Extended to November 15, 2019

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2018 calendar year, or tax year beginning and	ending	·	
В	Check if applicabl	C Name of organization		D Employer identific	ation number
	Addre chang Name	Seattle housing and Resource Ellort		01 15	577965
닏	chang	e Doing business as	D (. 1.		01/900
느	return	, and the second	Room/suite	E Telephone number	140 7000
<u> </u>	Final return. termin				1,276,788
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
누	return	Seattle, WA 30111		H(a) Is this a group ref	
┖	tion pendii	F Name and address of principal officer CI dz Valencini	0	for subordinates?	
_		same as C above	-	H(b) Are all subordinates in	
	_	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 1 527	1	ist (see instructions)
		te: www.sharewheel.org	1 1	H(c) Group exemption	
	orm of	organization: X Corporation	L Year	of formation: 1990 M	State of legal domicile: WA
		Briefly describe the organization's mission or most significant activities Seatt	tle Ho	using and Re	esource
Governance		Effort (SHARE) was incorporated with the			
nar		Check this box If the organization discontinued its operations or dispose			
Ver		Number of voting members of the governing body (Part VI, line 1a)	300 01 111010	3	8
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	35
ij		Total number of volunteers (estimate if necessary)		6	0
ţ	72	Total unrelated business revenue from Part VIII, column (C), RECEIVED		7a	0.
ĕ		Net unrelated business taxable income from Form 990 I line 38	70	7b	0.
	-		RS-OSC	Prior Year	Current Year
4.	8	Contributions and grants (Part VIII, line 1h)	\ <u>\</u>	1,379,262.	1,257,731.
μ	1 -		그때 -	21,100.	19,057.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	1	0.	0.
æ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,400,362.	1,276,788.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		633,066.	748,208.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	91.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		527,306.	627,234.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,160,372.	1,375,442.
	1	Revenue less expenses Subtract line 18 from line 12		239,990.	-98,654.
or es	1.0	Hovelide loop expenses education into the many time.	Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		321,558.	283,608.
Ass	21	Total liabilities (Part X, line 26)		5,000.	65,704.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		316,558.	217,904.
Pi	art II	Signature Block	•		
Und	€ 2 0ena	lities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
		t, and complete Declaration of preparen (other than officer) is based on all information of wh			
	ಣ	(C) (V) (V)			
Sıg	n=	Signature of officer		Date	7 2010
		Cruz Valentin, Vice-President		Clua	1,0019
	ري ا	Type or print name and title			
	_	Print/Type preparer's name Preparer's signature	」 (/)[Tate / Check	PTIN
Paid	냶	Laura Lindal Kluw Lind		27/9 if self-employed	P01267403
	parer	Firm's name Laura Lindal		Firm's EIN	26-3824391
	Only	Firm's address 5509 Canvasback Rd			_
	¥	Blaine 98230		Phone no. 206	5.734.8134
Ma	y thể II	RS discuss this return with the preparer shown above? (see instructions)		<u> </u>	Yes No
	الراب . 12-3 101		ons.		Form 990 (2018) (

See Schedule O for Organization Mission Statement Continuation

		<u> 1577965</u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	Seattle Housing and Resource Effort (SHARE) was incorporate	<u>d with t</u>	<u>he</u> _
	purpose to assist homeless men and women to acquire jobs an	d to	
	educate the general community about the problems of homeles	sness.	
	SHARE is managed and its activities are carried out by home		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses	ı
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4a	(Code) (Expenses \$ 1,126,058. including grants of \$) (Revenue \$		
	SHARE is one of the largest shelter networks in King County	with.	
	operating 15 indoor shelters and 3 tent cities for homeless		
	women in Seattle. Some of the shelter sites are used for the		
	utilities and related liability insurance. Coffee and food		
	provided at the shelters which is generally donated.		
	provided at the bhoreers which is generally achieved.		
			
