

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

**SHARE- SUPPORTIVE HOUSING AND
RESOURCES FOR THE ELDERLY**

94-3209791

Net Asset / Fund Balance at Beginning of Year 1,625,035

Revenue

Contributions	415,998
Program service revenue	2,424,059
Investment income	_____
Capital gain / loss	_____
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	0

Total revenue 2,840,057

Expenses

Program services	2,721,520
Management and general	31,529
Fundraising	31,529

Total expenses 2,784,578

Excess / (deficit) 55,479

Changes _____

Net Asset / Fund Balance at End of Year 1,680,514

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>2,840,057</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>2,784,578</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	2,981,881	2,904,748	
Liabilities	1,356,846	1,224,234	
Net assets	1,625,035	1,680,514	55,479

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23
 Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**SHARE- SUPPORTIVE HOUSING AND
RESOURCES FOR THE ELDERLY**

EIN or SSN

94-3209791

Name and title of officer or person subject to tax **ARNOLD STALK
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,840,057
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **SCOTT HUKRIEDE CPA INC** to enter my PIN **89106** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **07/18/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30345192806

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **SCOTT HUKRIEDE, CPA** Date **07/18/23**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY		D Employer identification number 94-3209791
	Doing business as SHARE VILLAGE LAS VEGAS		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address) 181 CLIFF VALLEY DR		

City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89148		G Gross receipts \$ 2,840,057
F Name and address of principal officer: ARNOLD STALK 181 CLIFF VALLEY DR LAS VEGAS NV 89148		

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: **SHAREVILLAGELASVEGAS.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HOUSING AND RESOURCES FOR THE ELDERLY	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	3
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 530,015 Current Year: 415,998
	9 Program service revenue (Part VIII, line 2g)	2,132,880 2,424,059
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,662,895 2,840,057
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	283,424 336,537
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) 31,529	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	844,550 2,448,041
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,127,974 2,784,578	
19 Revenue less expenses. Subtract line 18 from line 12	1,534,921 55,479	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 2,981,881 End of Year: 2,904,748
	21 Total liabilities (Part X, line 26)	1,356,846 1,224,234
	22 Net assets or fund balances. Subtract line 21 from line 20	1,625,035 1,680,514

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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 Here	Signature of officer	Date
	ARNOLD STALK Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	SCOTT HUKRIEDE, CPA	SCOTT HUKRIEDE, CPA	07/18/23		P00737910
	Firm's name	Firm's EIN	Phone no.		
SCOTT HUKRIEDE CPA INC		714-627-2525			
Firm's address					
333 CITY BLVD W FL 17 ORANGE, CA 92868					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE HOUSING AND RESOURCES FOR THE ELDERLY

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 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 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **278,043** including grants of \$) (Revenue \$ **2,424,059**)
PROVIDING AFFORDABLE HOUSING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ **2,443,477** including grants of \$) (Revenue \$)

4e Total program service expenses **2,721,520**

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		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		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		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		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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 transaction?	5b			X
c	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	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:				
a	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.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	3	
1b	Enter the number of voting members included on line 1a, above, who are independent	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**ARNOLD STALK
LAS VEGAS**

181 CLIFF VALLEY DR

NV 89148

702-624-5792

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANNON KELLY SECRETARY	0.00 0.00	X		X				0	0	0
(2) SHANNON KELLY TREASURER	0.00 0.00	X		X				0	0	0
(3) ARNOLD STALK PRESIDENT	0.00 0.00	X		X				0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	230,144			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	185,854			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			415,998		
	Program Service Revenue	2a VETERANS VILLAGE 2	Business Code	1,665,204	1,665,204	
b VETERANS VILLAGE 4			515,683	515,683		
c VETERANS VILLAGE 5			243,172	243,172		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f				2,424,059		
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions			2,840,057	2,424,059	0

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	263,360	263,360		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	22,073	22,073		
10 Payroll taxes	51,104	51,104		
11 Fees for services (nonemployees):				
a Management	318,620	318,620		
b Legal	256,830	207,644	24,593	24,593
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,825	19,599	1,613	1,613
12 Advertising and promotion	47,043	40,811	3,116	3,116
13 Office expenses	26,332	23,882	1,225	1,225
14 Information technology	17,055	17,047	4	4
15 Royalties				
16 Occupancy	493,497	493,177	160	160
17 Travel	191,958	191,324	317	317
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	604,262	604,262		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	241,780	241,780		
23 Insurance	84,966	83,964	501	501
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.)				
a PROPERTY TAXES	51,515	51,515		
b PANTRY SUPPLIES	44,685	44,685		
c DONATION EXPENSE	17,776	17,776		
d PROPERTY TAXES	9,454	9,454		
e All other expenses	19,443	19,443		
25 Total functional expenses. Add lines 1 through 24e	2,784,578	2,721,520	31,529	31,529
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	726,104	1	557,318
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	409,953	7	545,590
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,144,116		
	b	Less: accumulated depreciation	342,276	10c	1,801,840
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,981,881	16	2,904,748	
Liabilities	17	Accounts payable and accrued expenses	61,000	17	61,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,295,846	25	1,163,234
	26	Total liabilities. Add lines 17 through 25	1,356,846	26	1,224,234
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,625,035	27	1,680,514
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,625,035	32	1,680,514
33	Total liabilities and net assets/fund balances	2,981,881	33	2,904,748	

