### 990 Form 990 (Rev January 2020)

Department of the Treasury

Internal Revenue Service

Extended to November 16, 2020

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.

2019

Open to Public Inspection

м г	or the	2019 calendar year, or tax year beginning and	enaing		
B c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Address change Name	Seattle Housing and Resource Elloit		01 15770	<i>C</i>
느	_change _Initial	Doing business as		91-15779	
<u>_</u>	_return	,	Room/suite	E Telephone number	
	JFinal return/	PO Box 2548		206.448.	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u>970,362.</u>
	]Amende return	Seattle, WA 98111		H(a) Is this a group re	
	Applica	Finallie and address of principal officer Affice at 1 - 11 CCMary	0	for subordinates	<sup>2</sup> Yes X No
	pending	same as C above		H(b) Are all subordinates in	ncluded? Yes No
l T	ax-exe	mpt status X 501(c)(3)	r / 527	If "No," attach a	list (see instructions)
		e:▶ www.sharewheel.org		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation, 1992 N	State of legal domicile: WA
		Summary			
		Briefly describe the organization's mission or most significant activities Sealt	le Ho	using and R	esource
Activities & Governance		Effort (SHARE) was incorporated with the			
nai	_	Check this box  if the organization discontinued its operations or dispos			
ver		Number of voting members of the governing body (Part VI, line 1a)		3	9
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)		4	9
త				5	20
ţĔ		otal number of individuals employed in calendar year 2019 (Part V, line 2a)		6	0
ξ	_	otal number of volunteers (estimate if necessary)			0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	bι	Net unrelated business taxable income from Form 990-T, line 39		7b	
e T			-	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		1,257,731.	953,504.
ē		Program service revenue (Part VIII, line 2g)	<u> </u>	19,057.	16,858.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.	0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,276,788.	970,362.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		748,208.	525,383.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	bΤ	otal fundraising expenses (Part IX, column (D), line 25)	<u>10.                                      </u>		
ш	17 (	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		627,234.	<u>595,080.</u>
	18 T	otal expenses Add lines 13-17 (must equal Part IX, colon (A) (17)	<b>,</b> L	1,375,442.	1,120,463.
	19 F	Revenue less expenses Subtract line 18 from line 12		-98,654.	<u>-150,101.</u>
Vet Assets or und Balances			Be	ginning of Current Year	End of Year
sets	20 1	otal assets (Part X, line 16)		283,608.	144,009.
AB B	21 7	otal liabilities (Part X, line 26)		65,704.	76,206.
훒	22 N	let assets or fund balances Subtract line 21 from line 26 DFN 117		217,904.	<u>67,803.</u>
	rt II	Signature Block			
Unde	er penal	lies of perjory, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			
		Mulla L. TOCHOU -			
Sıgı	,	Signature of officer		Date	
Her	1	Anitra L. Freeman, President			
		Type or print name and title		<u> </u>	
		Print/Type preparer's name Preparer's signature	1	ate Check	X PTIN
Paid		Laura Lindal Laura Lund	$\mathcal{M}$	//14/20th self-employed	P01267403
Prep		Firm's name Laura Lindal	<del></del>		26-3824391
Use		Firm's address 5509 Canvasback Rd			<u> </u>
		Blaine 98230		Phone no. 20	6.734.8134
Mar	* ID	S discuss this return with the preparer shown above? (see instructions)		1	Yes No

