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	Exempt Organization (and proxy tax	unde	r section 6033	(e))	x Return \⟨√  ^	OMB No 1545 0687	7
AM.	MENDED RETURN For calendar year 2018 or other tax year beginning				<u> </u>	2018	
ŞĘ	Fig. STMT Treasury Go to www.irs.gov/Form990T					Onen to Publicula ractic	on for
Intern	nal Revenue Service Do not enter 55/N numbers on this form as				zation is a 501(c)(		Only ,
A [	△ address changed   L		changed and see instru	-		D Employer identification nui (Employees' trust, see instructions)	mber
	xempt under section Print NORTHWEST HOUSING	ALTE	RNATIVES, I	NC.		l l	
	$\overline{X}$ 501( C )( 3 ) or Z316 SE WILLARD S' $\overline{X}$ 708(a) $\overline{X}$ 709 MILWAUKIE, OR 972	T 22				93-0814473	
}	1408(e)	<b>~</b> ~				E Unrelated business activity (See instructions)	y code
}	408A530(a)			1			
	529(a)						
C a	Sook value of all assets it end of year    F Group exemption number (See instru			7500	, , , , , , , , , , , , , , , , , , ,	] and ( )	<del></del>
			c) corporation [	<del>_</del>	(c) trust	401(a) trust Other t	rust.
	Enter the number of the organization's unrelated trades or business trade or business here ►	es	<u> </u>	De		(or first) unrelated If only one, complete Parts	1.17
	If more than one, describe the first in the blank space at the eight	nd of th	e previous senten	ce co	molete Parts I	and II complete a Schedul	e M
	for each additional trade or business, then complete Parts III-V		- p	,	in process	and in complete a contoast	•
1	During the tax year, was the corporation a subsidiary in an affi	liated g	roup or a parent-s	ubsidi	ary controlled	group? ► Yes N	Vo
	If 'Yes,' enter the name and identifying number of the parent of	orporat	ion 🕨	*******			
	The books are in care of TAM GARDNER		<del></del>		elephone numb	ber► (503) 654-1007	7
Pa	HTB Unrelated Trade or Business Income		(A) Income	<u> </u>	(B) Expen	nses (C) Net	- N
1 :	a Gross receipts or sales						
_	b Less returns and allowances C Balance	<del></del>	·				4. J.
2	/	2	<del> </del>				\$-13.7
3		3	<del> </del>			100 50 7 10 10 0 100 7 10 1 10 10 10 10 10 10 10 10 10 10 10 1	
	a Capital gain net income (attach Schedule D)	4a	<del> </del>		1995年第一日本の日本日本 トール・エン・第一日本本 日本日本中である。	- WEAR AND THE STATE OF THE STA	
	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4t	+		्रिक्ट्रिट्टि करिये हैं। जिल्ह्या करिये हैं। जिल्ह्या करिये करिये हैं।	RECEIVED	_
5	c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation	40	<del></del>		14.04 14 0 15 15 15 15 15 15 15 15 15 15 15 15 15	7.05	<u> </u>
•	(attach statement)	5				MAR n 3 2020 S	
6		6			ပ	b 5 2520 W	
7		7					
8	, , , , , , , , , , , , , , , , , , , ,		<u> </u>		<u> </u>	OGDEN, UT	
9		9					
10		10			 		
11	, ,	11	<del> </del>		Karangaran Marri Marangaran Marri		
12	Other income (See instructions, attach schedule)	12					
12	Total. Combine lines 3 through 12	13			Same of the same of the	Mark 1941	—
	intil. Deductions Not Taken Elsewhere (See Inst		s for limitation	is on	deductions	) (Except for	
110	contributions, deductions must be directly co	onneci	ted with the un	relate	ed business	income.)	
14						14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	
17						17	
18						18	
19						19	
20	`	)	1 00	ī		20	
21	,		21	-		7.1. <u>*</u>	
22		return	22a	Ш		22b	
23 24	•					24	
25	· · · · · · · · · · · · · · · · · · ·					25	
25 26	, -					26	
27						27	
	Other deductions (attach schedule)					48	
•	Total deductions. Add lines 14 through 28.					29	
30	Unrelated business taxable income before net operating loss	deduct	tion Subtract line	29 fro	m line 13	30	
31			018 (see instructions)			31 JANUARIA	
	Unrelated business taxable income. Subtract line 31 from lin	e 30		· · · · ·		\$2	
HA.	A For Paperwork Reduction Act Notice, see instructions.		TEEA020	JIL 1/3	113	Form <b>990-T</b> (20	ואונ

