Comparison of the Treasure information of the Treasure i	ŕ	· oon T	Ex	empt Organi					ax Return	ا	OMB I	No 1545-0687
Position in Page 2 Properties of the Treasury P	F	orm-990-1	_ , ,	• •	•			,	, ,	- 1	2	'በ17
Po not enter SN numbers on this form as it may be made public if your organization is a 90(x)3. A Crack box of address changed Exempt under section Solid C Old										2010		.017
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end of year 75, 339, 997. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust	C B		F Groun	exemption numbe	r (See instri	ictions	: \ >				31110	
Describe the organization's primary unrelated business activity.	er	nd of year	0 05 1				<u> </u>	on 501	(c) trust	401(a)	trust	Other trust
During the tay year, was the croporation a subsidiary in an affiliated group or a parent-subsidiary controlled group Yes, enter the name and identifying number of the parent corporation Telephone number* (503) 362-4101	H C	<u>-</u>	<u>•</u>				,,		(0)			
If Yes, enter the name and identifying number of the parent corporation Telephone number* (503) 362-4101 Partilip* Unrelated Trade or Business Income	▶]	DEBT FINANCEI	D RENTALS					1 - 1 - 1 -			- \	/ WN-
Telephone number* (503) 362-4101 Partilly Unrelated Trade or Business Income (A) Income (B) Expenses (C) Met 1 a Gross recepts or sales b Less returns and allowances c Balance* 1 c 2 3 3 3 3 3 3 3 3 3								ent-subsidia	ry controlled gro	up	' 🗀 '	res XINO
Part						oratio	-		elephone numbe	r► (5	(03) 3	62-4101
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	tilli Tax Computation		
	Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ► ☐ See instructions and. a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$		
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) Income tax on the amount on line 34	35 c	0
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041). Proxy tax. See instructions	36 37	
38	Alternative minimum tax Tax on Non-Compliant Facility Income. See instructions	38	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0
Pai	tilVi Tax and Payments		
t c	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . Other credits (see instructions) General business credit. Attach Form 3800 (see instructions) General for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 41a through 41d	41 e	0
	Subtract line 41e from line 40	42	- 0
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) Total tax. Add lines 42 and 43	43	0
t c c e f	Payments: A 2016 overpayment credited to 2017 2017 estimated tax payments Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (Attach Form 8941) Other credits and payments Form 2439		
46 47	Total payments. Add lines 45a through 45g Estimated tax penalty (see instructions). Check if Form 2220 is attached Total payments. Add lines 45a through 45g SI	46 47	527.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid . 54	49	527.
350		50	0.
	Statements Regarding Certain Activities and Other Information (see instructions)		
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN financial Accounts If YES, enter the name of the foreign country here $-$	Form 114,	es No X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a If YES, see instructions for other forms the organization may have to file	foreign trust?	X
53 Sigr Here	EXECUTIVE DIRECTOR IN	my knowledge and nowledge lay the IRS discuss this repreparer shown below structions)?	
	Print/Type prenare/s name Prenare/s signature Date Chest C	I PTIN	

Paid HEUBERGER Cyclus S HANSEN HUNTER & CO. P.C. P00166783 CYNTHIA J. HEUBERGER self-employed Pre-Firm's EIN ► 93-0891763 parer Use Firm's address 8930 SW GEMINI DRIVE Only (503) 244-2134 Form 990-T (2017) BEAVERTON, OR 97008 Phone no

Schedule A - Cost of Go	ods Sold. Er	iter method of inv	ventory valuation	n ►						
1 Inventory at beginning of ye	ear	1		6 Invent	ory at	end of year .	6			
2 Purchases	2 Purchases 2					of goods sold. Subtract from line 5 Enter here				
3 Cost of labor		3		line 6 t	from lii					
4 a Additional section 263A costs (atta	ach schedule)			and in	Part I	, line 2	7	Yes No		
		4 a		8 Do the	rulos	of section 263A (with	n recoest to			
b Other costs (attach sch)		4 b				duced or acquired fo		37 17		
5 Total. Add lines 1 through 4	1 b .	5		to the	organi	zation?	, , , , , , , , , , , , , , , , , , , ,	X		
Schedule C - Rent Income (From Real Pro	operty and Per	sonal Proper	y Lease	d With	Real Property) (s	see instructions)			
1 Description of property	• • •		_							
(1)										
(2)										
(3)										
(4)								_		
	2 Rent receiv	ed or accrued				242 Deduction				
(a) From personal pro (if the percentage of rent for property is more than 10%) more than 50%)	r personal	(if the perc property ex	real and person entage of rent i xceeds 50% or i d on profit or in	for person f the rent	ai		s directly conn n columns 2(a) ach schedule)			
(1)								-		
(2)			-			,				
(3)							-			
(4)										
Total		Total						•		
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		2(b). Enter				(b) Total deductions. E here and on page 1, Part I, line 6, column (B)	inter t			
Schedule E — Unrelated D	Debt-Finance	ed Income (see	e instructions)							
1 Description of deb	t-financed prop	ortv	2 Gross incor		3 De	eductions directly co debt-finar	nnected with o nced property	r allocable to SEE ST 1		
1 Description of deb	t-imanced propi	erty	or allocable to debt- financed property dep			(a) Straight line eciation (attach sch)	(b) Other	deductions schedule)		
(1) RENTAL OF RESIDENT	IAL REAL E	ESTATE	32	1,113.		118,772		476,238.		
(2)										
(3)	-							•		
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable t	djusted basis of to debt-financed tach schedule)	6 Colum divided column	by		7 Gross income ortable (column 2 x column 6)	(column (deductions 5 x total of (a) and 3(b))		
(1) 253,689		2,940,316.	8.	6280 [%]		27,706		51,337.		
(2)				ય						
(3)				8				· · · · · ·		
(4)				8						
					Enter Part	here and on page 1 I, line 7, column (A)	, Enter here a Part I, line 7	nd on page 1, ', column (B)		
Totals				•		27,706	.	51,337.		
Total dividends-received deduction	ons included in	column 8 .					-	7		
BAA		TE	EA0203L 10/04/17				Forn	n 990-T (2017)		