			
4b	(Code) (Expenses \$35,911. including grants of \$) (Revenue \$	19	057.)
	SHARE also operates a storage locker program and a housing-		
	program called SHARE2.	<u> </u>	
	program ourrest binarias		
			
			_
			_
			_
4c	(Code) (Expenses \$3 , 623 • including grants of \$) (Revenue \$		
	Since 2003, the Homeless Remembrance Project, a collaborative	ve effor	t of
	homeless women of WHEEL, faith community leaders, designers		
	social service providers and other friends has worked to cre		
	of hope, healing, and beauty to honor and remember homeless		
	who've died in King County. Leaves of Remembrance on Seattle		lks
	bear the names of those who have died, and at the site Falle		
	share their stories.	Deave.	<u> </u>
	DIGITO ONOTE DOOLEDS!		
	Other program services (Describe in Schedule O)		
→u		1	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 1,165,592.		
<u> 76</u>	Total program control expenses 2 1 2 2 2 3 2 3 2 4	Form Q(90 (2018)
		1 01111 00	- (2010)

Seattle Housing and Resource Effort Form 990 (2018) Part IV Checklist of Required Schedules Yes_ No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes." complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18

832003 12-31-18

19

20a

20b

X

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

complete Schedule G. Part III

rai	Checkist of nequired Schedules (continued)			Τ
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ŀ		
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease]		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	!	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
0.4	·	00		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- T
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	۱		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3.5
	If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No_
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	X	<u> </u>
832004	4 12-31-18	Form	990	(2018)

	990 (2018) Seattle Housing and Resource Effort 91-1577	<u>965</u>	Р	age \$
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			١
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 35	1 ⁻		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	The state of the s	<u>5</u> b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	16.1	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
•	sponsoring organization have excess business holdings at any time during the year?	8	`	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O			
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
IJ	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		х
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Form **990** (2018)

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

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

If "Yes," complete Form 4720, Schedule O

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	.		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			~~ <i>-</i>
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	·8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? People in School II. Of the process of any used by the organization to review this Form 990.	11a	Λ.	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		^
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		-
C	In Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		X
1 4 15	Did the process for determining compensation of the following persons include a review and approval by independent			 **
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Neal Blum - 206.448.7889 PO Box 2548. Seattle WA 98111			
	EL 1914 A 180 . GEOLLIE WA 70111			

832006 12-31-18

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	Position (do not check more than on box, unless person is both officer and a director/truste			l than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	or 를	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Anitra Freeman	4.00									
President		X		X				_0.	0.	0,
(2) Cruz Valentin	2.00									
Vice President		X		X				0.	0.	0.
(3) Sam Roberson	2.00									
<u>Director</u>		X						0.	0.	0.
(4) Ion Gardescu	2.00					_				
<u>Director</u>		X	<u> </u>					0.	0.	0.
(5) Alex Finch	2.00									
Director		X				<u> </u>		0.	0.	0.
(6) Kelly Lyons	2.00									
Director		X						_0.	0.	0.
(7) Sean Smith	2.00					ŀ			_	
Director		X						0.	0.	0.
(8) Michael Van Vleet	2.00							_	_	_
<u>Director</u>		X					_	0.	0.	0.
		ł								
		├	-							
	<u>_</u>									
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Form **990** (2018)

