

** PUBLIC DISCLOSURE COPY ** 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.



Depa Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	he latest in	nformation.	Inspection
AI	For th	e 2022 calend	ar year, or tax year beginning and	ending		-
	Check if applicat		forganization		D Employer identifica	ation number
	Addr	ess SHARE	INC.			
	Name	e,	usiness as		91-1205119	
	Initia			Room/suite	E Telephone number	
	Final	2306 N	IE ANDRESEN RD		360-448-2121	
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	27,013,203.
	Amer	nded VANCOT	IVER, WA 98661		H(a) Is this a group ret	urn
	 tion		nd address of principal officer: AMY REYNOLDS		for subordinates?	
	pend		C ABOVE		H(b) Are all subordinates incl	
1	Tax-e>	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527		st. See instructions
	Webs		IAREVANCOUVER.ORG		H(c) Group exemption	number
κ	Form o	f organization:	X Corporation Trust Association Other	L Year	of formation: 1983 M	
Pa	art I	Summary				
	1	Briefly describ	be the organization's mission or most significant activities: EMERGE	NCY SHEL	TER, SUPPORTIVE	
uce D		SERVICES A	ND TRANSITIONAL HOUSING FOR THE HOMELESS.			
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	ts.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			16
		Number of inc	dependent voting members of the governing body (Part VI, line 1b)			16
ss &	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)			206
vitik	6	Total number	of volunteers (estimate if necessary)			1329
Activities	7 a		d business revenue from Part VIII, column (C), line 12			٥.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		22,291,720.	26,526,386.
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)		201,002.	184,243.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		941.	-274,533.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		271,689.	-155,334.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,765,352.	26,280,762.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		12,781,517.	14,335,992.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		5,928,993.	7,876,339.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	. b	Total fundrais	ing expenses (Part IX, column (D), line 25) 929,	218.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,223,759.	3,878,219.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,934,269.	26,090,550.
	19	Revenue less	expenses. Subtract line 18 from line 12		831,083.	190,212.
OL OL	9			Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (I	Part X, line 16)		13,349,063.	13,111,490.
ţAs	21	Total liabilities	s (Part X, line 26)		2,410,697.	1,898,378.
			fund balances. Subtract line 21 from line 20		10,938,366.	11,213,112.
Pa	art II	Signatur	e Block			
Und	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my k	nowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	Date				
Here	AMY REYNOLDS, EXECUTIVE DIRECTOR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	WENDY CAMPOS	WENDY CAMPOS	11/01/23	self-employed P00448102				
Preparer	Firm's name MOSS ADAMS LLP		Firm's	sEIN 91-0189318				
Use Only	Firm's address 805 SW BROADWAY STE 1400							
	PORTLAND, OR 97205		Phon	e no.503-242-1447				
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes	No			
				000				

Form	990 (2022) SHARE, INC.	91-120511	19	Page 2
Par	t 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:			
	SHARE BELIEVES EVERY PERSON COUNTS. TOGETHER WE PURSUE A STRONGER			
	COMMUNITY BY BUILDING RELATIONSHIPS, ADVOCATING FOR EQUITABLE ACCESS			
	TO HOUSING AND FOOD STABILITY WHILE EMPOWERING EVERY INDIVIDUAL TO			
	GROW AND THRIVE.			
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 m	easured by ex	penses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,			
	revenue, if any, for each program service reported.		,	
4a	(Code:) (Expenses \$ 9,988,786. including grants of \$ 9,988,786.) (Revenue	\$)
	COVID PREVENTION FUNDS: THROUGHOUT 2022, SHARE ACCEPTED FUNDS FROM	-		,
	CLARK COUNTY COMMUNITY SERVICES TO HELP PREVENT EVICTIONS FOR			
	HOUSEHOLDS WHO WERE STRUGGLING BECAUSE OF COVID-19. THESE EFFORTS			
	INVOLVED SHARE MAINTAINING A TEMPORARY STAFF OF 14 TO AID KEEPING			
	PEOPLE HOUSED. OVER THE COURSE OF 2022, 951 HOUSEHOLDS WERE HELPED BY			
	SHARE WITH THESE FUNDS.			
4b	(Code:) (Expenses \$ 7,423,236. including grants of \$ 1,331,911.) (Revenue	\$	184	243.)
15	HOUSING: SHARE HAS A PERMANENT HOUSING FIRST COMPONENT TO THIS PROGRAM	Ψ	,	,
	PROVIDING HOUSING TO CHRONICALLY HOMELESS INDIVIDUALS. IN 2022, THE			
	PERMANENT SUPPORTIVE HOUSING COMPONENT HOUSED 122 INDIVIDUALS (87			
	HOUSEHOLDS) IN UNITS SCATTERED ACROSS THE COUNTY AND HAS BEEN PROVIDING			
	THEM WITH ON-GOING SUPPORT, INCLUDING RENTAL SUBSIDIES. THIRTY OF THE			
	MOST VULNERABLE PEOPLE IN THE COMMUNITY WHO ARE MOST LIKELY TO DIE ON			
	THE STREETS ARE SUPPORTED BY SHARE'S SUPPORTIVE SERVICES AT LINCOLN			
	PLACE, EIGHTEEN WERE SUPPORTED AT THE PACIFIC (WHICH ENDED OCT 2022),			
	AND ANOTHER THIRTY WERE SUPPORTED AT MERIWETHER PLACE (ENDED APRIL 30TH			
	2022). SHARE'S AFFORDABLE HOUSING AND STABILITY (AHAS) PROGRAM PROVIDES			
	SUPPORTED HOUSING THROUGH CASE MANAGEMENT TO FAMILIES AND SINGLE ADULTS			
	ON THEIR WAY TO STABILITY AND SELF-SUFFICIENCY. THE AHAS PROGRAM IS A			
4c	(Code:) (Expenses \$3,406,119. including grants of \$3,005,295.) (Revenue	\$)
	SHELTERS: SHARE PROVIDES TEMPORARY, EMERGENCY HOUSING AT FOUR SHELTERS.	•		/
	SHARE ORCHARDS AND SHARE HOMESTEAD SHELTER HOMELESS FAMILIES AND ARE			
	OPERATED BY THE ORGANIZATION BUT OWNED BY THE VANCOUVER HOUSING			
	AUTHORITY, THE SHARE HOUSE FOR SINGLE MEN IS BOTH OWNED AND OPERATED BY			
	SHARE. THE WOMEN HOUSING AND TRANSITION (WHAT) SHELTERS WOMEN IN CHURCH			
	SPACE. SHARE ALSO OPERATED AN OVERNIGHT SHELTER CALLED WHO (WINTER			
	HOSPITALITY OVERFLOW) BY PROVIDING STAFFING SUPPORT TO ONE WINTER			
	OVERFLOW SHELTERS IN PARTNERSHIP WITH THE COUNCIL FOR THE HOMELESS AND			
	LOCAL CHURCHES.			
	Other program convises (Describe on Schodule O)			
40	Other program services (Describe on Schedule O.)		`	
	(Expenses \$ 2,288,627. including grants of \$ 10,000.) (Revenue \$ Total program service expenses 23,106,768.)	
40	Total program service expenses 23,106,768.		Form 99	0 (0000)
0005-	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)		Form 99	• (2022)
232002	12-13-22 SEE SCHEDOLE O FOR CONTINUATION(S)			
	*			

2022.05000 SHARE, INC.

Pai	rt IV Checklist of Required Schedules			
			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? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ		3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-		4	х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	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	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9	Х	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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	12b		x
13	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		х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>.</u>		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
zua b		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~ '	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
232004				(2022)

Form 990 (2022)

SHARE, INC.