Schedule F - Interest, A	Annuiti	es, Royalti	es, and	d R	ents Fr	on	n Controlled	Org	anization	S (see	instructio	ns)	
			Exempt	Con	trolled Or	ga	nızatıons						
organization ider		mployer htification umber	3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in in	Peductions directly connected with come in column 5		
(1)						T							
(2)									,				
(3)		-				I		•					
(4)												·	
Nonexempt Controlled Organization	ations											<u> </u>	
7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specified nts made	d	10 Part of column 9 that is included in the controlling organization's gross income				11 Deductions directly connected with income in column 10		
(1)					·								
(2)													
(3)													
(4)											_		
Takala							Add column here and on p 8, co		, Part I, line		and on	s 6 and 11. Enter page 1, Part I, line llumn (B)	
Totals Schedule G — Investmen	at Inco	mo of a So	ction 5	:01 <i>i</i>	(c)(7) (C	<u> </u>	or (17) Oras	niza	ion (see in	octructio	,nc)		
1 Description of income	TI IIICO	2 Amount of			3 direc	De	ductions connected schedule)		4 Set-aside: ttach schedi	s	5 Tota	al deductions and sides (column 3 us column 4)	
(1)					latte	acı	i scriedule)				P1	us column +/	
(1) (2) (3)					-								
(3)													
(4)													
Totals	•	Enter here and Part I, line 9,	column ((A)							Part I, I	ere and on page 1, ine 9, column (B)	
Schedule I – Exploited I	Exemp	t Activity Ir	ncome,	Ot	her Tha	<u>n</u>	Advertising	Inco	me (see in	structio	ns)		
1 Description of exploited a	ectivity	2 Gross unrelated business income fro trade or business	d d	onne prod of u	ises directly ected with duction nrelated ess income	fro or 2 r	Net income (loss) om unrelated trade business (column minus column 3) a gain, compute lumns 5 through 7	activi unrela	s income from ty that is not ited business income	attrıbu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									-				
(2)													
(3)						Т							
(4)					·								
Totals	. •	Friler here on page Part I, line column (/	1, 0 10, P	on p art l	here and page 1, , line 10, mn (B).	在 多数的数						Enter here and on page 1, Part II, line 26	
Schedule J - Advertisin	g Inco	me (See insti	ructions)				The same section of the sa		161 - merion (1. 6/6/200	Cont. 18.18.18.18.18.18.18.18.18.18.18.18.18.1	- namer 25845		
Part Income From Pe		-			nsolida	ate	d Basis					-	
に死これへと点が有		2 Gross			rect	_	Advertising gain or	5 Cı	rculation	6 Rea	dership	7 Excess readership	
1 Name of periodical		advertisin income	g a		ertising osts	(1	oss) (col 2 minus col. 3). If a gain, compute cols 5 through 7		icome _	co	osts	costs (col. 6 minus col 5, but not more than col 4).	
(1)		 				影		-					
(2)		 											
(3)			_										
	- <u> </u>					155	Emily 1997年本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本		· · ·	<u> </u>		- Constituting and Constitution of the	
Totals (carry to Part II, line (5))	<u>. </u>												
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Total. Enter here and on page 1, Part II, line 14

BAA

Form **990-T** (2017)

KOLILI AAO-1 (SO14) CAPITAL MANOE	C, INC.				93-0498054	Page 5
Part III Income From Periodica 7 on a line-by-line basis.)	Is Reported o	n a Separate	Basis (For each	periodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						_
(3)						
(3)					•	
(4)			_			
Totals from Part I						
Totals, Part II (lines 1− 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Schedule K — Compensation of	Officers Dire	otors and Tr	Descriptions (e allegation and allegation		L
Schedule K – Compensation of	Officers, Dire	ectors, and ir	ustees (see insti	uctions)		
1 Name			2 Title	3 Percent o time devote to business	d to unrela	ation attributable ited business
					90	
					8	
						

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2017	•
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FEDERAL STATEMENTS

PAGE 1

CLIENT 10384

CAPITAL MANOR, INC.

93-0498054

STATEMENT 1 FORM 990-T, SCHEDULE E, LINE 3B OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

RENTAL OF RESIDENTIAL REAL	ESTATE		
INSURANCE	•	\$	5,250.
MANAGEMENT FEES .			27,232.
			2,920.
INTEREST			17,812.
REPAIRS .			28,714.
TAXES			65,195.
UTILITIES .			2,370.
PURCHASED SERVICES			15,176.
BANK FEES .			146.
LOSS ON ASSET DISPOSAL			311,423.
	TOTA	L \$	476,238.