Part 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	2,840,057
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,784,578
3	Revenue less expenses. Subtract line 2 from line 1	3	55,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,625,035
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,680,514

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**SHARE- SUPPORTIVE HOUSING AND
RESOURCES FOR THE ELDERLY**

Employer identification number

94-3209791

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	734,408	806,202	12,400	530,015	415,998	2,499,023
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	934,051	2,803,454	3,250,824	2,132,880	2,424,059	11,545,268
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,668,459	3,609,656	3,263,224	2,662,895	2,840,057	14,044,291
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						14,044,291

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,668,459	3,609,656	3,263,224	2,662,895	2,840,057	14,044,291
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,668,459	3,609,656	3,263,224	2,662,895	2,840,057	14,044,291
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the 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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable 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: \$			
a 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:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY	Employer identification number 94-3209791
--	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

SHARE- SUPPORTIVE HOUSING AND

Employer identification number

94-3209791

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 230,144	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY

Employer identification number

94-3209791

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		592,000		592,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,552,116	342,276	1,209,840
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,801,840

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. (Column (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. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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 PAYABLES	1,163,234
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,163,234

2. 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

Part XIII Supplemental Information *(continued)*

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization	SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY	Employer identification number 94-3209791
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FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
SUPPORT ACTIVITIES RELATED TO PROVIDING AFFORDABLE HOUSING AND RESOURCES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

SHANNON R KELLY **ARNOLD STALK**

SECRETARY **PRESIDENT**

MARRIED

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**COPIES OF THE COMPLETED DRAFT FORM 990 (INCLUDING REQUIRED SCHEDULES) WILL
 BE DISTRIBUTED TO OFFICERS IN EITHER ELECTRONIC OR PAPER FORM FOR REVIEW
 AND APPROVAL. ANY QUESTIONS OR CONCERNS WILL BE NOTED AND ADDRESSED, AND
 MANAGEMENT STAFF WILL ENSURE THAT CHANGES ARE INCORPORATED INTO THE FORM
 990 AS APPROPRIATE**

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

**A QUESTIONNAIRE IS PROVIDED EACH YEAR TO ALL BOARD MEMBERS AND STAFF TO
 DETERMINE IF THERE IS A CONFLICT OF INTEREST. THE QUESTIONNAIRE ASKS BOARD
 AND STAFF MEMBERS TO DISCLOSE EXISTING CONFLICTS AND REMINDS THEM OF THE
 RESPONSIBILITY TO DISCLOSE ANY FUTURE POTENTIAL CONFLICTS OF INTEREST.
 ANNUAL BOARD MEETINGS REVIEW THE POLICIES AND DISCUSS HYPOTHETICAL
 SITUATIONS THAT COULD RESULT IN A CONFLICT OF INTEREST, AND THEN DISCUSS
 HOW THE BOARD WOULD MANAGE THAT POTENTIAL CONFLICT SO THAT ANY FUTURE
 SITUATIONS COULD BE HANDLED WITH MORE EASE.**

Name of the organization

Employer identification number

SHARE- SUPPORTIVE HOUSING AND

94-3209791

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS FOR DETERMINING THE APPROPRIATE COMPENSATION IS A WRITTEN

POLICY THAT THE BOARD WILL CONDUCT A REVIEW OF THE EXECUTIVE'S COMPENSATION

THAT INCLUDES A COMPARISON OF COMPENSATION PAID BY SIMILARLY-SIZED PEER

ORGANIZATIONS IN THE SAME GEOGRAPHIC LOCATION.

THE ANNUAL PROCESS OF REVIEWING AND APPROVING THE COMPENSATION OF TOP

OFFICIALS IS CONDUCTED BY THE BOARD AND DOCUMENTED IN THE BOARD MEETING

MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROCESS FOR DETERMINING THE APPROPRIATE COMPENSATION IS A WRITTEN

POLICY THAT THE BOARD WILL CONDUCT A REVIEW OF THE OFFICERS' OR KEY

EMPLOYEE'S COMPENSATION THAT INCLUDES A COMPARISON OF COMPENSATION PAID BY

SIMILARLY-SIZED PEER ORGANIZATIONS IN THE SAME GEOGRAPHIC LOCATION.