⁵ 2022.05000 SHARE, INC.

Form	990 (2022) SHARE, INC. 91-1205	119	P	age 4
Par	rt IV Checklist of Required Schedules (continued)			
			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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24 0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<u> </u>
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a			<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		├──
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	. 25 a		X
b	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			
	Schedule L, Part I	25b		X
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
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	·		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	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	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
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 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
04		34		x
0E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
		. <u>35a</u>		<u>⊢</u> ^
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	. <u>35b</u>		──
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	. 38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	18		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	x	
00000				(2022)
232002	4 12-13-22	FUIT	,000	(2022)

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⁶ 2022.05000 SHARE, INC.

Form	990 (2022) SHARE, INC.		91-120511	9	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					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	206			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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 A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribut	ions or	r 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 set	rvices p	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	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	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	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

7 2022.05000 SHARE, INC.

orm	990 (2022) SHARE, INC.			91-12051		Pa	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough	17b bel	ow, and for a	a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O						
	Check if Schedule O contains a response or note to any line in this Part VI						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	1 a		10	5		
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any oth	er			
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t super	vision			
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			na:			
	The governing body?	-		-	8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real						
·	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
		venue	<u>0006.)</u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			<u> </u>			
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, annat	03,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	 v hefor	e filina	the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y 60101	e ning		114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				120		
C		,			12c	x	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?					x	
13 14					13	x	
14 15	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approva	li by in	uepenu	ent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	x	
	The organization's CEO, Executive Director, or top management official				15a	^	x
α	Other officers or key employees of the organization				15b		~
10	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		- 14				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				10		v
	taxable entity during the year?				<u>16a</u>		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
200	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedNONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (sect	ion 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of intere	st policy, an	d finano	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 boo	oks and	d record	ds			
	CHRISTOPHER BROX - 360-448-2121						
	2306 NE ANDRESEN RD, VANCOUVER, WA 98661					990	

10021101 146892 749355

2022.05000 SHARE, INC.

Form 990 (2022) SHARE, INC.									91-120511	.9 Page 7
Part VII Compensation of Officers, E Employees, and Independer	•		tee	s, K	(ey	Em	nplo	oyees, Highest Co	mpensated	
Check if Schedule O contains a resp			line	in t	hic E	Dart	\ <i>/</i> II			
Section A. Officers, Directors, Trustees, Key								d Employada		······ L]
 1a Complete this table for all persons required to List all of the organization's current officer Enter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key en List the organization's five current highest of \$100,000 from the organization and any related of List all of the organization's former officers reportable compensation from the organization a List all of the organization's former director 	b be listed. Rep s, directors, tru sation was paid aployees, if any compensated e Form W-2, box organizations. , key employee nd any related ors or trustees rom the organiz	oort o istee d. /. Se mplo 6 of es, a orga tha zatio	com es (w e th oyee f For nd h aniza t rec	pens heth s (ot m 10 ighe ition	satio ner in struc ther 099- est c s. ed, ir	on fo ndivi thar MIS omp	r the idua s foi n an C, a oens	e calendar year ending v ls or organizations), reg- r definition of "key empl- officer, director, trustee nd/or box 1 of Form 109 ated employees who rec pacity as a former direct	ardless of amount of c oyee." , or key employee) 99-NEC) of more than ceived more than \$100	compensation.
See the instructions for the order in which to list the Check this box if neither the organization n	or any related of		niza			npen	sate		,	
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DIANE MCWITHEY EXECUTIVE DIRECTOR	40.00			x				152,774.	0.	11,517.
(2) CHRISTOPHER BROX FINANCE DIRECTOR	40.00			x				129,769.	0.	10,219.
(3) AMY REYNOLDS	40.00			~						
DEPUTY DIRECTOR						х		125,053.	0.	10,312.

4) ADAM ROSELLI PRESIDENT 5) ELIZABETH FITZGEARLD	5.00	x	x				
	2.00	x	x				
5) ELIZABETH FITZGEARLD	2.00				0.	0.	0.
XTERNAL VICE PRESIDENT		Х	х		0.	0.	0.
6) MICHELLE PROSSER	2.00						
NTERNAL VICE PRESIDENT		Х	х		0.	Ο.	0.
7) MATTHEW LENNICK	3.00						
SECRETARY		Х	х		0.	Ο.	0.
8) RONNY PLLUSHNICK	3.00						
REASURER		Х	х		0.	Ο.	0.
9) JOANNE ANTONELLI	2.00						
SOARD MEMBER		Х			0.	0.	0.
10) JIM DAVID	2.00						
SOARD MEMBER		Х			0.	٥.	0.
11) GARY FOSTER	2.00						
SOARD MEMBER		Х			0.	0.	0.
12) PAUL HARRIS	2.00						
SOARD MEMBER		Х			0.	0.	0.
13) PENNY HARRIS	2.00						
SOARD MEMBER		Х			0.	0.	0.
14) JACOB NEARY	2.00						
BOARD MEMBER		Х			0.	0.	0.
15) PATRICIA PERRAULT NUZZO	2.00						
BOARD MEMBER		Х			0.	0.	0.
16) DAWN REDMOND	2.00						
BOARD MEMBER		х			0.	0.	0.
17) HEIDI SCHULTZ	2.00						
BOARD MEMBER		х			0.	0.	0.