Form		<u>-1577965</u>	Page 2
Par	rt 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 incorporat		ne
	purpose to assist homeless men and women to acquire jobs a	<u>.nd to</u>	
	educate the general community about the problems of homele	ssness.	
	SHARE is managed and its activities are carried out by hom	eless	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on the	ا	37
	prior Form 990 or 990-EZ?	∟ Yes	X No
	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	LAL 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 mean		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ie totai expenses,	ano
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 642,525. including grants of \$) (Revenue \$) Revenue \$)  SHARE is one of the largest shelter networks in King Count	with	
	operating 15 indoor shelters and 3 tent cities for homeles	g men and	
	women in Seattle. Some of the shelter sites are used for	the cost	of
	utilities and related liability insurance. Coffee and foo		<u> </u>
	provided at the shelters which is generally donated.	<u>u_ure</u>	
	provided at the sherters which is generally donated.		
		<del>_</del> ·	
4b	(Code) (Expenses \$		)
	The Women's Housing Equality and Enhancement League (WHEEL	) is a	
	non-profit and non-hierarchical group of homeless and form	erly home	less
	women working on ending homelessness for women in Seattle		
	County. WHEEL is all about empowerment and action. WHEEL w		
	women out of the places where they have been hiding, recog	<u>nize each</u>	<u> </u>
	woman as an individual, and involve women in the process o	<u>f improvi</u>	ng
	programs and creating new programs for their own needs. WH		ls
	are to give voice and leadership to homeless women, to org		
	campaigns around increased services and safety for women,	and to	
	develop and support self-managed shelters.		
			1.
	Since 1993, WHEEL has initiated many campaigns that have i		<u>ne</u>
4c	(Code) (Expenses \$2,934. including grants of \$) (Revenue \$)		)
	Since 2003, the Homeless Remembrance Project, a collaborat		
	homeless women of WHEEL, faith community leaders, designer		
	social service providers and other friends has worked to c		ces
	of hope, healing, and beauty to honor and remember homeles who've died in King County. Leaves of Remembrance on Seatt	le cidewa	1 k c
	bear the names of those who have died, and at the site Fal		
	share their stories.	Ten neave	D WC
	Share cherr scories.		
4d	Other program services (Describe on Schedule O )		
	(Expenses \$ 28,191. including grants of \$ ) (Revenue \$ 16	,858.)	
	Total program service expenses ► 940,695.		
		Form 9	90 (2019)
932002	See Schedule O for Continuation(s)		
	3		

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>_</b>		
8		8		x
_	Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
40	If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		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	4 4 4		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Α
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
_	Schedule D, Parts XI and XII  Was the experience and understand understand and property sudited financial statements for the tax year?	IZa	_	- 21
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		Х
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an office, employees, or agents outside of the Office States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ind		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1.7		-41
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		47
19		19		х
00-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government out i art in, column (vy) inte 1. Il. 163, complete ochedale i, narts i and il. Illiano, illiano illiano, illiano	_ 4 1		47

Form	990 (2019) Seattle Housing and Resource Effort 91-157	<u> 7965</u>	<u>Р</u>	age 4
Pai	rt IV Checklist of Required Schedules (continued)		r	
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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			١
	Schedule J	23	-	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		l	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K If "No," go to line 25a	24a	<del> </del>	Х
	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	<b></b>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	├──	
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b	1	х
00	Schedule L, Part I	230	<b>-</b>	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ļ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		,	
	Part V, line 1	34		X
35 a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
n -	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		\	<u> </u>
		,	Yes	No
1a		<u>3</u>		
b	Little the Hallest of the Hall State of the Landston in the La	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? Form **990** (2019) 932004 01-20-20

	- Control of the cont									
		<u> </u>	Yes	No						
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return  2a 20									
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		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ 						
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		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)									
<b>-</b> -		 5а		X						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
b	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	- 00								
Va	any contributions that were not tax deductible as charitable contributions?	6a		_ x _						
ь	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).		_							
a	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		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
c	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									
е	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?	7 <u>g</u>								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			i						
	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								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter									
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b									
ь 11	Section 501(c)(12) organizations. Enter			1						
''	Gross income from members or shareholders			ĺ						
h	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them)									
12a	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.									
а	is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			~-						
	excess parachute payment(s) during the year?	15		_X						
	If "Yes," see instructions and file Form 4720, Schedule N									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>						
	If "Yes," complete Form 4720, Schedule O	Form	990	(2019)						
		1 0111		(4013)						