THE ANNUAL PROCESS OF REVIEWING AND APPROVING THE COMPENSATION OF OFFICERS

AND KEY EMPLOYEES IS CONDUCTED BY THE BOARD AND DOCUMENTED IN THE BOARD

MEETING MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS THAT SHOULD BE MADE AVAILABLE FOR PUBLIC INSPECTION ARE AVAILABE

UPON REQUEST

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

**SHARE- SUPPORTIVE HOUSING AND
RESOURCES FOR THE ELDERLY**

Employer identification number

94-3209791

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VETERANS VILLAGE 4 840 S RANCHO RD STE 4-622 83-4289619 LAS VEGAS NV 89106	HOUSING	NV			SHARE
(2) VETERANS VILLAGE 5 840 S RANCHO RD STE 4-622 83-0683888 LAS VEGAS NV 89106	HOUSING	NV			SHARE
(3) VV2 VEGAS LLC 840 S RANCHO RD STE 4-622 83-3042556 LAS VEGAS NV 89106					N/A
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R - GROUP EXEMPTION RELATIONSHIPS

LOAN TO RELATED TAX-EXEMPT ORGANIZATION WITH SHARED MISSION

SCHEDULE R - ADDITIONAL INFORMATION

LOAN TO RELATED TAX EXEMPT ORGANIZATION WITH SHARED MISSION

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return **SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY** Identifying number **94-3209791**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	46

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	2,800
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,846
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return **SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY** Identifying number **94-3209791**

Business or activity to which this form relates

VETERANS VILLAGE 2

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	112,304
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	112,304
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return **SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY** Identifying number **94-3209791**

Business or activity to which this form relates

VETERANS VILLAGE 4

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	7,934
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	368

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	3,668
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	11,970
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return **SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY** Identifying number **94-3209791**

Business or activity to which this form relates

VETERANS VILLAGE 5

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	77,558
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	39

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	37,063
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	114,660
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	BUILDING IMPROVEMENTS	1/01/20	112,025			112,025	27 MMS/L	5,485	2,800
			<u>112,025</u>			<u>112,025</u>		<u>5,485</u>	<u>2,800</u>
Other Depreciation:									
2	FURNITURE & EQUIPMENT	1/01/20	320			320	7 MO S/L	91	46
	Total Other Depreciation		<u>320</u>			<u>320</u>		<u>91</u>	<u>46</u>
	Total ACRS and Other Depreciation		<u>320</u>			<u>320</u>		<u>91</u>	<u>46</u>
	Grand Totals		112,345			112,345		5,576	2,846
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>112,345</u>			<u>112,345</u>		<u>5,576</u>	<u>2,846</u>

94-3209791

Federal Asset Report

FYE: 12/31/2022

VETERANS VILLAGE 2

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
15-year GDS Property:									
7	LEASEHOLD IMPROVEMENTS	1/01/22	109,984		X	0	15 HY S/L	0	109,984
8	REHAB EXPENDITURES	1/01/22	2,320		X	0	15 HY S/L	0	2,320
			<u>112,304</u>			<u>0</u>		<u>0</u>	<u>112,304</u>
Prior MACRS:									
1	REFRIGERATORS	1/01/21	1,501		X	0	5 HY 200DB	1,501	0
2	WATER HEATERS	1/01/21	1,532		X	0	5 HY 200DB	1,532	0
3	EXTERIOR	1/01/21	250		X	0	15 HY S/L	250	0
4	EQUIPMENT	1/01/21	593		X	0	5 HY 200DB	593	0
5	PLUMBING	1/01/21	2,000		X	0	15 HY S/L	2,000	0
6	CARPET & FLOORING	1/01/21	4,155		X	0	5 HY 200DB	4,155	0
			<u>10,031</u>			<u>0</u>		<u>10,031</u>	<u>0</u>
Grand Totals			122,335			0		10,031	112,304
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>122,335</u>			<u>0</u>		<u>10,031</u>	<u>112,304</u>

94-3209791

Federal Asset Report

FYE: 12/31/2022

VETERANS VILLAGE 4

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
15-year GDS Property:									
3	LEASEHOLD IMPROVEMENTS	1/01/22	7,934		X	0	15 HY S/L	0	7,934
			<u>7,934</u>			<u>0</u>		<u>0</u>	<u>7,934</u>
Prior MACRS:									
1	BUILDING IMPROVEMENTS	1/01/20	146,706			146,706	27 MMS/L	7,182	3,668
			<u>146,706</u>			<u>146,706</u>		<u>7,182</u>	<u>3,668</u>
Other Depreciation:									
2	FURNITURE & EQUIPMENT	1/01/20	1,840			1,840	5 MO S/L	736	368
	Total Other Depreciation		<u>1,840</u>			<u>1,840</u>		<u>736</u>	<u>368</u>
	Total ACRS and Other Depreciation		<u>1,840</u>			<u>1,840</u>		<u>736</u>	<u>368</u>
	Grand Totals		156,480			148,546		7,918	11,970
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>156,480</u>			<u>148,546</u>		<u>7,918</u>	<u>11,970</u>