232007 12-13-22

Form **990** (2022)

	990 (2022) SHARE, INC.									91-12051	19	F	-age 8
Parl	VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	_		
	(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss per	more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amoun othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	o a	mpens from ti rganiza Ind rela ganiza	he ation ated
(18)	ERIK SELDEN	2.00	_			Ť		_					
BOAR	D MEMBER		х						0.	0			0.
	JASMINE AMES	2.00											
	D MEMBER		Х				<u> </u>		0.	0	•		0.
	DAWNIELL MILLER D MEMBER THROUGH 6/22	2.00	x						0.	0			0.
1h	Subtotal								407,596.	0		32	,048.
с	Subtotal Total from continuation sheets to Part V	II, Section A							0.	0	•		0.
	Total (add lines 1b and 1c) Total number of individuals (including but								407,596.	0 000 of reportable	•	32	,048.
2	compensation from the organization		030	11310	ua	000	<i>;)</i> wii	010					3
	· · · · · · · · · · · · · · · · · · ·										_	Yes	No
3	Did the organization list any former office			•	•			Ŭ		•			
	line 1a? If "Yes," complete Schedule J for										3	-	X
	For any individual listed on line 1a, is the s and related organizations greater than \$15										4	x	
	Did any person listed on line 1a receive or												
	rendered to the organization? If "Yes," con										5		x
Sect	ion B. Independent Contractors				-								
	Complete this table for your five highest co	•	•							•	ation	from	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin I		ear.		(0)	
	(A) Name and busines	s address	NO	NE					(B) Description of s	ervices		(C) pensatio	on
	Total number of independent contractors (\$100,000 of compensation from the organ		ot lin	nitec	d to		se lis 0	ted	above) who received mo	ore than			

Form 990 (2022)

	Check II Schedule U C	contains a r	esponse	or note to any line	e in this Part VIII			Γ
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
1.0	Endorstad compaigns		10					360110113 3 12 -
				421,831.				
				, , , , , , , , , , , , , , , , , , , ,				
				23,959,315.				
	similar amounts not included	above	1f	2,145,240.				
g	Noncash contributions included in I	lines 1a-1f	1g \$	698,332.				
h	Total. Add lines 1a-1f		<u></u>		26,526,386.			
					104 042	104.042		
2 4				531190	184,243.	184,243.		
	All other program service	revenue						
					184,243.			
3								
	other similar amounts)				12,638.			12,6
4	Income from investment o	of tax-exemp	ot bond p	proceeds				
5	Royalties							
_			Real	(ii) Personal				
		7a 12	20,661.	<u> </u>				
b	,							
	and sales expenses	7b 4(07,832.					
с		7c -28	87,171.					
d	Net gain or (loss)		·····		-287,171.			-287,1
8 a								
	•	,		153 869				
h								
				,	-170,740.			-170,7
		-			,			,
b								
0 a								
С	Net income or (loss) from s	sales of inve	entory					
I - I -	OTHER INCOME				15 406			15,4
	- INCOME			300033	15,400.			10,4
	All other revenue							
					15,406.			
						184 243	0.	-429,8
	b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h 2 a b c d e f g h a b c d e f g h a b c d e f g h a b c d e f g h a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c d a b c a b a b c a b c a b c a b b c a b a b	b Membership dues c Fundraising events d Related organizations e Government grants (contributions, gifts, similar amounts not included g Noncash contributions included in h Total. Add lines 1a-1f 2 a RENTAL ACTIVITY b	b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2 a RENTAL ACTIVITY b	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1f f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 1g \$ c	b Membership dues 1b c Fundraising events 1c 421,831. d Related organizations 1e 23,959,315. f All other contributions, gifts, grants, and similar amounts not included above 1g 698,332. g Noncesh contributions included in lines ta-1t 1g 698,332. h Total. Add lines 1a-1f Business Code 531190 b	b Membership dues 1b 1c 421,831. c Fundraising events 1c 421,831. 1c 421,831. d Government grants (contributions) 1e 23,959,315. 1c 1c 26,526,386. g Noncasic contributions included above 1g 698,332. 26,526,386. y Noncasic contributions included nines ta-rif 26,526,386. 26,526,386. g Total. Add lines 1a-1f 26,526,386. 531190 184,243. b	1 a Federated campaigne 1a b Membership dues 1b c Fundraising events 1d d Casterment grants (contributions) 1d 23, 959, 315, 1d f Al their contributions, gits, grants, and similar amounts not included above, it g \$ 698, 332, 1d 26, 526, 386, 1d g Nencah contributions included inlines ta.*1 1g \$ 593, 332, 1d 26, 526, 386, 1d 2 a RENTAL ACTIVITY Eusiness Code 531190 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184, 243, 184,	1 a Federated campaigns 1a b Membership dues 1c c Fundrating events 1c d Related organizations 1c d All other contributions, and smillar amounts not included above and smillar amounts not included above and smillar amounts not included above and smillar amounts income (notubed above and smillar amounts) 26, 526, 386. 2 a RENTAL ACTIVITY Businese Code 531190 184, 243. 184, 243. b

SHARE, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Dart IV line 21	10,000.	10,000.		
2 Grants and other assistance to domestic		,		
individuals. See Part IV, line 22	14,325,992.	14,325,992.		
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	304,278.		304,278.	
6 Compensation not included above to disgualified	,		,	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,293,285.	5,057,709.	926,995.	308,581
 8 Pension plan accruals and contributions (include 	-,,200,	-,,,		
section 401(k) and 403(b) employer contributions	96,687.	63,509.	24,477.	8,701
9 Other employee benefits	550,261.	405,617.	115,185.	29,459
	631,828.	495,769.	108,117.	27,942
10 Payroll taxes 11 Fees for services (nonemployees):				
a Management				
b Legal	55,394.		55,394.	
c Accounting				
d Lobbying e Professional fundraising services. See Part IV, line 17				
	11,641.		11,641.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25,	11,011.		11,011.	
column (A), amount, list line 11g expenses on Sch 0.)	871,133.	671,675.	139,415.	60,043
	272,569.	91,630.	108,583.	72,356
12 Advertising and promotion	272,000.	51,000.	100,000.	, 1, 333
13 Office expenses				
14 Information technology				
15 Royalties	554,522.	455,988.	92,080.	6,454
16 Occupancy	87,661.	81,856.	3,706.	2,099
17 Travel	07,001.	01,000.	5,700.	2,000
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	60,838.	16,954.	42,920.	964
19 Conferences, conventions, and meetings	00,030.	10,554.	42,520.	504
20 Interest				
21 Payments to affiliates	308,762.	153,406.	155,356.	
22 Depreciation, depletion, and amortization	500,702.	100,100.	100,000.	
23 Insurance 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.)	711,495.	579,346.	14,099.	118,050
	447,595.	421,996.	20,504.	5,095
	180,091.	121,550.	1,402.	178,689
·	100,001.		-, =02.	1,0,005
d	316,518.	275,321.	-69,588.	110,785
e All other expenses	26,090,550.	23,106,768.	2,054,564.	929,218
25 Total functional expenses. Add lines 1 through 24e	20,000,000.	23,100,700.	2,031,301.	525,210
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)				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form 990 (
Part X	Balance Sheet

SHARE, INC.