Part VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions

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

Sec	tion A. Governing Body and Management											
			· <u> </u>			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
. b	Enter the number of voting members included on line 1a, above, who are independent	1b		9								
. 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other									
	officer, director, trustee, or key employee?											
3												
_	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5												
6												
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	nioac	t one or				X					
•	more members of the governing body?				7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	ĺ								
_	persons other than the governing body?		, -		7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar bv t	he following:	l								
а		, ·			8a	X						
b	Each committee with authority to act on behalf of the governing body?			l	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	ĺ								
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code )									
			···· /·			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napte	rs, affiliates,	[								
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the f	orm? [	11a	Х						
b												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	{	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," a	lescribe									
	in Schedule O how this was done			-	12c							
13	Did the organization have a written whistleblower policy?			- [	13		X					
14	Did the organization have a written document retention and destruction policy?			[	14		X					
15	Did the process for determining compensation of the following persons include a review and approva	al by i	ndependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1								
а	The organization's CEO, Executive Director, or top management official				15a		X					
b	Other officers or key employees of the organization			[	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	with a									
	taxable entity during the year?			Į	16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its i	participation				]					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's									
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶ None											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 99	0-T (Section 5	01(c)(3)	s only	) avaıla	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	on S	chedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest po	olicy, and	finar	icial						
	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 book	oks a	nd records 🕨									
	<u>Neal Blum - 206.448.7889</u>											
	DO Do 2549 Cootto WX 00111											

932006 01-20-20

Form 990 (2019)	Seattle	Housing a	and	Resource	Eff

91-1577965

Page 7

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	t 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. See instructions for the order in which to list the persons above

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

(A)  Name and title	(B) Average hours per	(do	not c	Pos heck	C) ition more irson	1 than is bot	one h an	( <b>D)</b> Reportable	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated complexed complexed		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Anitra Freeman	4.00	1								
President		X		X				0.	0.	0.
(2) Cruz Valentin	2.00									
Vice President		X		X				0.	0.	0.
(3) Sam Roberson	2.00									
Director		X						0.	0.	0.
(4) Ion Gardescu	2.00									
Director	1	X						0.	0.	0.
(5) Alex Finch	2.00									
Director		Х						0.	0.	0.
(6) Kelly Lyons	2.00									
Director		X						0.	0.	0.
(7) Sean Smith	2.00									
Director		X						0.	0.	0.
(8) Michael Van Vleet	2.00			1						
Director		X						0.	0.	0.
(9) Christoper Anderson	2.00					İ				
Director		X						0.	0.	0.
	+				<u> </u>					1
					-					<del></del> -
		_								
		_								
					_					
	<u> </u>								<u> </u>	