I GI	Section A. Onicers, Directors, Trus	tees, Ney Em	DION	ees,	, and	O LI	gne	SIL	ompensated Employe	es (continued)			
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Estima	
		hours per	Ďох	, unle	ss pe	rson	is bot	h an	compensation	compensation		amoun	
		week	-	Jer an	o a d	" ecic	r/trus	(69)	from	from related		othe	
		(list any hours for	rect						the organization	organizations (W-2/1099-MISC		compens from t	
		related	6 01 0	ig .			sated		(W-2/1099-MISC)	(00-2/1099-101130		organiza	
		organizations	ruste	ll trus		 25	mpen		(***271033*****1000)			and rela	
		below	dualt	trona	_	l ge	st col	a			(organiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
						_							
			1										
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		<u></u>			,						_		
1b	Sub-total							>	0.		0.		0.
C	Total from continuation sheets to Part Vi	I, Section A						>	0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wr	o re	eceived more than \$100	,000 of reportable			
	compensation from the organization												0
											_	Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									Ŀ	3	X
4	For any individual listed on line 1a, is the su	ım of reportabl	le co	mpe	ensa	ition	and	otl	her compensation from	the organization		.	
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4	X
5	Did any person listed on line 1a receive or a	accrue comper	nsati	on f	rom	any	unr	elat	ed organization or indivi	dual for services			J .,
	rendered to the organization? If "Yes, " com	plete Schedule	e J f	or su	ich į	pers	on		-		!	5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated ind	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensatio	on from	
	the organization Report compensation for												
	(A)								(B)			(C)	
	Name and business	address	NC	NE	C				Description of s	ervices	Com	npensati	on
		-											
								ĺ					
								Ì	·	-			
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	-											-	
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								\dashv				·	
	Total number of independent contractors to	noludina but =	ot le	nut a	4 + ~	tha	20 1:0	+~~	Labova) who recovered m	ore than			
2	Total number of independent contractors (ii	_	OL III	ıntet	J (0	_		ied	i abovej who received it	iore man			i
	\$100,000 of compensation from the organization	zation				(000	/0.04.0\
											FO	rm 990	(2018)

Gifts, Grants lar Amounts

Program Service Revenue

Other Revenue

0

788

e Total. Add lines 11a-11d

Total revenue See instructions

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		<u>-</u> -		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	5.50 004	400 455	<u> </u>	11 000
7	Other salaries and wages	560,994.	482,455.	67,319.	11,220.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	107 020	00 010	12.060	2 14E
9	Other employee benefits	107,232.	92,219.	12,868.	2,145. 1,600.
10	Payroll taxes	79,982.	68,784.	9,598.	1,000.
11	Fees for services (non-employees)	44 254	44 254		
а	Management	44,254.	44,254.	68,878.	
þ	Legal	68,878. 10,355.		10,355.	
C	Accounting	10,333.		10,333.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Other (If line 11g amount exceeds 10% of line 25,			-	
g	column (A) amount, list line 11g expenses on Sch 0	57.	57.		
40	Advertising and promotion	37.	<u> </u>		
12	Office expenses				
13 14	Information technology				
15	Royalties		- '		
16	Occupancy	237,537.	233,637.	3,900.	
17	Travel	201,0011			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,001.	5,001.		
23	Insurance	12,596.	10,832.	1,512.	252.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	m	134,676.	134,676.		
b	Supplies	47,393.	38,635.	7,882.	876.
c	Repairs and maintenance	44,461.	38,237.	5,335.	889.
d	Telephone	15,464.	13,299.	1,856.	309.
_	All other expenses	6,562.	3,506.	3,056.	
25_	Total functional expenses. Add lines 1 through 24e	1,375,442.	1,165,592.	192,559.	17,291.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		_		

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 22,997. 147,369 1 Cash - non-interest-bearing 1 21,319. 0. 2 Savings and temporary cash investments 2 149,258. 210,211. 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 8 Inventories for sale or use 14,684. 5,533. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 94,509 basis Complete Part VI of Schedule D 10a 14,397. 80,112 19,398. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 321,558 283,608. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 65,704. 5,000. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 5,000. 65,704. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 194,772. 314,494. 27 Unrestricted net assets 27 2,064. 23,132. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31

> 283,608. Form 990 (2018)

217,904.

32

33

316,558.

321,558.