94-3209791

Federal Asset Report

FYE: 12/31/2022

VETERANS VILLAGE 5

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
15-year GDS Property:									
9	LEASEHOLD IMPROVEMENTS	1/01/22	76,208		X	0	15 HY S/L	0	76,208
10	REHAB EXPENDITURES	1/01/22	1,350		X	0	15 HY S/L	0	1,350
			<u>77,558</u>			<u>0</u>		<u>0</u>	<u>77,558</u>
Prior MACRS:									
1	2100-2104 SUNRISE AVE- BUILDING	1/01/20	888,000			888,000	27 MMS/L	63,236	32,291
3	BUILDING IMPROVEMENTS	1/01/20	190,892			190,892	27 MMS/L	9,346	4,772
5	REFRIGERATOR	1/01/21	1,301		X	0	5 HY 200DB	1,301	0
6	HVAC	1/01/21	525		X	0	5 HY 200DB	525	0
7	WINDOW COVERINGS	1/01/21	1,493		X	0	5 HY 200DB	1,493	0
8	CARPET & FLOORING	1/01/21	992		X	0	5 HY 200DB	992	0
			<u>1,083,203</u>			<u>1,078,892</u>		<u>76,893</u>	<u>37,063</u>
Other Depreciation:									
2	2100-2104 SUNRISE AVE- LAND	1/01/20	592,000			592,000	0 -- Land	0	0
4	FURNITURE & FIXTURES	1/01/20	195			195	5 MO S/L	78	39
	Total Other Depreciation		<u>592,195</u>			<u>592,195</u>		<u>78</u>	<u>39</u>
	Total ACRS and Other Depreciation		<u>592,195</u>			<u>592,195</u>		<u>78</u>	<u>39</u>
	Grand Totals		1,752,956			1,671,087		76,971	114,660
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,752,956</u>			<u>1,671,087</u>		<u>76,971</u>	<u>114,660</u>

NV Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
Prior MACRS:								
1	BUILDING IMPROVEMENTS	1/01/20	112,025	112,025	5,485	2,800	2,800	0
			<u>112,025</u>	<u>112,025</u>	<u>5,485</u>	<u>2,800</u>	<u>2,800</u>	<u>0</u>
Other Depreciation:								
2	FURNITURE & EQUIPMENT	1/01/20	320	320	91	46	46	0
	Total Other Depreciation		<u>320</u>	<u>320</u>	<u>91</u>	<u>46</u>	<u>46</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>320</u>	<u>320</u>	<u>91</u>	<u>46</u>	<u>46</u>	<u>0</u>
	Grand Totals		112,345	112,345	5,576	2,846	2,846	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>112,345</u>	<u>112,345</u>	<u>5,576</u>	<u>2,846</u>	<u>2,846</u>	<u>0</u>

94-3209791

NV Asset Report

FYE: 12/31/2022

VETERANS VILLAGE 2

Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
Non-Residential Real Property:								
7	LEASEHOLD IMPROVEMENTS	1/01/22	109,984	109,984	0	2,703	109,984	107,281
8	REHAB EXPENDITURES	1/01/22	2,320	2,320	0	57	2,320	2,263
			<u>112,304</u>	<u>112,304</u>	<u>0</u>	<u>2,760</u>	<u>112,304</u>	<u>109,544</u>
Prior MACRS:								
1	REFRIGERATORS	1/01/21	1,501	0	1,501	0	0	0
2	WATER HEATERS	1/01/21	1,532	0	1,532	0	0	0
3	EXTERIOR	1/01/21	250	0	250	0	0	0
4	EQUIPMENT	1/01/21	593	0	593	0	0	0
5	PLUMBING	1/01/21	2,000	0	2,000	0	0	0
6	CARPET & FLOORING	1/01/21	4,155	0	4,155	0	0	0
			<u>10,031</u>	<u>0</u>	<u>10,031</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			122,335	112,304	10,031	2,760	112,304	109,544
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>122,335</u>	<u>112,304</u>	<u>10,031</u>	<u>2,760</u>	<u>112,304</u>	<u>109,544</u>

FYE: 12/31/2022

NV Asset Report
VETERANS VILLAGE 4

Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
Non-Residential Real Property:								
3	LEASEHOLD IMPROVEMENTS	1/01/22	7,934	7,934	0	195	7,934	7,739
			<u>7,934</u>	<u>7,934</u>	<u>0</u>	<u>195</u>	<u>7,934</u>	<u>7,739</u>
Prior MACRS:								
1	BUILDING IMPROVEMENTS	1/01/20	146,706	146,706	7,182	3,668	3,668	0
			<u>146,706</u>	<u>146,706</u>	<u>7,182</u>	<u>3,668</u>	<u>3,668</u>	<u>0</u>
Other Depreciation:								
2	FURNITURE & EQUIPMENT	1/01/20	1,840	1,840	736	368	368	0
	Total Other Depreciation		<u>1,840</u>	<u>1,840</u>	<u>736</u>	<u>368</u>	<u>368</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,840</u>	<u>1,840</u>	<u>736</u>	<u>368</u>	<u>368</u>	<u>0</u>
	Grand Totals		156,480	156,480	7,918	4,231	11,970	7,739
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>156,480</u>	<u>156,480</u>	<u>7,918</u>	<u>4,231</u>	<u>11,970</u>	<u>7,739</u>