Form 990 (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

ELM	(ră Aî								. ,	,
······································	· · ·	Check if Schedule O	cont	ains a resp	onse	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ifts, Grants ar Amounts	, t	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations 11a 1b 1c 1d			· · ·					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (conti All other contributions, gifts, similar amounts not included	gran I abo	ts, and ve 1f	<b>.</b>	853,761. 99,743.				
and	. ç	Noncash contributions included in Total. Add lines 1a-1f	ı lines	1a-1f <b>1g</b>	Φ	•	953,504.			
	<u> </u>					Business Code	De la missa		P. BARREY	SALAWAH!
e	ž, a	Participant f	ee	s		624200	16,858.	16,858.	1 1	*
Program Service Revenue	t c	<u> </u>			_					-
Re	•						_		<del>-</del>	P
P.	f	All other program service	řeve	nue						r
		Total. Add lines 2a-2f				<b>&gt;</b>	16,858.			NEW WEEK
	3 -	Investment income (included other similar amounts)	_			<b>&gt;</b>				, , , , , , , , , , , , , , , , , , ,
.	4 5	Income from investment of tax-exempt bond Royalties				oroceeas -	_		-	
	Ð	noyalles	Г	(ı) Rea	1	(II) Personal				THE STATE OF THE STATE OF
	6 a	Gross rents	6a							<b>然,我们还没有</b>
	t	Less, rental expenses	6b							
.	c	: Rental income or (loss)	6с				5.特拉拉尔克4.5			
		Net rental income or (loss	·)	1 0 0		<b>•</b>	7 . 10 . mer . 155 . d. 3	المراجع الإستان المراجع	المحرام المواطنين برعانيور بالمناز المحود	و ۱۹۵۳ د سود د درس
	7 a	Gross amount from sales of		(ı) Secur	ties	(II) Other				
		assets other than inventory	7a							
<u>.</u>	t	Less cost or other basis and sales expenses	, 7b		, .	,	NAME OF STREET			
enc		Gain or (loss)	7c							
Revenu	,	Net gain or (loss)	<u></u>			<b></b>		, , , , , , , , , , , , , , , , , , , ,		
Other	8 a	Gross income from fundraisi	ng ev	rents (not						
		contributions reported on	line	1c) See		,				
		Part IV, line 18			8a	,				
-	k	Less direct expenses Net income or (loss) from	fund	traising eve	8b	* • •	が作為表本を表。等"100m (第2 m 4 m 58)		Frankling Trib Endlike Frankling Affr	30 ft. 19720 20 20 20 20 20 20 20 20 20 20 20 20 2
	'9 a			•			Andrew Cana	With Milk	NYKATE 是最初	<b>建设设置地设计</b>
	,	Part IV, line 19	.g		9a					
,	t	Less direct expenses			9b			79. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	部 类似远离	HARANGE HA
	c	Net income or (loss) from			es	<b>&gt;</b> _	P Paga 2 CO B. JA 2 Y NOW J SW	The same and a second	garant who was at tax solid in April 18 gain.	Heri Endhalmanida
	10 a	•	less	returns "		,				
	•	and allowances			10a					
		Less cost of goods sold Net income or (loss) from	calo	c of invent	10b		(1681-4-4) at "1984, 40 V3 X3 S. 2. 2. 2. 2.	of the same of the same of the tests of the first	Decrete and American	FRUME SERVICES, S. T.
$\dashv$	<u> </u>	: Mar income or (1022) Hom	Sale	a or miverito	Ji y	Business Code	是"是"。 "我们是"你是"的"你是"的	<b>经第</b> 注公司		THE SECTION OF S
Miscellaneous Revenue	11 a	a	•							
ane	t	);				-				
scellaned Revenue	•	; <u> </u>					, ,	<del> </del>		<del></del>
Mis		All other revenue		,				The All Strangers of the Control of the	or with a single of the control of the latest the control of the c	the the test of the second
		Total Add lines 11a-11d	222			<u> </u>	970,362.	16,858.	0.	0.
93200	12	Total revenue. See instruction	JUS				J 7 1 U , 3 0 Z •	10,030.	U •	Form <b>990</b> (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses Do not include amounts reported on lines 6b, Fundraising Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses' Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 320,934. 44,781 7,464. 373,179. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,461. 2,077. 103,842. 89,304. Other employee benefits 41,592. 5,803. 967. 48,362. Payroll taxes 10 Fees for services (nonemployees) 97,250 97,250. Management 61,964. 61,964. **b** Legal 13,035. 13,035. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 13 Office expenses Information technology Royalties 15 3,900 173,928. 170,028. Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 5,001 5,001 22 Depreciation, depletion, and amortization 2,711. 452. 22,591 19,428. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 106,156 106,156. Transportation <u>45,4</u>72. 39,106. 5,457. 909. Repairs and maintenance 43,108. 35,420. 6,919. 769. c Supplies 15,090. 12,977. 1,811. 302. d Telephone 3,499. 7,986. 11,485. e All other expenses 12,940. 940,695. 166,828. 1,120,463. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If following SOP 98-2 (ASC 958-720) Check here