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2018) Seattle Housing and Resource Effort	91-1	15 <u>77965</u>	Pag	յе 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,276		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,375		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>54.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	316	<u>5,5</u>	<u>58.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	217	, <u>9</u>	<u>04.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				}
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			لـــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a			, ,
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		-		لـــا
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis		-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			ı
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ıgle Audı			
•	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audi			
	or audits, explain why in Schedule O and describe any stens taken to undergo such audits		36	1	

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

Ope

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

91-1577965 Seattle Housing and Resource Effort Part I Reason for Public Charity Status (All organizations must complete this part) See instructions 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). 1 A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ)) 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, city, and state 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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 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) 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2018 Seattle Housing and Resource Effort 91-1577965 Page 2

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016_	(d) 2017	(e) 2018_	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	718,743.	862,607.	1,027,212,	1,379,262,	1,257,731.	5,245,555.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	718,743.	862,607.	1,027,212,	1,379,262,	1,257,731.	5,245,555,
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						5 245 555
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	718,743.	862,607.	1,027,212,	1,379,262.	1,257,731,	5,245,555,
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						
	assets (Explain in Part VI)	1,169.	1,402.				2,571.
11	Total support. Add lines 7 through 10				-		5,248,126,
	Gross receipts from related activities,	etc (see instruction	ons)	ļ		12	95,502.
	First five years. If the Form 990 is for			d. fourth, or fifth ta	x vear as a sectio		
	organization, check this box and stor	J	,,	-, ,	,		ightharpoons
Sec	ction C. Computation of Publ		rcentage		<u>-</u>		
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.95 %
	Public support percentage from 2017					15	99.87 %
	33 1/3% support test - 2018. If the			n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	k and
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
b	33 1/3% support test - 2017. If the	• • •	_		line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	-					▶□
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					ŭ	ightharpoons
ь	10% -facts-and-circumstances tes	=			-	7a, and line 15 is 1	0% or
-	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						. ▶□
	· · · · · · · · · · · · · · · · · · ·				0.1	1.1. A /F 000	- 000 F7) 0040

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 Se Part III Support Schedule for O	eattle Ho	using and	Resource	Effort	91-15	77965 Page/3
(Complete only if you checked	-				Part II If the organ	nization fails to
qualify under the tests listed be			organization laneo	1 to quality under 1	art ii ii tilo organ	inzulion lailisto
Section A. Public Support	iow, piodos com	proto i dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not					/	
include any "unusual grants ")			<u> </u>			
2 Gross receipts from admissions,						·
merchandise sold or services per-						•
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose				<u> </u>	/	-
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				/	<u> </u>	+
5 The value of services or facilities						
furnished by a governmental unit to				1		
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						<u> </u>
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support				<u> </u>		,
Calendar year (or fiscal year beginning in)	(a) 2014	(6) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,	/					1
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	/					ļ
c Add lines 10a and 10b	/					- -
11 Net income from unrelated business activities not included in 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						1
assets (Explain in Part VI)						-
13 Total support (Add lines 9, 10c, 11, and 12)				l <u>.</u>	5044)(0)	
14 First five years. If the Form 990/is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organ	ization,
check this box and stop here / Section C. Computation of Public	Support Pa	rcentage				
15 Public support percentage for 2018 (lir			column (fl)		15	%
16 Public support percentage from 2017			Column (1))		16	
Section D. Computation of Invest						
17 Investment income percentage for 201			ne 13. column (fl)		17	%
18 Investment income percentage from 20			10 10, 00.01111 (1))		18	<u> </u>
19a 33 1/3% support tests - 2018. If the c			on line 14, and line	e 15 is more than ?		
more than 33 1/3% check this box an						▶□
b 33 1/3% support tests - 2017. If the o						and
line 18 is not more than 33 1/3%, chec						. —
20 Private foundation. If the organization		•				
332023 10-11-18						0 or 990-EZ) 2018