FYE: 12/31/2022

NV Asset Report
VETERANS VILLAGE 5

Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
Non-Residential Real Property:								
9	LEASEHOLD IMPROVEMENTS	1/01/22	76,208	76,208	0	1,873	76,208	74,335
10	REHAB EXPENDITURES	1/01/22	1,350	1,350	0	33	1,350	1,317
			<u>77,558</u>	<u>77,558</u>	<u>0</u>	<u>1,906</u>	<u>77,558</u>	<u>75,652</u>
Prior MACRS:								
1	2100-2104 SUNRISE AVE- BUILDING	1/01/20	888,000	888,000	63,236	32,291	32,291	0
3	BUILDING IMPROVEMENTS	1/01/20	190,892	190,892	9,346	4,772	4,772	0
5	REFRIGERATOR	1/01/21	1,301	0	1,301	0	0	0
6	HVAC	1/01/21	525	0	525	0	0	0
7	WINDOW COVERINGS	1/01/21	1,493	0	1,493	0	0	0
8	CARPET & FLOORING	1/01/21	992	0	992	0	0	0
			<u>1,083,203</u>	<u>1,078,892</u>	<u>76,893</u>	<u>37,063</u>	<u>37,063</u>	<u>0</u>
Other Depreciation:								
2	2100-2104 SUNRISE AVE- LAND	1/01/20	592,000	592,000	0	0	0	0
4	FURNITURE & FIXTURES	1/01/20	195	195	78	39	39	0
	Total Other Depreciation		<u>592,195</u>	<u>592,195</u>	<u>78</u>	<u>39</u>	<u>39</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>592,195</u>	<u>592,195</u>	<u>78</u>	<u>39</u>	<u>39</u>	<u>0</u>
	Grand Totals		1,752,956	1,748,645	76,971	39,008	114,660	75,652
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>1,752,956</u>	<u>1,748,645</u>	<u>76,971</u>	<u>39,008</u>	<u>114,660</u>	<u>75,652</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	BUILDING IMPROVEMENTS	1/01/20	112,025			112,025	27 MMS/L	5,485	2,800
			<u>112,025</u>			<u>112,025</u>		<u>5,485</u>	<u>2,800</u>
Other Depreciation:									
2	FURNITURE & EQUIPMENT	1/01/20	320			320	7 MO S/L	91	46
	Total Other Depreciation		<u>320</u>			<u>320</u>		<u>91</u>	<u>46</u>
	Total ACRS and Other Depreciation		<u>320</u>			<u>320</u>		<u>91</u>	<u>46</u>
	Grand Totals		112,345			112,345		5,576	2,846
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>112,345</u>			<u>112,345</u>		<u>5,576</u>	<u>2,846</u>

94-3209791

AMT Asset Report VETERANS VILLAGE 2

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
15-year GDS Property:									
7	LEASEHOLD IMPROVEMENTS	1/01/22	109,984		X	0	15 HY S/L	0	109,984
8	REHAB EXPENDITURES	1/01/22	2,320		X	0	15 HY S/L	0	2,320
			<u>112,304</u>			<u>0</u>		<u>0</u>	<u>112,304</u>
Prior MACRS:									
1	REFRIGERATORS	1/01/21	1,501		X	0	5 HY 200DB	1,501	0
2	WATER HEATERS	1/01/21	1,532		X	0	5 HY 200DB	1,532	0
3	EXTERIOR	1/01/21	250		X	0	15 HY S/L	250	0
4	EQUIPMENT	1/01/21	593		X	0	5 HY 200DB	593	0
5	PLUMBING	1/01/21	2,000		X	0	15 HY S/L	2,000	0
6	CARPET & FLOORING	1/01/21	4,155		X	0	5 HY 200DB	4,155	0
			<u>10,031</u>			<u>0</u>		<u>10,031</u>	<u>0</u>
	Grand Totals		122,335			0		10,031	112,304
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>122,335</u>			<u>0</u>		<u>10,031</u>	<u>112,304</u>

AMT Asset Report

VETERANS VILLAGE 4

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
15-year GDS Property:									
3	LEASEHOLD IMPROVEMENTS	1/01/22	7,934		X	0	15 HY S/L	0	7,934
			<u>7,934</u>			<u>0</u>		<u>0</u>	<u>7,934</u>
Prior MACRS:									
1	BUILDING IMPROVEMENTS	1/01/20	146,706			146,706	27 MMS/L	7,182	3,668
			<u>146,706</u>			<u>146,706</u>		<u>7,182</u>	<u>3,668</u>
Other Depreciation:									
2	FURNITURE & EQUIPMENT	1/01/20	1,840			1,840	5 MO S/L	736	368
	Total Other Depreciation		<u>1,840</u>			<u>1,840</u>		<u>736</u>	<u>368</u>
	Total ACRS and Other Depreciation		<u>1,840</u>			<u>1,840</u>		<u>736</u>	<u>368</u>
	Grand Totals		156,480			148,546		7,918	11,970
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>156,480</u>			<u>148,546</u>		<u>7,918</u>	<u>11,970</u>