Pa	rt X	Balance Sheet				<del></del>
		Check if Schedule O contains a response or note to any	/ line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		22,997.	1	6,463.
	2	Savings and temporary cash investments		21,319.	2	9,996.
	3	Pledges and grants receivable, net		210,211.	3_	107,344.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
		controlled entity or family member of any of these person		5		
	6	Loans and other receivables from other disqualified per-	·			
શ		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		<u>.</u>	8_	
Ä	9	Prepaid expenses and deferred charges		14,684.	9	10,810
	10a	Land, buildings, and equipment cost or other				
	İ	basis Complete Part VI of Schedule D 10a	94,509.	` `	- >>	/ A. A. A. A. A. A. A. A. A. A. A. A. A.
	b	Less accumulated depreciation 10b	85,113.	14,397.	10c	9,396
	11	Investments · publicly traded securities	_		11	-
	12	Investments - other securities See Part IV, line 11	<u> </u>		12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets	_	· <u> </u>	14	
	15	Other assets See Part IV, line 11	_		15	444 000
	16	Total assets. Add lines 1 through 15 (must equal line 3)	3)	283,608.	16	144,009
	17	Accounts payable and accrued expenses	•	65,704.	17	76,206
	18	Grants payable		_18	-	
	19	Deferred revenue	_		_19	
	20	Tax-exempt bond liabilities	<u>.</u>		20	
	21	Escrow or custodial account liability Complete Part IV of			21	
es	22	Loans and other payables to any current or former offic				
ij		trustee, key employee, creator or founder, substantial c				
Liabilities		controlled entity or family member of any of these person			22	
_	23	Secured mortgages and notes payable to unrelated thir			23	
	24	Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24)	Complete Part X		25_	
	00	of Schedule D  Total liabilities. Add lines 17 through 25		65,704.	26	76,206.
	26	Organizations that follow FASB ASC 958, check here	X	03,7014		, 0, 200
es		and complete lines 27, 28, 32, and 33.				
JUC.	27	Net assets without donor restrictions	-	194,772.	27	45,878.
3al	28	Net assets with donor restrictions		23,132.	28	21,925.
힏	20	Organizations that do not follow FASB ASC 958, che	ck here	20,7202		
Ē		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipmen	it fund		30	
Ass	31	Retained earnings, endowment, accumulated income, of			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		217,904.	32	67,803.
~	33	Total liabilities and net assets/fund balances		283,608.	33	144,009.
						Form <b>990</b> (2019

Form	990 (2019) Seattle Housing and Resource Effort	91-	1577965	Pag	ge <b>12</b>
	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	970	), <u>3</u>	<u>62.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,120	),4	<u>63.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u> </u>	),1	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21'	7,9	04.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	67	7,8	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del> -		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_		
2a		. •	2a	X	
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a_		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audı	t 🗔		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

### **SCHEDULE A**

(Form 990 or 990-EZ)