D	NORTHWEST HOUSING ALTERNATIVES, INC.	93-081		
Part II	II   Total Unrelated Business Taxable Income			
33 To	otal of unrelated business taxable income computed from all unrelated trades or businesses (see			
	structions)	33		0.
<b>34</b> Ar	mounts paid for disallowed fringes.	34		
	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see	-		
	structions)	35	ł	
	,	<u></u>		
	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	36	[	0.
	lines 33 and 34	<del></del>		
<b>37</b> Sp	pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
38 Ur	nrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		l	
er	nter the smaller of zero or line 36	38		0.
Part I	V Tax Computation			
	rganizations Taxable as Corporations. Multiply line 38 by 21% (0 21).	▶   39	<del> </del>	- 0.
		· 130	<b> </b>	<u> </u>
	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		}	
or	n line 38 from	<b>►</b> 40		
41 Pr	roxy tax. See instructions	<b>►</b> 41		
42 Al	Iternative minimum tax (trusts only)	42		
	ax on Noncompliant Facility Income. See Instructions	43		
	·		<del> </del>	<del></del>
44 10	otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies.	44	<u></u>	0.
Part V	/ Tax and Payments	1		
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	ther credits (see instructions)  45b	<del></del> ∤		
		∤	1	
	eneral business credit Attach Form 3800 (see instructions)  45c	_	•	
	redit for prior year minimum tax (attach Form 8801 or 8827).		1	
e To	otal credits. Add lines 45a through 45d	45°e		0.
<b>46</b> St	ubtract line 45e from line 44	46		0.
47 0	ther taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	i	1	
. Г	Other (attach schedule)	47	1	
48 T	otal tax. Add lines 46 and 47 (see instructions)	48	<del> </del>	
				0
49 20	018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	ļ	
50 a Pa	ayments A 2017 overpayment credited to 2018 5ba			
	018 estimated tax payments 50b			
	ax deposited with Form 8868 50c		Į.	
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	redit for small employer health insurance premiums (attach Form 8941)  501		STATEM	2N1 Z
f C			STATEM	SN1 Z
f Co g O	redit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments Form 2439		STATEM	2N1 Z
f C g O	redit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments Form 2439 Form 4136 Other Total 50g	51	SIRIEM	
f Ci g O [ 51 Te	redit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments Form 2439 Form 4136 Other Total  50 g	5)	STATEM	0
f Ci g O [ 51 Te	redit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments Form 2439 Form 4136 Other Total 50g	52	STATEM	
f Ci g O [ 51 To 52 E	redit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments Form 2439 Form 4136 Other Total  50 g		STATEM	
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f Ci g O 51 Te 52 E 53 Te 54 O 55 E	redit for small employer health insurance premiums (attach Form 8941)  ther credits, adjustments, and payments Form 2439  Form 4136  Other  Total  Total  Stimated tax penalty (see instructions) Check if Form 2220 is attached  ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  everpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  enter the amount of line 54 you want Credited to 2019 estimated tax  Refunde	52 58 54	STATEM	0
f Cl g O 51 To 52 E 53 Ta 54 O 55 E	redit for small employer health insurance premiums (attach Form 8941)  ther credits, adjustments, and payments Form 2439  Total Form 4136  Other Total 50 g  istimated tax penalty (see instructions) Check if Form 2220 is attached ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed everpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid inter the amount of line 54 you want Credited to 2019 estimated tax Refunded  Statements Regarding Certain Activities and Other Information (see instructions)	52 58 54 61 55	STATEM	182
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Form 990-T (2018) NORTHWES	T HOUSING	G ALTERNATI	VES, INC.			93-	0814473	Page
Schedule A — Cost of Goo				<b>&gt;</b>				
1 Inventory at beginning of ye	ar	1	6	Invento	ry at e	end of year	6	
2 Purchases.		2	7		good		**/	
3 Cost of labor		3		line 6 fr and in F		,	7	
4 a Additional section 263A costs (attac	h schedule)			allu III r	-aiti,	line 2	<del></del>	Yes N
		4a	8	Do the i	rulas i	of section 2634 (with	respect to	- F
<b>b</b> Other costs (attach sch)		4 b			ne rules of section 263A (with respect to erty produced or acquired for resale) apply			
						ation?		
Schedule C - Rent Income	(From Rea	I Property and	d Personal P	roperty	Leas	ed With Real Pro	operty) (see	instructions
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued				3(a) Dodustions	directly conne	ctod with
(if the percentage of rent for personal property is more than 10% but not property ex			eal and persona entage of rent for ceeds 50% or if I on profit or inc	or persona the rent i	al	3(a) Deductions directly connected the income in columns 2(a) and 2 (attach schedule)		
(1)								
(2)								
(3)								
(4)					_			
Total		Total				<del></del>		
(c) Total income. Add totals of co here and on page 1, Part I, line 6		d 2(b) Enter			(b) Total deductions Einere and on page 1, Part I, line 6, column (B)	ge 1, Part		
Schedule E — Unrelated De	ebt-Finance	d Income (see	instructions)					
1 Description of debi	t-financed proj	nerty	2 Gross income or allocable to		3 De	ductions directly con debt-finan	nnected with or ced property	allocable t
. Bassinplion of das	c manada proj		financed property			(a) Straight line eciation (attach sch)	(b) Other deductions (attach schedule)	
(1)							1	
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	idjusted basis of to debt-financed ttach schedule)	6 Columi divided column	by 5 	rep	7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total of
(1)				<del></del> %	L	<del></del>	1	
(2)	<b></b>			%	<b> </b>		<b></b>	
(3)	<u> </u>			%	<u> </u>		<b>_</b>	
(4)	<u></u>		<u></u>	8			<del></del>	
					Enter Part	here and on page 1 I, line 7, column (A)	Enter here ar, Part I, line 7	nd on page , column (l