94-3209791

AMT Asset Report VETERANS VILLAGE 5

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
15-year GDS Property:									
9	LEASEHOLD IMPROVEMENTS	1/01/22	76,208		X	0	15 HY S/L	0	76,208
10	REHAB EXPENDITURES	1/01/22	1,350		X	0	15 HY S/L	0	1,350
			<u>77,558</u>			<u>0</u>		<u>0</u>	<u>77,558</u>
Prior MACRS:									
1	2100-2104 SUNRISE AVE- BUILDING	1/01/20	888,000			888,000	27 MMS/L	63,236	32,291
3	BUILDING IMPROVEMENTS	1/01/20	190,892			190,892	27 MMS/L	9,346	4,772
5	REFRIGERATOR	1/01/21	1,301		X	0	5 HY 200DB	1,301	0
6	HVAC	1/01/21	525		X	0	5 HY 200DB	525	0
7	WINDOW COVERINGS	1/01/21	1,493		X	0	5 HY 200DB	1,493	0
8	CARPET & FLOORING	1/01/21	992		X	0	5 HY 200DB	992	0
			<u>1,083,203</u>			<u>1,078,892</u>		<u>76,893</u>	<u>37,063</u>
Other Depreciation:									
2	2100-2104 SUNRISE AVE- LAND	1/01/20	592,000			592,000	0 -- Land	0	0
4	FURNITURE & FIXTURES	1/01/20	195			195	5 MO S/L	78	39
	Total Other Depreciation		<u>592,195</u>			<u>592,195</u>		<u>78</u>	<u>39</u>
	Total ACRS and Other Depreciation		<u>592,195</u>			<u>592,195</u>		<u>78</u>	<u>39</u>
	Grand Totals		1,752,956			1,671,087		76,971	114,660
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>1,752,956</u>			<u>1,671,087</u>		<u>76,971</u>	<u>114,660</u>

94-3209791

Bonus Depreciation Report

FYE: 12/31/2022

Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
1	BUILDING IMPROVEMENTS	1/01/20	112,025		0	0	0	112,025
		Grand Total	<u>112,025</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>112,025</u>

94-3209791

Bonus Depreciation Report

FYE: 12/31/2022

VETERANS VILLAGE 2

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	REFRIGERATORS	1/01/21	1,501		0	0	1,501	0
2	WATER HEATERS	1/01/21	1,532		0	0	1,532	0
3	EXTERIOR	1/01/21	250		0	0	250	0
4	EQUIPMENT	1/01/21	593		0	0	593	0
5	PLUMBING	1/01/21	2,000		0	0	2,000	0
6	CARPET & FLOORING	1/01/21	4,155		0	0	4,155	0
7	LEASEHOLD IMPROVEMENTS	1/01/22	109,984		0	109,984	0	0
8	REHAB EXPENDITURES	1/01/22	2,320		0	2,320	0	0
Grand Total			<u>122,335</u>		<u>0</u>	<u>112,304</u>	<u>10,031</u>	<u>0</u>

94-3209791

Bonus Depreciation Report

FYE: 12/31/2022

VETERANS VILLAGE 4

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	BUILDING IMPROVEMENTS	1/01/20	146,706		0	0	0	146,706
3	LEASEHOLD IMPROVEMENTS	1/01/22	7,934		0	7,934	0	0
Grand Total			154,640		0	7,934	0	146,706

94-3209791

Bonus Depreciation Report

FYE: 12/31/2022

VETERANS VILLAGE 5

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	BUILDING IMPROVEMENTS	1/01/20	190,892		0	0	0	190,892
5	REFRIGERATOR	1/01/21	1,301		0	0	1,301	0
6	HVAC	1/01/21	525		0	0	525	0
7	WINDOW COVERINGS	1/01/21	1,493		0	0	1,493	0
8	CARPET & FLOORING	1/01/21	992		0	0	992	0
9	LEASEHOLD IMPROVEMENTS	1/01/22	76,208		0	76,208	0	0
10	REHAB EXPENDITURES	1/01/22	1,350		0	1,350	0	0
Grand Total			<u>272,761</u>		<u>0</u>	<u>77,558</u>	<u>4,311</u>	<u>190,892</u>

94-3209791

Depreciation Adjustment Report

FYE: 12/31/2022

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	BUILDING IMPROVEMENTS	2,800	2,800	0
OP	1	1	REFRIGERATORS	0	0	0
OP	1	2	WATER HEATERS	0	0	0
OP	1	3	EXTERIOR	0	0	0
OP	1	4	EQUIPMENT	0	0	0
OP	1	5	PLUMBING	0	0	0
OP	1	6	CARPET & FLOORING	0	0	0
OP	1	7	LEASEHOLD IMPROVEMENTS	109,984	109,984	0
OP	1	8	REHAB EXPENDITURES	2,320	2,320	0
OP	2	1	BUILDING IMPROVEMENTS	3,668	3,668	0
OP	2	3	LEASEHOLD IMPROVEMENTS	7,934	7,934	0
OP	3	1	2100-2104 SUNRISE AVE- BUILDING	32,291	32,291	0
OP	3	3	BUILDING IMPROVEMENTS	4,772	4,772	0
OP	3	5	REFRIGERATOR	0	0	0
OP	3	6	HVAC	0	0	0
OP	3	7	WINDOW COVERINGS	0	0	0
OP	3	8	CARPET & FLOORING	0	0	0
OP	3	9	LEASEHOLD IMPROVEMENTS	76,208	76,208	0
OP	3	10	REHAB EXPENDITURES	1,350	1,350	0
				<u>241,327</u>	<u>241,327</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	BUILDING IMPROVEMENTS	1/01/20	112,025	2,801	2,801
			<u>112,025</u>	<u>2,801</u>	<u>2,801</u>
<u>Other Depreciation:</u>					
2	FURNITURE & EQUIPMENT	1/01/20	320	46	46
	Total Other Depreciation		<u>320</u>	<u>46</u>	<u>46</u>
	Total ACRS and Other Depreciation		<u>320</u>	<u>46</u>	<u>46</u>
	Grand Totals		<u>112,345</u>	<u>2,847</u>	<u>2,847</u>