		Check if Schedule O contains a response or not	.,		(A)		(B)
					Beginning of year		End of year
.	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,051,976.	2	2,228,84
:	3	Pledges and grants receivable, net				3	
4	4	Accounts receivable, net			2,816,666.	4	3,494,23
1	5	Loans and other receivables from any current or	former offic	er, director,			
		trustee, key employee, creator or founder, subst	antial contril	outor, or 35%			
		controlled entity or family member of any of these persons				5	
6	6	Loans and other receivables from other disquali	fied persons	(as defined			
		under section 4958(f)(1)), and persons described	l in section 4	958(c)(3)(B)		6	
. 7	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
•	9				837,360.	9	90,16
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,089,593.			
	b	Less: accumulated depreciation	1 1	3,094,265.	6,164,688.	10c	5,995,32
1	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets		Г		14	
1	5	Other assets. See Part IV, line 11	1,478,373.	15	1,302,93		
16	6	Total assets. Add lines 1 through 15 (must equ			13,349,063.	16	13,111,49
17	7	Accounts payable and accrued expenses	1,570,562.	17	1,833,46		
18	8	Grants payable		18			
19	9	Deferred revenue			840,135.	19	28,14
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete				21	
0		Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		,		22	
2	3	Secured mortgages and notes payable to unrela	-			23	
24		Unsecured notes and loans payable to unrelated	-			24	
2		Other liabilities (including federal income tax, pa					
_	•	parties, and other liabilities not included on lines					
		of Schedule D			0.	25	36,76
26	6	Total liabilities. Add lines 17 through 25			2,410,697.	26	1,898,37
		Organizations that follow FASB ASC 958, che	ck here	X	, ,		, ,
		and complete lines 27, 28, 32, and 33.		_			
2	7				10,357,206.	27	10,438,69
28					581,160.	28	774,41
	-	Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.	,				
29	9	Capital stock or trust principal, or current funds				29	
30	-	Paid-in or capital surplus, or land, building, or ed				30	
3		Retained earnings, endowment, accumulated in				31	
27 28 29 30 30 32		Total net assets or fund balances			10,938,366.	32	11,213,11
	<u> </u>	Total liabilities and net assets/fund balances			13,349,063.	33	13,111,49

Form 990 (2022)

Form	1990 (2022) SHARE, INC.	91-1205119)	Pad	_{ge} 12
	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	26	280,	762.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,	090,	550.
3	Revenue less expenses. Subtract line 2 from line 1	3		190,	212.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	938,	366.
5	Net unrealized gains (losses) on investments	5		84,	534.
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		213,	112.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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 separate	basis,			
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	L

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Nan	ne of	the organization	5					Employer	identification number			
		SHARE,							91-1205119			
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
1	orgar	ization is not a private found A church, convention of chu	urches, or associatio	n of churches described	in sectio		l)(A)(i).					
2	님	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 										
3	님						-	(:::) Enter	the beenitel's name			
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	Sectio	A)(1)(a)011 n	(III). Enter	the hospital's name,			
5		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.)										
6		A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	(v)					
7	X	An organization that normal	-					e deneral i	oublic described in			
•		section 170(b)(1)(A)(vi). (Co	-		onna gove			le general j				
8		A community trust describe		1)(A)(vi), (Complete Par	t II)							
9	\square	An agricultural research org			-	ed in coniu	nction with a	land-orant	college			
		or university or a non-land-g				-		-	-			
10		An organization that normal activities related to its exem income and unrelated busin See section 509(a)(2). (Cor	npt functions, subject ness taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
11		An organization organized a		vely to test for public sa	fotu Soo	section 50	0(2)(4)					
12	H	An organization organized a	-	•	•			rv out the	nurnoses of one or			
		more publicly supported or	-	•	-			•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •			-		-	aivina			
		the supported organization	-		• • •	-						
		organization. You must c		• • • •								
b		Type II. A supporting orga	-		tion with it	s supporte	d organizatio	n(s), by hav	ving			
		control or management of	-				-		•			
		organization(s). You mus			•		·					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,			
		its supported organizatior	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness			
		requirement (see instructi	ons). You must con	plete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	I, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information			(iv) is the ora:	anization listed	())					
		 (i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No						
Tota	ıl											

SHARE, INC.

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,063,052.	8,775,568.	13,909,096.	22,291,720.	26,526,386.	80,565,822.
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	9,063,052.	8,775,568.	13,909,096.	22,291,720.	26,526,386.	80,565,822.
	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.						80,565,822.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9,063,052.	8,775,568.	13,909,096.	22,291,720.	26,526,386.	80,565,822.
	Gross income from interest,	, , .	, , -	, , -	, , -	, , , -	, , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
		2,311.	1,261.	651.	941.	12,638.	17,802.
•	and income from similar sources Net income from unrelated business	2,0111	1,201.		511.	12,000.	17,002.
9	activities, whether or not the						
		Ο.	437,210.	107,121.	222,714.	0.	767,045.
40	business is regularly carried on	••	437,210.	107,121.	222,714.	<u>.</u>	101,013.
10	Other income. Do not include gain						
	or loss from the sale of capital	106,824.	612.	8,791.	48,975.	15,406.	180,608.
	assets (Explain in Part VI.)	100,024.	012.	0,751.	40,575.	13,400.	81,531,277.
	Total support. Add lines 7 through 10	ata (asa inaturutia				12	930,579.
	Gross receipts from related activities,			outh or fifth tox .		· · · ·	550,575.
13	First 5 years. If the Form 990 is for the organization, check this box and stop			-			
Se	ction C. Computation of Public				<u></u>	<u></u>	·····
	Public support percentage for 2022 (li			olumn (f))		14	98.82 %
15	Public support percentage from 2021	, (),		(//		15	99.69 %
	a 33 1/3% support test - 2022. If the c						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
100	stop here. The organization qualifies	0		,		,	
ŀ	33 1/3% support test - 2021. If the c						
	and stop here. The organization quali						
17:	a 10% -facts-and-circumstances test						
170	and if the organization meets the facts						
	meets the facts-and-circumstances te			-		-	
L	10% -facts-and-circumstances test	-				7a and line 15 is '	
Ľ		-					
	more, and if the organization meets the organization meets the facts-and-circu						
	Private foundation. If the organizatio						
10			100 on line 10 1/24				

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
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						
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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
		-		<u>.</u>	<u>.</u>		
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						1/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
23202	23 12-09-22						edule A (Form 990) 2022
			4 -				

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C		11c		
Sec	<u>detail in</u> Part VI. Stion B. Type I Supporting Organizations			L
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior		<u> </u>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		-
a	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01-		
0	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		20		
۴	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" <i>provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	່ວນ	1	L

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 Schedule A (Form 990) 2022
 SHARE, INC.