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations		V	
	A collection of the control of the c		Yes	No
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	1		
_	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	2		
2-	organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
3a		3a		
	(b) and (c) below Did the executation confum that each supported executation qualified under continue 501(c)(4) (5) or (6) and	Ja		
D	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	3b		
_	organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35		
C	- · · · · · · · · · · · · · · · · · · ·	3c		
4	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	<u>3c</u>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	40		
D	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	4b		
_	despite being controlled or supervised by or in connection with its supported organizations .	40		
С	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)			
		4c		
- -	purposes Did the expensation add, substitute, or remove any supported expensations during the tay year? If "Ves."	40		i
эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a		ļ ———i
	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
b	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
C	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
6	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			
		6		
-	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
7	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a		-		
94	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.	9a	r	
b		<u> </u>		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	I	
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		1
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	- 30		
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			. !
	supporting organizations)? If "Yes," answer 10b below	10a		J
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104		
D	Did the diganization have any excess business holdings in the tax year. (Ose deficution, Furth 4720, to			

10b

determine whether the organization had excess business holdings)

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

6

instructions)

emergency temporary reduction (see instructions)

	edule A (Form 990 or 990-EZ) 2018 Seattle Housi rt V Type III Non-Functionally Integrated 509			91-1577965 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposition	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which ti	he organization is responsiv	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			•
<u>a</u>	From 2013			1
<u>b</u>	From 2014			
c	From 2015			
<u>d</u>	From 2016			1
<u> e</u>	From 2017			
<u>f</u>	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			<u> </u>
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			1
	line 7 \$			<u> </u>
<u>a</u>	Applied to underdistributions of prior years			<u> </u>
	Applied to 2018 distributable amount			,
<u> </u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			i
	and 4c			1
8_	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017		· · · · · · · · · · · · · · · · · · ·	
_	Evonce from 2018			1

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018 Se	<u>attle Hous</u>	ing and	Resource	<u>Effort</u>	<u>91-1577965 Page 8</u>
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	I Informati Ines 1, 2, 3b Ition D. lines 2	on. Provide the exposite of the control of the co	planations requ 9a, 9b, 9c, 11a, tion E. lines 1c.	ired by Part II, line 11b, and 11c, Par . 2a. 2b. 3a, and 3b	10, Part II, line 17a of t IV, Section B, lines o, Part V, line 1, Part	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
	Section D, lines 5, (See instructions)	6, and 8, and	Part V, Section E, I	ines 2, 5, and 6	Also complete th	is part for any additi	onal Information
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection Employer identification number

Name of the organization

91-1577965 Seattle Housing and Resource Effort

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	ımpermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	cion's financial statements that describes	the organization's accounting for
Da	t III Organizations Maintaining Collections of	Art Historical Treasures or C	Other Similar Assets
Pai	Complete if the organization answered "Yes" on Form		Aller Sillina Assets.
			mont and halance cheet works of art
та	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	· · · · · · · · · · · · · · · · · · ·	ance of public service, provide, in Fart Alli,
	the text of the footnote to its financial statements that describ		it and halance sheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
		ducation, or research in furtherance of po	blic service, provide the following amounts
	relating to these items		•
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	nource or other emiler assets for financia	
2	If the organization received or held works of art, historical trea		ai gain, provide
	the following amounts required to be reported under SFAS 11	to (ASC 330) relating to triese items	• \$
a	Revenue included on Form 990, Part VIII, line 1		▶ \$ ▶ \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Seattle t III Organizations Maintaining C	Housing a								Page 2
3										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e								
c	Preservation for future generations	ū								
4	Provide a description of the organization's co	ollections and explain	n how th	nev further ti	he organizati	on's exe	mot purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of									
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran					"Yes" on	Form 990	D. Part IV.		
	reported an amount on Form 990, Pa	-		. .	.,				•	
	Is the organization an agent, trustee, custod	an or other intermed	liary for	contribution	ns or other as	sets not	ıncluded			
14	on Form 990, Part X?		,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table						
	Too, explain the arrangement with arrangement								Amount	
С	Beginning balance						1c	_		
ď	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or cu	ustodial acco	ount liabil			Yes	□ No
	If "Yes," explain the arrangement in Part XIII								_ ,	
Pai										
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears back
4.	Reginning of year balance	(a) Ourient year	(6)	noi yeai	(c) 1wo yea	13 Buok	(4) 111100	Julio Buon	(0) 1 00.	rouio baox
1a	Beginning of year balance				-				_	
b	Contributions						-			
С.	Net investment earnings, gains, and losses							-		
đ	Grants or scholarships	_								
е	Other expenditures for facilities									
	and programs									
Ť	Administrative expenses									
g	End of year balance		. ()	! (-	<u> </u>					
2	Provide the estimated percentage of the curr			g, column (a	a)) neid as					
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administe	ered for t	ne organiz	zation	Γ.	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		_						3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part I							
	Description of property	(a) Cost or o		(b) Cost			ccumulate		(d) Book	value
		basis (investr	nent)	basis	(other)	de	oreciation			
1a	Land									_
b	Buildings								_	
С	Leasehold improvements									
d	Equipment			9	4,509.		80,1	12.	14	<u>.,397.</u>
<u>e</u>										
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	'0c)				14	<u>.,397.</u>