Future Depreciation Report**FYE: 12/31/23**

FYE: 12/31/2022

VETERANS VILLAGE 2

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	REFRIGERATORS	1/01/21	1,501	0	0
2	WATER HEATERS	1/01/21	1,532	0	0
3	EXTERIOR	1/01/21	250	0	0
4	EQUIPMENT	1/01/21	593	0	0
5	PLUMBING	1/01/21	2,000	0	0
6	CARPET & FLOORING	1/01/21	4,155	0	0
7	LEASEHOLD IMPROVEMENTS	1/01/22	109,984	0	0
8	REHAB EXPENDITURES	1/01/22	2,320	0	0
			<u>122,335</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>122,335</u>	<u>0</u>	<u>0</u>

Future Depreciation Report **FYE: 12/31/23****VETERANS VILLAGE 4**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	BUILDING IMPROVEMENTS	1/01/20	146,706	3,668	3,668
3	LEASEHOLD IMPROVEMENTS	1/01/22	7,934	0	0
			<u>154,640</u>	<u>3,668</u>	<u>3,668</u>
<u>Other Depreciation:</u>					
2	FURNITURE & EQUIPMENT	1/01/20	1,840	368	368
	Total Other Depreciation		<u>1,840</u>	<u>368</u>	<u>368</u>
	Total ACRS and Other Depreciation		<u>1,840</u>	<u>368</u>	<u>368</u>
	Grand Totals		<u>156,480</u>	<u>4,036</u>	<u>4,036</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	2100-2104 SUNRISE AVE- BUILDING	1/01/20	888,000	32,291	32,291
3	BUILDING IMPROVEMENTS	1/01/20	190,892	4,772	4,772
5	REFRIGERATOR	1/01/21	1,301	0	0
6	HVAC	1/01/21	525	0	0
7	WINDOW COVERINGS	1/01/21	1,493	0	0
8	CARPET & FLOORING	1/01/21	992	0	0
9	LEASEHOLD IMPROVEMENTS	1/01/22	76,208	0	0
10	REHAB EXPENDITURES	1/01/22	1,350	0	0
			<u>1,160,761</u>	<u>37,063</u>	<u>37,063</u>
Other Depreciation:					
2	2100-2104 SUNRISE AVE- LAND	1/01/20	592,000	0	0
4	FURNITURE & FIXTURES	1/01/20	195	39	39
	Total Other Depreciation		<u>592,195</u>	<u>39</u>	<u>39</u>
	Total ACRS and Other Depreciation		<u>592,195</u>	<u>39</u>	<u>39</u>
	Grand Totals		<u>1,752,956</u>	<u>37,102</u>	<u>37,102</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NV</u>
<u>Prior MACRS:</u>				
1	BUILDING IMPROVEMENTS	1/01/20	112,025	2,801
			<u>112,025</u>	<u>2,801</u>
<u>Other Depreciation:</u>				
2	FURNITURE & EQUIPMENT	1/01/20	320	46
	Total Other Depreciation		<u>320</u>	<u>46</u>
	Total ACRS and Other Depreciation		<u>320</u>	<u>46</u>
	Grand Totals		<u>112,345</u>	<u>2,847</u>

Asset	Description	Date In Service	Cost	NV
Prior MACRS:				
1	REFRIGERATORS	1/01/21	1,501	0
2	WATER HEATERS	1/01/21	1,532	0
3	EXTERIOR	1/01/21	250	0
4	EQUIPMENT	1/01/21	593	0
5	PLUMBING	1/01/21	2,000	0
6	CARPET & FLOORING	1/01/21	4,155	0
7	LEASEHOLD IMPROVEMENTS	1/01/22	109,984	2,820
8	REHAB EXPENDITURES	1/01/22	2,320	59
			<u>122,335</u>	<u>2,879</u>
	Grand Totals		<u>122,335</u>	<u>2,879</u>