 Part IV
 Supporting Organizations (continued)

Schedule A (Form 990) 2022

art V Type III No	n-Functionally Integrated 509(a)(3) Supportir	ng Organiz	zations	
	e organization satisfied the Integral Part Test as a qualifyir			Part VI). See instruction
All other Type I	I non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	1
ction A - Adjusted Net	ncome		(A) Prior Year	(B) Current Year (optional)
Net short-term capita	gain	1		
2 Recoveries of prior-ye	ar distributions	2		
B Other gross income (see instructions)	3		
Add lines 1 through 3		4		
Depreciation and dep	letion	5		
B Portion of operating e	expenses paid or incurred for production or			
collection of gross inc	come or for management, conservation, or			
maintenance of prope	erty held for production of income (see instructions)	6		
Other expenses (see	nstructions)	7		
3 Adjusted Net Incom	e (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Ass	et Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair marke	value of all non-exempt-use assets (see			
instructions for short	tax year or assets held for part of year):			
a Average monthly valu	e of securities	1a		
b Average monthly cas	n balances	1b		
c Fair market value of c	ther non-exempt-use assets	1c		
d Total (add lines 1a, 1	b, and 1c)	1d		
e Discount claimed for	blockage or other factors			
(explain in detail in Pa	rt VI):			
2 Acquisition indebted	less applicable to non-exempt-use assets	2		
B Subtract line 2 from I	ne 1d.	3		
Cash deemed held fo	r exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
Net value of non-exer	npt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.03	35.	6		
 Recoveries of prior-year 	ar distributions	7		
8 Minimum Asset Ame	ount (add line 7 to line 6)	8		
ction C - Distributable	Amount			Current Year
Adjusted net income	for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
Minimum asset amou	nt for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2	or line 3.	4		
income tax imposed	n prior year	5		
Distributable Amour	t. Subtract line 5 from line 4, unless subject to			
emergency temporar	reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 SHARE, INC.				91-1205119	Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions				Current Y	ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	SHARE,	INC.			91-1205119	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1: Part IV, Section D.	mation. , 2, 3b, 3c, lines 2 and	Provide the explanations 4b, 4c, 5a, 6, 9a, 9b, 9c 3: Part IV. Section E. lin	s required by Part II, line 10; , 11a, 11b, and 11c; Part IV, es 1c, 2a, 2b, 3a, and 3b; Pa and 6. Also complete this pa	Section B, lines 1 art V, line 1: Part V	and 2; Part IV, Section Section B. line 1e: Pa	n C,
	(See instructions.)						
232028 12-09-2	2					Schedule A (Form	990) 2022

SCHEDULE C	Political Campaign and Lobbying Activities						
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and section 527			2022			
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ						
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in			C Open to Public Inspection		
		Form 990, Part IV, line 3, or For			•		
-		plete Parts I-A and B. Do not corr			n Activities), then		
	• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.						
	• Section 527 organizations: Complete Part I-A only.						
•	•	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activitie	es), then		
-		nave filed Form 5768 (election und			-		
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (electio	n under section 501(h)): Complete Part II-B. Do	not complete Part II-A.		
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 99	0-EZ, Part V, line 35c (Proxy		
Tax) (See separate inst							
	, or (6) organizat	ions: Complete Part III.					
Name of organization				Em	nployer identification number		
Part I-A Compl	SHARE, INC.	anization is exempt unde	r and then $E(1/a)$ a	r in a contian 527 a	91-1205119		
	ete il the org	anization is exempt unde			organization.		
-	-	ation's direct and indirect politica			¢		
		ures					
3 Volunteer hours for	political campai	gn activities					
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3).			
		incurred by the organization unde			\$		
		incurred by organization manager					
		n 4955 tax, did it file Form 4720 fo					
4a Was a correction m	ade?				Yes 🗌 No		
b If "Yes," describe ir	n Part IV.						
Part I-C Compl	ete if the org	anization is exempt unde	r section 501(c), e	except section 501	(c)(3).		
		by the filing organization for sect			\$		
		ization's funds contributed to othe	er organizations for sec	ction 527			
exempt function ac					\$		
•	•	. Add lines 1 and 2. Enter here an			٨		
		1120-POL for this year?					
		ployer identification number (EIN					
		tion listed, enter the amount paid			0 0		
		omptly and directly delivered to a					
political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part I	V.			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of political		
				filing organization's			
				funds. If none, enter -C) promptly and directly delivered to a separate		
					political organization.		
					If none, enter -0		
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	0 or 990-EZ.		Schedule C (Form 990) 202		

Political Campaign and Lobbying Activities

232041 11-08-22

LHA

	SHARE, II					205119 Page 2
Part II-A Complete if the orga	anizatioi	ı is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).						
				Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share			. ,			
B Check if the filing organizat	ion checke	ed box A ar	nd "limited control" pro	ovisions apply.		
		ying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publi	c opinion (<u>c</u>	grassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lin	-					
d Other exempt purpose expenditure						
e Total exempt purpose expenditures	add lines	1c and 1d))			
f Lobbying nontaxable amount. Enter	r the amou	nt from the	following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (ent	er 25% of	ine 1f)				
h Subtract line 1g from line 1a. If zero	o or less, er	nter -0				
i Subtract line 1f from line 1c. If zero	or less, en	ter -0				
j If there is an amount other than zero	o on either	line 1h or l	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	/ear?					Yes No
	4	4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations th			01(h) election do not ate instructions for lin	•	of the five columns b	elow.
			nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2	019	(b) 2020	(c) 2021	(d) 2022	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	Νο	Αποι	unt	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:	X				
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x			
		x			
 c Media advertisements? d Mailings to members, legislators, or the public? 		x			
		x			
 Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? 				10,000.	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		x			
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 		x			
		x			
i Other activities? j Total. Add lines 1c through 1i				10,000.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
 b If "Yes," enter the amount of any tax incurred under section 4912 					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or sec	tion		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sec		3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polymers) expenses for which the section 527(f) tax was paid).	olitical				
a Current year		2a			
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an					
expenditures next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions		. 5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr	oup list); Part II-A	, lines 1 a	nd 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:					
MADE \$10K CONTRIBUTION TO BRING VANCOUVER HOME WHICH WAS A CITY					
INITIATIVE TO LOBBY FOR AN AFFORDABLE HOUSING FUND LEVY IN THE CITY OF					
VANCOUVER. ADDITIONAL SUPPORT PROVIDED BY SHARE IN SUPPORT OF THIS					
LEGISLATION PASSING INCLUDED STAFF VOLUNTEERING TO GO DOOR-TO-DOOR FOR					
LIKELY VOTERS					

