Computation of Publi		centage				
14	Public support percentage for 2021 (li	ne 6, column (f), di	ivided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2020 Schedule A, Part II, line 14						100 00 %
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	Ore check this bo	100.00 %
	stop here. The organization qualifies	as a publicly suppo	orted organization				- TT
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more check the	► X
	and stop here. The organization quali	ities as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	neck a box on line	13.16a or 16h	and line 14 :- 100/	
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Par	VI how the error	or more,
	meets the facts-and-circumstances te	st. The organizatio	in qualifies as a pul	Oliciv supported or	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13. 16a 16b or	170 and live 45 :	
	more, and if the organization meets th	ie racis-ariu-circum	istances test, chec	K this box and st	op here. Explain	in Port VI have the	10% or
	organization meets the facts-and-circu	imstances test. In	ie organization qua	lifies as a publicly	SUpported organ	!a!	The state of the s
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a. or 17h	. check this have	and one is	▶□
		n family said some titles.			, shook this DOX i		
						Schedule A	A (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

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.

2021

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number **-***8655 SISTERS NEED A PLACE (SNAP) FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: RENT 32,940. FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: DESCRIPTION OF EXPENSES: AMOUNT: DEPRECIATION 3,348. OTHER EXPENSES 5,769. TOTAL TO FORM 990-EZ, LINE 14 9,117. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK SERVICE CHARGES 6. MISCELLANEOUS 4,270. MEALS AND ENTERTAINMENT 183. WEBSITE 1,219. FUNDRAISING EVENTS AND SUPPLIES 129. OFFICE SUPPLIES 2,023. INSURANCE 4,637. CONTRACT LABOR 400. PAYROLL TAX 25. LEGAL FEES 1,822. ADVERTISING 673. OFFICE EXPENSES 1,833. RENT 342. EDUCATION 1,010. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.