TEEA0203L 01/30/19

Form 990-T (2018)

Totals

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Total dividends-received deductions included in column 8

Schedule F - Interest, Ar	nnuitie	s, Royaltic	es, a	nd Re	nts Fro	m C	Controlled C	)rga	nizations (	see ins	structions)		
			Exem	pt Con	trolled Or	gan	ızatıons						
1 Name of controlled organization			3 Net unrelated income (loss) (see instructions)		4	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income					
(1)													
(2)		· · ·				<u> </u>					_		
(3)						<u> </u>							
(4)						<u> </u>	<del></del>		<u></u>				
Nonexempt Controlled Organiza			1 0	T-4-1 -			10 Day of		- 0 16-1		11 Dadies	and discalle	
7 Taxable Income	inc	et unrelated ome (loss) instructions)	ا	paymer	f specified its made		10 Part of column 9 the included in the control organization's gross in		controlling	entrolling connecte		ductions directly cted with income i column 10	
(1) •													
(2)			<b>-</b>			4				<del> </del>			
(3)			4			_}				<del> </del>			
(4)						-+				ļ.,	<del></del>		
~							Add columns here and on p 8, co		, Part I, line		and on pa	6 and 11 Enter age 1, Part I, line umn (B)	
Totals.	A lunan		-4:	E01/	-)(7) (0)		w (17) Owner	.:	lan (	<u> </u>			
1 Description of income	tinco	2 Amount			3 direc	Dec	or (17) Organization (see inseductions 4 Set-aside (attach schedule)		4 Set-asides	s <b>5</b> Total ule) set-asi		al deductions and asides (column 3 lus column 4)	
(1)							Schedule)					3 COIGIIII 47	
(2)					<u> </u>								
(2)												<u> </u>	
(4)													
Totals	<b>-</b>	Enter here ar Part I, line 9,	id on p colur	nage 1, nn (A)							Enter her Part 1, fir	re and on page 1, ne 9, column (B)	
Schedule I - Exploited E	xempl	Activity In	ncon	ie, Ot	her Tha	n A	dvertising	nco	me (see inst	ruction	s)		
1 Description of exploited a	ctivity	2 Gross unrelate busines income fr trade o busines	ed ss om r	conne pro of u	nses directly ected with duction inrelated ess income	fror or b 2 m	tet income (loss) n unrelated trade pusiness (column ninus column 3) a gain, compute imns 5 through 7	activ	ss income from hity that is not lated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		<del> </del>				Г	1						
(2)													
(3)													
(4)		ļ				L		<u> </u>					
Totals		Enter here on page Part I, line column	: 1, e 10,	on p Part	here and page 1, I, line 10, mn (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising	g Inco	me (see inst	ructio	ns)		<u> </u>	11.		** X * ** / 3**2 **	- 91. 20.1	Z 1000C 757 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Part I Income From Per	<del></del>				nsolida	ted	Basis				<del>. – – –</del>	<del></del>	
1 Name of periodical	-	2 Gross advertisi income	ng	adv	Direct ertising osts	(lo	Advertising gain or coss) (col. 2 minus col. 3) If a gain, compute cols. 5		irculation income		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).	
(1)		+				真相変	through 7					FARAGERIAS DAL	
(2)		<del> </del>		<u>-</u>							<del></del>		
(3)													
(4)						影							
Totals (carry to Part II, line (5))	, ,	-								_	_		
BAA		<del>'</del>		<u> </u>	EA0204 L	12/31	1/18	<u>'</u>	1		F	orm <b>990-T</b> (2018)	

Total. Enter here and on page 1, Part II, line 14

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Page 5

Form **990-T** (2018)

TOTAL CONTINUED INC					33 0021110	
Part I Income From Periodic 7 on a line-by-line basis )	als Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	advertising advertising (loss) (col 2 mil		5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2) (3) (4)						
(3)			ļ			<del> </del>
(4)			· ·			
Totals from Part I	<b>-</b>	,				
Totals, Part Il'(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	of Officers, Dire	ctors, and Tri	ustees (see instr	uctions)	ATTACL AND STATE OF SERVICE	<del></del>
1 Name	,		2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business
	,				ે	
					% .	
					%	
					0,	

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2018

## **FEDERAL STATEMENTS**

PAGE 1

NORTHWEST HOUSING ALTERNATIVES, INC.

93-0814473

STATEMENT 1 FORM 990-T, AMENDED RETURN AMENDED RETURN EXPLANATION

FORM 990-T AMENDED TO CLAIM REFUND OF TAX PAID FOR DISALLOWED FRINGE PARKING BENEFITS PURSUANT TO THE RETROACTIVE REPEAL OF IRC SECTION 512(A)(7).

STATEMENT 2 FORM 990-T, PART V OTHER CHARGES AND PAYMENTS

TAX PAID WITH ORIGINAL RETURN

	\$ 182.
TOTAL	\$ 182.