232043 11-08-22

Schedule C (Form 990) 2022

Department of the Treasury

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 4 **Open to Public** Inspection

Internal Revenue Service	Go
Name of the organizati	on

Employer identification number

9	1-1	201	511	9
9	τ-τ	20.	J T T	9

	SHARE, INC.			91-1205119
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised	d 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 hel	d in donor advised fur	nde
Ŭ	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor of			
			• •	
Par		anization answered "Ves	" on Form 990 Part IV	
				, me 7.
1	Purpose(s) of conservation easements held by the organization		Drocomution of a hist	tariagly important land area
	Preservation of land for public use (for example, recreation of particul habitet		1	torically important land area tified historic structure
	Protection of natural habitat		Preservation of a cer	thed historic structure
•	Preservation of open space	ind nonconvetion contails.	tion in the former of a c	
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribu	ition in the form of a co	Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and no	it on a	
-				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orgar	nization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		on, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservati	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and ent	orcing conservation ea	asements during the year
•			f	
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		-	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	inancial statements tr	lat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Trea	sures or Other 9	Similar Assets
1 41	Complete if the organization answered "Yes" on Form	•		
	If the organization elected, as permitted under FASB ASC 95		nue statement and he	lance aboat works
Id				
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			a ala anti-usulua af
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB A	-		•
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22	26		
		26		

2022.05000 SHARE, INC.

Sche	dule D (Form 990) 2022 SHARE, INC						91-120		P	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that n	nake sig	nificant u	ise of its			
	collection items (check all that apply):									
а										
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-	-		se in Part	XIII.		
5	During the year, did the organization solicit of			-	similar a	assets		-		-
Dee	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Y	es" on F	Form 990	, Part IV, I	ine 9, or	•	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•				v	٦.,		٦
	on Form 990, Part X?						X	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					Amour	+	
	Device in a balance							Amour	364,	171
ر اہ	Beginning balance					1c			504,	0.
a	Additions during the year					1d 1e				0.
e f	Distributions during the year					1f			364,	-
' 2a	Ending balance Did the organization include an amount on F				 ht liability		X	Yes		No
	If "Yes," explain the arrangement in Part XIII.					y]
Par).		<u></u>		<u></u>
	· · ·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou	r years	back
1a	Beginning of year balance	1,478,373.	1,379,430.	1,328,	111.	1,09	99,138.		100,	389.
b	Contributions	14,118.	14,522.	8,	969.	86,991.				
с	Net investment earnings, gains, and losses	-212,211.	97,943.	50,	978.	14	47,254.	4. 800,353		353.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	14,118.	13,522.	8,	628.		5,272.		1,	604.
f	Administrative expenses									
g	End of year balance	1,266,162.	1,478,373.	1,379,	430.	1,32	28,111.	1	,099,	138.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	79.4900	_%							
b	Permanent endowment 20.5100	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered	d for the	•				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.							
I ai	Complete if the organization answere		Part IV line 11a S	ee Form 990	Dart X li	no 10				
		(a) Cost or ot		or other			4	(d) Dec		
	Description of property	basis (investm	. ,	or other (other)	• •	cumulate reciation	a	(d) Boo	ok valu	Э
10	Land	· · · · ·	,	,288,332.	ucpi	Solution		1	,288,	332
-	Land			,817,876.		2,583,8	312		<u>,200,</u> ,234,	
b	Buildings Leasehold improvements			,,-,-,-		_,,		-	,,	
d	Equipment			983,385.		510,4	453.		472,	932.
	Other			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/			· - /	
	Add lines 1a through 1e. (Column (d) must e		(column (R) line 1					5	,995,	328.
1010	in taa miloo ha amoagin ho. (Columni (u) must e	<u>quai ruini 990, rail /</u>		<i></i>	<u></u>					

Schedule D (Form 990) 2022

10021101 146892 749355

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY THE COMMUNITY FOUNDATION OF SW WA	1,266,162.
(2) RIGHT OF USE ASSET	36,768.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,302,930.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990. Part IV. line 11e or 11f. See Form 990. Part X.	line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM LEASE LIABILITY	25,237.
(3) SHORT TERM LEASE LIABILITY	11,530.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,767.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 SHARE , INC .			91-12	05119 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Re	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	26,394,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	84,534.		
b	Donated services and use of facilities	2b	40,861.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	125,395.
3	Subtract line 2e from line 1			3	26,269,121.
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	11,641.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b	-		4c	11,641.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	26,280,762.
	t XII Reconciliation of Expenses per Audited Financial Stat	ements With E	xpenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	26,119,770.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
– a	Donated services and use of facilities	2a	40,861.		
b	Prior year adjustments		, -		
0					
d	Other losses Other (Describe in Part XIII.)				
				2e	40,861.
e	Add lines 2a through 2d			3	26,078,909.
3	Subtract line 2e from line 1			3	20,070,909.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		11 6/1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		11,641.		
b	Other (Describe in Part XIII.)				11 6/1
_c	Add lines 4a and 4b			4c	11,641.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, t XIII Supplemental Information.)		5	26,090,550.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	,		; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informat	ion.		
PAR	X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INT	ERNAL			
REVE	NUE CODE SECTION 501(C)(3). THE ORGANIZATION RECOGNIZES TH	IE TAX			
BENE	FIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY	THAN NOT			
THAT	THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE	TAX			
AUTH	ORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. TH	IE TAX			
BENE	FIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GR	EATER THAN			
50%	LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE	1			
ORGA	NIZATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCC	ME TAX			

MATTERS, IF ANY, IN MANAGEMENT AND GENERAL EXPENSE. THE ORGANIZATION HAD

NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2022 OR 2021. THE

ORGANIZATION FILES AN EXEMPT RETURN IN THE U.S. FEDERAL JURISDICTION.

232054 09-01-22

Schedule D (Form 990) 2022

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELEASED FROM RESTRICTIONS

PART IV, LINE 2B:

BALANCES HELD REPRESENTS FUNDS HELD TO ASSIST CLIENT IN MEETING SAVINGS

GOALS FOR SPECIFIC PURPOSES SUCH AS A DOWN PAYMENT ON A HOME, START A

BUSINESS OR PURSUE HIGHER EDUCATION.