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 Inspection

Name of the organization

Employer identification number

		Seat	tle Housin	<u>g and Resour</u>	<u>ce Ef</u>	<u>fort</u>		<u>91-1577965</u>
Pa	art I	Reason for Public					ee instructions	
The	organ	ization is not a private found	lation because it is	For lines 1 through 12, of	check only	one box)		1/
1		A church, convention of ch						K
2	一	A school described in secti					<i>X X Y</i>	[]]
3	一	A hospital or a cooperative					ii).	U
4	Ħ	A medical research organiz					•	nter the hospital's name.
4			ation operated in co	injunction with a noopha	000011000	50000	17 0(15)( 1)(1-)(111). =	nor the neephane mane,
_		city, and state An organization operated for	ar the benefit of a se	llogo or upworety owner	d or operat	tod by a a	overnmental unit des	ecribed in
5		·		niege of university owner	u or opera	ieu by a g	overnmental unit des	scribed in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local government	-					
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the gen	eral public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)					
8		A community trust describe	, ,					
9		An agricultural research org						
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the co	llege or
		university						
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sur	port from	contributi	ons, membership fee	es, and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its sup	port from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the organizat	tion after June 30, 1975
		See section 509(a)(2). (Coi	mplete Part III)					
11		An organization organized a	and operated exclus	ively to test for public sa	fety See :	section 50	)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out	the purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section (	509(a)(2)	See section 509(a)(	3). Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete line:	s 12e, 12f, and 12g	
а		Type I. A supporting orga						y by giving
		the supported organization						
		organization You must o						
b		Type II. A supporting org	•		tion with it	s support	ed organization(s), by	v having
		control or management o						
		organization(s) You mus					<b>g</b>	
_		Type III functionally inte	•		in connect	tion with :	and functionally inted	grated with.
٠	·	its supported organization						,,
_		Type III non-functionally						ranization(s)
C	٠ ـــ	that is not functionally int						
		•			•			CHUVCHOOS
		requirement (see instruct Check this box if the orga						a III
е	• ட						i Type i, Type ii, Typi	5 III
_		functionally integrated, or		many integrated support	ing organiz	zation		
Ť		er the number of supported of	J	d(-)				
9		vide the following information  i) Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of moneta	ary (vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document?	support (see instruction	·   · ·
				above (see instructions))	163	140		<del></del>
			-					
	-							<del></del>
			_					
				· · · · · · · · · · · · · · · · · · ·	ļ			
		<del></del>	~,					
T-4	_1		~,					

Schedule A (Form 990 or 990-EZ) 2019 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total_
	Gifts, grants, contributions, and						
	membership fees received (Do not			1			
	include any "unusual grants ")	862,607.	1 027 212.	1,379,262,	1,257,731.	953,503.	5,480,315,
2	Tax revenues levied for the organ-						<del></del>
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities		_				
3	furnished by a governmental unit to						
	the organization without charge						
4	· -	862,607.	1 027 212.	1,379,262,	1,257,731,	953,503.	5,480,315,
	Total. Add lines 1 through 3	002,007.	1,027,212.	1,3/9,202,	1,257,731,	733,303.	3,400,313.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	i					
	column (f)						
	Public support. Subtract line 5 from line 4						5,480,315,
Se	ction B. Total Support	<b>.</b>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	862,607.	1,027,212.	1,379,262.	1,257,731.	953,503.	5,480,315.
8	Gross income from interest,					1	