Asset	Description	Date In Service	Cost	NV
<u>Prior MACRS:</u>				
1	BUILDING IMPROVEMENTS	1/01/20	146,706	3,668
3	LEASEHOLD IMPROVEMENTS	1/01/22	7,934	203
			<u>154,640</u>	<u>3,871</u>
<u>Other Depreciation:</u>				
2	FURNITURE & EQUIPMENT	1/01/20	1,840	368
	Total Other Depreciation		<u>1,840</u>	<u>368</u>
	Total ACRS and Other Depreciation		<u>1,840</u>	<u>368</u>
	Grand Totals		<u>156,480</u>	<u>4,239</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NV</u>
<u>Prior MACRS:</u>				
1	2100-2104 SUNRISE AVE- BUILDING	1/01/20	888,000	32,291
3	BUILDING IMPROVEMENTS	1/01/20	190,892	4,772
5	REFRIGERATOR	1/01/21	1,301	0
6	HVAC	1/01/21	525	0
7	WINDOW COVERINGS	1/01/21	1,493	0
8	CARPET & FLOORING	1/01/21	992	0
9	LEASEHOLD IMPROVEMENTS	1/01/22	76,208	1,954
10	REHAB EXPENDITURES	1/01/22	1,350	35
			<u>1,160,761</u>	<u>39,052</u>
<u>Other Depreciation:</u>				
2	2100-2104 SUNRISE AVE- LAND	1/01/20	592,000	0
4	FURNITURE & FIXTURES	1/01/20	195	39
	Total Other Depreciation		<u>592,195</u>	<u>39</u>
	Total ACRS and Other Depreciation		<u>592,195</u>	<u>39</u>
	Grand Totals		<u>1,752,956</u>	<u>39,091</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY** Taxpayer Identification Number **94-3209791**

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 530,015	415,998	-114,017
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 2,132,880	2,424,059	291,179
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 2,662,895	2,840,057	177,162
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 283,424	336,537	53,113
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 143,114	598,275	455,161
	19. Occupancy, rent, utilities, and maintenance	19. 90,571	493,497	402,926
	20. Depreciation and Depletion	20. 58,326	241,780	183,454
	21. Other expenses	21. 552,539	1,114,489	561,950
	22. Total expenses. Add lines 13 through 21	22. 1,127,974	2,784,578	1,656,604
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 1,534,921	55,479	-1,479,442
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 2,662,895	2,840,057	177,162
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 2,132,880	2,424,059	291,179
	27. Total assets	27. 2,981,881	2,904,748	-77,133
	28. Total liabilities	28. 1,356,846	1,224,234	-132,612
	29. Retained earnings	29. 1,625,035	1,680,514	55,479
	30. Number of voting members of governing body	30. 3	3	
	31. Number of independent voting members of governing body	31. 3	3	
	32. Number of employees	32. 22	0	
	33. Number of volunteers	33.		

Form 990	Tax Return History	2022
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Name SHARE- SUPPORTIVE HOUSING AND RESOURCES FOR THE ELDERLY	Employer Identification Number 94-3209791
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	734,408	806,202	12,400	530,015	415,998	
Membership dues						
Program service revenue	901,797	2,773,632	3,250,824	2,132,880	2,424,059	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)	-1,130	-254				
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,635,075	3,579,580	3,263,224	2,662,895	2,840,057	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	179,008	671,797	790,689	283,424	336,537	
Professional fees	131,178	145,587	349,458	143,114	598,275	
Occupancy costs			596,097	90,571	493,497	
Depreciation and depletion	75,840	320,382	620,899	58,326	241,780	
Other expenses	968,905	2,941,973	1,754,095	552,539	1,114,489	
Total expenses	1,354,931	4,079,739	4,111,238	1,127,974	2,784,578	
Excess or (Deficit)	280,144	-500,159	-848,014	1,534,921	55,479	
Total exempt revenue	1,635,075	3,579,580	3,263,224	2,662,895	2,840,057	
Total unrelated revenue						
Total excludable revenue	901,797	2,773,632	3,250,824	2,132,880	2,424,059	
Total Assets	3,712,242	4,324,211	1,992,085	2,981,881	2,904,748	
Total Liabilities	3,123,883	3,964,812	1,901,971	1,356,846	1,224,234	
Net Fund Balances	588,359	359,399	90,114	1,625,035	1,680,514	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 16,128	\$ 12,902	\$ 1,613	\$ 1,613
PROFESSIONAL FEES	2,100	2,100		
RECRUITING	558	558		
PROFESSIONAL FEES	600	600		
RECRUITING	134	134		
VETERANS VILLAGE 5				
BONUS EXPENSE	1,873	1,873		
PROFESSIONAL FEES	1,350	1,350		
EMPLOYEE RECRUITING	82	82		
TOTAL	\$ 22,825	\$ 19,599	\$ 1,613	\$ 1,613

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
LICENSE & PERMITS	\$ 8,251	\$ 8,251	\$	\$
PROPERTY TAXES	5,472	5,472		
FACILITIES MAINTENANCE	2,082	2,082		
LICENSE & PERMITS	2,066	2,066		
LICENSE & PERMITS	1,142	1,142		
PERSONAL PROPERTY TAXES	287	287		
PERSONAL PROPERTY TAXES	143	143		
TOTAL	\$ 19,443	\$ 19,443	\$ 0	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS	\$ 178,665
GRANTS	
PAYPAL	7,189
ARNOLD STALK	
CASH CONTRIBUTION	230,144
TOTAL	<u>\$ 415,998</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
FIRST DATA	\$
WASH MULTIFAMILY	
SOUTHERN NEVADA REGIONAL	
VETERANS VILLAGE 2	1,665,204
VETERANS VILLAGE 4	515,683
VETERANS VILLAGE 5	243,172
VV2 VEGAS LLC	
TOTAL	<u>\$ 2,424,059</u>