Schedule D (Form 990) 2022

232055 09-01-22

10021101 146892 749355

30 2022.05000 SHARE, INC.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	C	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the		2022
Department of the Treasury		Attach to Form 990 o						Open to Public Inspection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest informatior			ntification number
5	SHARE, INC.					91-12		
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 9	90-EZ	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa	ed funds through any of the followin e Solicita	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?] Yes	
compensated at le	ast \$5,000 by the	organization.		-				
(i) Name and address of individual or entity (fundraiser)(ii) Activity(iii) Activity(iii) Did fundraiser have custody or control of contributions?(iv) Gross receipts from activity(v) Amount pai to (or retained by fundraiser listed in col. (i							d by) r	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whit or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fr	om re	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
		SOUP'S ON	GALA		(add col. (a) through
a		(event type)	(event type)	(total number)	col. (c))
Revenue	Gross receipts	217,246.	358,454.		575,700
2	Less: Contributions	149,676.	272,155.		421,831
3	Gross income (line 1 minus line 2)	67,570.	86,299.		153,869
4	Cash prizes				
5	Noncash prizes	29,596.	32,561.		62,157
Direct Expenses	Rent/facility costs				
Tilect Tect 7	Food and beverages				
<u>а</u> в	Entertainment				
9		140,228.	122,224.		262,452
1	Direct expense summary. Add lines 4 throug		324,609		
1	1 Net income summary. Subtract line 10 from I	line 3, column (d)			-170,740

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
Direct expense summary. Add lines 2 through	5 in column (d)			
Net gaming income summary. Subtract line 7	from line 1, column (d)			
nter the state(s) in which the organization conduc	cts gaming activities:			
the organization licensed to conduct gaming ac	tivities in each of these s	states?		
,				
	· · ·	e .	/ear?	Yes No
	Cash prizes	Cash prizes	Cash prizes	Cash prizes

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 SHARE, INC.	91-12	205119)	Page 3
11	Does the organization conduct gaming activities with nonmembers?		<u>۱</u>	'es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		<u>۲</u>	'es	No No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility		13a		%
	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<u>ר</u> ו	'es	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	int			
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
a			<u>ר</u> א	/es	No No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		· · ·		
	organization's own exempt activities during the tax year \$	iie			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part	III. line	s 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	, ,
23208	33 10-27-22 S	chedu	le G (F	orm	990) 2022

Schedule G	à (Form 990)	SHARE, INC.
Part IV	Supplementa	al Information (continued)

		Schedule G (Form 990)

232084 04-01-22

10021101 146892 749355

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
		Comple	ete if the organization	n answered "Yes" Attach to Form		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.		Inspection
Name of the organization	n SHARE, INC.			-				Employer identification number 91-1205119
Part I General Info	ormation on Grants a	nd Assistance						
criteria used to aw <u>2</u> Describe in Part IV	tion maintain records t rard the grants or assis (the organization's pro	tance? cedures for monito	pring the use of grant	funds in the United	States.			X Yes No
	Other Assistance to I at received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and add		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								TO EDUCATE VOTERS ABOUT A
BRING VANCOUVER HO	ME							CITY LEVY THAT WOULD FUND
PO BOX 1322								AT 10 MILLION DOLLARS A
VANCOUVER, WA 9866	6	81-2064652		10,000.	0.			YEAR FOR 10 YEARS THE
2 Enter total number	r of section 501(c)(3) a	nd government ora	anizations listed in the	e line 1 table	L	L	1	0.
	r of other organizations							1.
	Reduction Act Notice,							Schedule I (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

SHARE, INC.

91-1205119

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE, EVICTION PREVENTION,					
TRANSPORTATION SUBSIDIES, EDUCATION, CHILDCARE AND					
OTHER ASSISTANCE.	2661	14,325,992.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SHARE REVIEWS EXPENSES AND MONITORS MONTHLY INVOICES TO ENSURE GRANTS ARE

BEING USED FOR INTENDED PURPOSES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRING VANCOUVER HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE VOTERS ABOUT A CITY LEVY

THAT WOULD FUND AT 10 MILLION DOLLARS A YEAR FOR 10 YEARS THE BUILDING

AND OPERATING OF AFFORDABLE HOUSING AND SHELTERS IN THE CITY OF

Chedule I (Form 990) SHARE, INC. Part IV Supplemental Information		Page 2
NCOUVER.		
2291	Schedule I	(Form 99

232291 04-01-22

SCH	SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest			1	OMB No.	1545-00	47			
(For				20	22					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2022					
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection				
	e of the organization	Employer	Employer identification number							
	C C	SHARE, INC.			L205119					
Pa	t I Question	s Regarding Compensation								
						Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on	Form	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or c	harter travel Housing allowance or residence for	perso	nal use						
	Travel for companions Payments for business use of personal residence			sidence						
		ation and gross-up payments								
	Discretionary s	spending account Personal services (such as maid, ch	auffeu	ur, chef)						
_										
	•	on line 1a are checked, did the organization follow a written policy regarding payment								
		provision of all of the expenses described above? If "No," complete Part III to explain			<u>1b</u>		-			
		n require substantiation prior to reimbursing or allowing expenses incurred by all direct								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2					
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization	ation's							
		ector. Check all that apply. Do not check any boxes for methods used by a related organized								
		ation of the CEO/Executive Director, but explain in Part III.	mzau	01110						
	Compensation									
		compensation consultant X Compensation survey or study								
		f other organizations X Approval by the board or compensation committee								
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a re									
а	Receive a severanc	e payment or change-of-control payment?			4a		x			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?			4b		X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			4c		х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsatic	n						
	contingent on the re									
							X			
		ation?			<u>5b</u>		X			
		or 5b, describe in Part III.								
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsatic	n						
	contingent on the n	-					v			
							X X			
		ation?			<u>6b</u>					
		or 6b, describe in Part III.	monte							
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay			7	х				
		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject								
	•				8		x			
	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
					9					
	Regulations section 53.4958-6(c)? LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (
<i>"</i> (0000			,			

232111 10-18-22

91-1205119

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DIANE MCWITHEY	(i)	148,958.	2,953.	863.	6,090.	5,427.	164,291.	0.	
EXECUTIVE DIRECTOR	(ii)	٥.	٥.	٥.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