	dividends, payments received on						
	securities loans, rents, royalties,			,			
	and income from similar sources						
9	Net income from unrelated business		·				
Ŭ	activities, whether or not the						
	business is regularly carried on						
40	Other income Do not include gain						
10	<del>-</del>						
	or loss from the sale of capital	1,402.					1,402.
	assets (Explain in Part VI)	1,402.					
	Total support. Add lines 7 through 10						5,481,717.
	Gross receipts from related activities	•	•			12	94,321.
13	First five years. If the Form 990 is fo	=	i tirst, secona, thire	i, tourth, or tiπh tax	k year as a section	n 50 i (c)(3)	
<u></u>	organization, check this box and stop ction C. Computation of Publ	o here lic Support De	rcentage				
							00 07 %
	Public support percentage for 2019 (	• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		14	99.97 %
	Public support percentage from 2018					15	99.95 %
16a	33 1/3% support test - 2019. If the				4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies						$\triangleright [x]$
t	33 1/3% support test - 2018. If the	organization did no	t check a box on li	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ition			▶∟
17a	10% -facts-and-circumstances tes	t - <b>2019.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
ŀ	10% -facts-and-circumstances tes					7a, and line 15 is 1	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-cire						•
12	Private foundation. If the organization						
10	THERE TOURISHED IT WITE OF MAINTENANCE	sia not oncon a	22., 2., 0 10, 100	., ,		dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2019 Se Part III   Support Schedule for O	eattle Ho	using and	Resource	Effort	91-157	7965 Page 3
(Complete only if you checked					Part II If the organ	zation fails to
qualify under the tests listed be			organization fallet	to quality under r	art ii ii tile organi	ization lans to
Section A. Public Support	slow, please com	piete Fart II /				
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(8) 2010	(0) 2017	(4) 2010	(0) 20.0	
membership fees received (Do not						X
include any "unusual grants ")						
· · · · · · · · · · · · · · · · · · ·	<u> </u>		_			
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-				/	1	
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<b>,</b>		
6 Total. Add lines 1 through 5				1		
7a Amounts included on lines 1, 2, and			/			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			/			
8 Public support. (Subtract line 7c from line 6)			, /			
Section B. Total Support			·	<u> </u>	<u> </u>	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(0/2010	(3)-3/	(0) 20 11	1,27,23.13	(4)_====	(a)
10a Gross income from interest,			<del>                                     </del>			
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income		/				
(less section 511 taxes) from businesses		1				
acquired after June 30, 1975			ļ			<u> </u>
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						
assets (Explain in Part VI )			1	<del>                                     </del>		
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12)</li><li>14 First five years. If the Form 990 is for</li></ul>	the organization!	l e firet eacand thi	rd fourth or fifth t	ay year as a section	n 501(c)(3) organi	zation
check this box and stop here	me organization:	a mai, a <del>c</del> cond, till	ra, routin, or milit t	un your as a scotto	oo i tojtoj organi.	<b>_</b>
Section C. Computation of Publi	c Support Pe	rcentage				
			actume (f)		45	20
15 Public support percentage for 2019 (li			column (i))		15	<u>%</u> %
16 Public support percentage from 2018					16.	<u> </u>
Section D. Computation of Inves					47	01
17 Investment income percentage for 20			line 13, column (f))		17	<u>%</u>
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the						1/ is not
more than 33 1/3%, check this box ar						▶∟┙
b 33 1/3% support tests - 2018. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
932023 09-25-19			4.5	Sch	edule A (Form 99	0 or 990-EZ) 2019