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Seattle Housing a Part XI Reconciliation of Revenue per Audited Fina	ncial Statements With Revenue	e per Return	,
Complete if the organization answered "Yes" on Form 990), Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial state	tements	1_1_	1,276,788.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	2		
 a Net unrealized gains (losses) on investments 	2a ·		
b Donated services and use of facilities			
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		•
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3_	1,276,788.
4 Amounts included on Form 990, Part VIII, line 12, but not on line	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	I		
b Other (Describe in Part XIII)	4b		^
c Add lines 4a and 4b		4c	1 056 500
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa		5	1,276,788.
Part XII Reconciliation of Expenses per Audited Fin		ses per Hetur	n.
Complete if the organization answered "Yes" on Form 990), Part IV, line 12a		4 255 442
1 Total expenses and losses per audited financial statements		1	1,375,442.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities			,
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	1,375,442.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, I	Part I, line 18)	5	1,375,442.
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, an	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, an	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, an	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, an	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, and	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, Part III, lines 3, and 9, an	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, and	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, an	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, an	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, Part III, lines 3, and 9, Part III, lines 3, and 9, and	nes 1a and 4, Part IV, lines 1b and 2b, Pa		
	nes 1a and 4, Part IV, lines 1b and 2b, Pa		

SCHEDULE 0 (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Seattle Housing and Resource Effort

Employer identification number 91-1577965

Form 990, Part I, Line 1, Description of Organization Mission:
men and women to acquire jobs and to educate the general community
about the problems of homelessness. SHARE is managed and its
activities are carried out by homeless individuals and as such is a
self-help group rather than a social service organization. The Women's
Housing Equality and Enhancement League (WHEEL) provides shelters for
women and works to get women out of the places where they have been
hiding, recognize each woman as an individual, and involve them in the
process of improving and creating programs to meet their own needs.
SHARE has been working for over two decades to eradicate homelessness
and empower homeless people.
Form 990, Part III, Line 1, Description of Organization Mission:
individuals and as such is a self-help group rather than a social
service organization. The Women's Housing Equality and Enhancement
League (WHEEL) provides shelters for women and works to get women out
of the places where they have been hiding, recognize each woman as an
individual, and involve them in the process of improving and creating
programs to meet their own needs. SHARE has been working for over two
decades to eradicate homelessness and empower homeless people.
decades to eradicate nomeressness and empower nomeress people:
Form 990, Part VI, Section B, line 11b:
The Form 990 is reviewed by the Administrator and Contract Administrator
for approval before filing.

Form 990, Part VI, Section C, Line 19:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization Seattle Housing and Resource Effort	Employer identification number 91-1577965
Desuments are socilable was request	
Documents are available upon request.	
Form 800 Bont VII Line 20.	
Form 990, Part XII, Line 2c:	
The Board assumes responsibility for the oversight of the	e audit and the
selection of the auditor.	
	
•	