SHARE MAINTAINS AN ANNUAL INCENTIVE PLAN THAT ALLOWS ELIGIBLE EMPLOYEES TO

EARN AN INCENTIVE AWARD. THE EXECUTIVE DIRECTOR'S BONUS IS INCLUDED IN THIS

BONUS POOL. THE BONUS TABLE IS PROVIDED TO THE BOARD OF DIRECTORS FOR

APPROVAL.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number 91-1205119

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determi noncash contribution a	•	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		355,356.	соят		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	139,890	282,176.	COST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (<u>SPECIAL EVENT</u>)	X	0	101,661.	COST		
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	-	•			0	
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			
200	During the year, did the organization receive by	oontributio	n ony proporty rop	orted in Dart L lines 1 throug	h 28. that it	Yes	No
30a	must hold for at least 3 years from the date of t		•••••				
	exempt purposes for the entire holding period?			·			x
h							
ы 31	 b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 						
	I Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash I						
JEa	contributions?		-		32a		x
b	If "Yes," describe in Part II.				020		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	cked.		
	describe in Part II.	(-) /0	,, <u> </u>		<i>'</i>		
							_

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 SHARE, INC.	91-1205119	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	and 33, and whether the organi	zation
is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	a combination of both. Also co	nplete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER REPORTED IN PART I, COLUMN (B) REPRESENTS POUNDS OF FOOD.		
232142 09-09-22	Schedule M (For	m 990) 202:

10021101 146892 749355

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.)-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	SHARE, INC.		r identification number 205119
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
COORDINATED SYSTEM	FOR PROVIDING CASE MANAGEMENT, HOUSING AND		
CONNECTION TO SUPP	ORTIVE SERVICES IN THE COMMUNITY FOR HOMELESS		
FAMILIES AND INDIV	IDUALS. LAST YEAR, THE AHAS PROGRAM SERVED 129		
HOUSEHOLDS FOR A T	OTAL OF 247 UNDUPLICATED PEOPLE SERVED IN 2022. SHARE		
RECEIVED A SIGNIFI	CANT AMOUNT OF FUNDS DESIGNED TO ADDRESS HOMELESSNESS		
THAT WILL EXPIRE I	N 2024.		
	, LINE 4D, OTHER PROGRAM SERVICES:		
	S: SHARE'S STREET OUTREACH PROVIDED STREET OUTREACH		
	RD-TO-REACH AND HARD-TO-SERVE HOMELESS INDIVIDUALS IN		
	IN BECOMING PERMANENTLY HOUSED. IN ADDITION, CASE		
MANAGERS MEET WITH	CLIENTS ON A ONE-TO-ONE BASIS TO ASSIST THEM IN		
ACCESSING EXISTING	SOCIAL SERVICES, STABLE HOUSING SITUATIONS OR TO		
ASSIST WITH WHATEV	ER NEEDS THEY MAY HAVE.		
EXPENSES \$ 2,288,6	27. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.		
FORM 990, PART VI,	SECTION A, LINE 6:		
BOARD MEMBERS ELEC	T BOARD MEMBERS AND BOARD OFFICERS. THE BOARD ALSO ELECTS		
THE EXECUTIVE DIRE	CTOR FOR THE ORGANIZATION. THE BOARD REVIEWS AND APPROVES		
ORGANIZATION POLIC	IES.		
FORM 990, PART VI,	SECTION A, LINE 7A:		
BOARD MEMBERS ELEC	T BOARD MEMBERS AND BOARD OFFICIERS. THE BOARD ALSO		
ELECTS THE EXECUTI	VE DIRECTOR FOR THE ORGANIZATION.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

43 2022.05000 SHARE, INC.

Name of the organization	Employer identification number
SHARE, INC.	91-1205119
	· ·
FORM 990, PART VI, SECTION B, LINE 11B:	
990 DRAFT IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND	
STO DART TO REVIEWED DI THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND	
THEN THE DRAFT IS SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW AND AFTER	
APPROVAL OF THE FINANCE COMMITTEE, THE DRAFT IS SUBMITTED TO THE BOARD FOR	
,,,,,,,	
REVIEW AND APPROVAL BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST IS DISCUSSED AND SIGNED BY THE BOARD DIRECTORS ON A	
YEARLY BASIS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
FORM 990, PART VI, SECTION B, LINE 15A: SHARE PARTICIPATES IN A SALARY SURVEY AND COMPARES DATA TO RANGES FOR EACH	
SHARE PARTICIPATES IN A SALARY SURVEY AND COMPARES DATA TO RANGES FOR EACH	
SHARE PARTICIPATES IN A SALARY SURVEY AND COMPARES DATA TO RANGES FOR EACH	
SHARE PARTICIPATES IN A SALARY SURVEY AND COMPARES DATA TO RANGES FOR EACH	
SHARE PARTICIPATES IN A SALARY SURVEY AND COMPARES DATA TO RANGES FOR EACH EMPLOYEE, PROPOSED EMPLOYEE COMPENSATION IS SUBMITTED TO THE FINANCE COMMITTE FOR REVIEW AND APPROVAL AND THEN TO THE BOARD OF DIRECTORS FOR	
SHARE PARTICIPATES IN A SALARY SURVEY AND COMPARES DATA TO RANGES FOR EACH EMPLOYEE, PROPOSED EMPLOYEE COMPENSATION IS SUBMITTED TO THE FINANCE COMMITTE FOR REVIEW AND APPROVAL AND THEN TO THE BOARD OF DIRECTORS FOR	
SHARE PARTICIPATES IN A SALARY SURVEY AND COMPARES DATA TO RANGES FOR EACH EMPLOYEE, PROPOSED EMPLOYEE COMPENSATION IS SUBMITTED TO THE FINANCE COMMITTE FOR REVIEW AND APPROVAL AND THEN TO THE BOARD OF DIRECTORS FOR	

REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ON WEBSITE OR BY REQUEST.

232212 10-28-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer	Taxpayer identification number (TIN)					
print			01 1205110					
File by the due date t filing your	or Number, street, and room or suite no. If a P.O. box, see instructions. C/O JSP - 1501 REGENTS BLVD STE 100							
return. Se instruction	8	foreign add	ress, see instructions.					
Enter th	ne Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069 11					
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation) CHRISTOPHER BROX	07						
• If the • If this box 1 I the 2 If 2	request an automatic 6-month extension of time until he organization named above. The extension is for the org ►	Group Exe and atta NOVEMBE ganization's , an check rease	mption Number (GEN) ach a list with the names and TINs of R 15, 2023 , to file return for: ad ending on: Initial return	If this is fo all memb	r the whole ers the extern npt organiza	group, check this		
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	a, enter the	e terriative tax, less	3a	\$	0.		
b lf	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						0.		
c Balance due. Subtract line 3b from line 3a. Include your payment wit			h this form, if required, by					
u	sing EFTPS (Electronic Federal Tax Payment System). Se	<u>e instruct</u> io	ns.	3c	\$	0.		
Cautio instruct	n: If you are going to make an electronic funds withdrawa ions.	I (direct del	bit) with this Form 8868, see Form 8	453-TE and		. ,		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form	8868 (Rev. 1-2022)		

223841 04-01-22