## 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)

Sec	tion A. All Supporting Organizations		Τ.,	Γ
		Γ	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			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			·
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
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)	l		l
	purposes	4c		
5a	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	1	
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
Ü	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	İ		!
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			l
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a	<del>                                     </del>	
D		9b		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	90		<del>                                     </del>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings )

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A	(Form 990 or 990-E	EZ) 2019 Se	eattle H	ousing a	<u>nd Resource</u>	Effort	91-1577965 Page 8
Part VI	Supplementa Part IV Section A	<b>I Informa</b> t	<b>tion.</b> Provide t 3b. 3c. 4b. 4c. 5	he explanations a. 6. 9a. 9b. 9c.	required by Part II, line	e 10, Part II, line 17a or rt IV. Section B. lines 1	17b, Part III, line 12, and 2, Part IV, Section C, , Section B, line 1e, Part V,
	Section D, lines 5 (See instructions	, 6, and 8, ar	nd Part V, Secti	on E, lines 2, 5, a	and 6 Also complete ti	nis part v, line 1, Part v	al information
			<u> </u>				
			·				
						··	
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							- <u>-</u> -
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						_	
			. <u>–</u>	_	<u> </u>		
							<u>.</u>

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

Seattle Housing and Resource Effort

Employer identification number 91-1577965

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization 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 (for example, recrea	ition or education) 🔲 Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements during the year
	<b>\$</b>		
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 conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements t III   Organizations Maintaining Collections or	f Art. Historical Treasures, or O	ther Similar Assets
Га	Complete if the organization answered "Yes" on Form		the offinal Assets.
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
ıa	of art, historical treasures, or other similar assets held for put	·	
	•		<i>'</i>
_	service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public	· · · · · ·	
		exhibition, education, or research in furt	refarice of public service,
	provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			•
_	(ii) Assets included in Form 990, Part X	acurae, or other similar assets for financia	Ψ
2	If the organization received or held works of art, historical tre- the following amounts required to be reported under FASB A		ıı gairi, provide
_	· · · · · · · · · · · · · · · · · · ·	SO 300 relating to triese items	▶ \$
a	Revenue included on Form 990, Part VIII, line 1		•
<u>D</u>	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 Seattle	Housing a	nd R	lesourc	e Effo	rt		91-15	<u> 7796</u>	<b>5</b> P	<u>age <b>2</b></u>
Pai	t III Organizations Maintaining C						er Sim	ilar Asse	ets(conti	nued)	
3	.Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at make	significar	nt use of its	3		
	collection items (check all that apply)										
а	Public exhibition	C	t	Loan or exch	nange progr	am					
b	Scholarly research	•	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further th	ne organizati	ion's exe	empt pur	oose in Pa	rt XIII		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical treas	sures, or oth	er sımıla	ar assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	anization's co	llection?		·		Yes		No
Pai	t IV Escrow and Custodial Arran	•	ete if the	e organizatioi	n answered	"Yes" o	n Form 99	90, Part IV	line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	ssets no	t include		_	_	_
	on Form 990, Part X?								Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table							
									Amoun	it	
С	Beginning balance						1c				
d	Additions during the year						<u>1d</u>				
е	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on Fe							L	_ Yes	<u> </u>	_ No
	If "Yes," explain the arrangement in Part XIII								-	i	<u> </u>
Pai	t V Endowment Funds. Complete										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions					!	_		<del>                                     </del>		
С	Net investment earnings, gains, and losses		1						<del> </del>		
d	Grants or scholarships								1		
е	Other expenditures for facilities		İ								
	and programs								<u> </u>		
f	Administrative expenses								-		
g	End of year balance		L								
2	Provide the estimated percentage of the curi	rent year end baland		g, column (a)	)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho			- <b>.</b>							
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are neid ar	ia aaministe	erea for t	rne organ	lization	1	V	NI-
	by								2-(1)	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations	tions listed as room	-ad an C	Sahadula D2					3a(ii)		
	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the								_3b_		
Par	t VI Land, Buildings, and Equipm		JWITTETT	iunus				-			
ı al	Complete if the organization answere		n Part IV	V line 11a S	ee Form gar	) Part Y	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumula	ted	(d) Boo	k valu	
	Description of property	basis (investi		basis (		,	preciatio	<b>I</b>	(u) 200	K Valu	
10	Land	1		1 225.5 (	,				<del></del>		
	Buildings										
b	Leasehold improvements			<del> </del>							
ن	Equipment			Q.	4,509.		85,1	13.	_	9,3	96.
	Other			<u> </u>	_,,					<u> </u>	<u></u>
_ <u>e</u>	A LLL and the second of the country	aval Farm 000 Card	. V	mn (D) (mo 1)						0 3	9.6

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 Seattle Housing and Res	Source Elloic		L577965 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue per Return	•
	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, Ir</li> </ul>	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	<u>970,362.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a	^	
ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	_2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	970,362.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	970,362.
Pai	t XII Reconciliation of Expenses per Audited Financial St	tatements With Expe	enses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a		
1	Total expenses and losses per audited financial statements	·	1	1,120,463.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			_
a	Donated services and use of facilities	2a		
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	1,120,463.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			•
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a	.	
b	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b	10	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	81	5	1,120,463.
	t XIII Supplemental Information.	<u> </u>		
Provi		4. Part IV, lines 1b and 2b,	Part V, line 4, Part >	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part >	K, line 2, Part XI,
			Part V, line 4, Part >	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		Part V, line 4, Part )	K, line 2, Part XI,

## **SCHEDULE O** (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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

and empower homeless people.

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

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

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.

Form 990, Part III, Line 4b, Program Service Accomplishments: lives of all women. Our efforts have included: Pushing for longer hours at shelters and drop-in centers; Moving the entrance DESC from "Crack Alley" to Third Avenue; Holding yearly Homeless Women's Forums, community gatherings; Establishing new shelters, day programs, meal LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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