•			۷	700032	- 0 -	
Form 990-T Exempt Organi				ax Return	<u> </u>	OMB No 1545-0687
(and	proxy tax und	ler se	ction 6033(e))			2017
For calendar year 2017 or other tax year b	· · -		, and ending		- I	ZU 11
Department of the Treasury Internal Revenue Service Do not enter SSN numbers of	•		ons and the latest inform de public if vour organiz		Оре 501	en to Public Inspection for (c)(3) Organizations Only
A Check box if Name of organization () Employer	identification number
address changed	onder don in name o	,goo		•	instructio	es' trust, see ons)
B Exempt under section Print COMPASS HOUSING ALL	IANCE				91-0	578229
x 501(c 3) or Number, street, and room or	suite no. If a P.O. bo	x, see in	structions.		E Unrelated (See instr	business activity codes uctions)
408(e) 220(e) Type 210 ALASKAN WAY S					•	·
408A 530(a) City or town, state or provinc	ce, country, and ZIP o	or foreigi	n postal code			
529(a) SEATTLE, WA 98104					531120	
C Book value of all assets F Group exemption number	` 	<u> </u>	504(a) Amusi	1 (01/2)		Other trust
37,607,323. G Check organization type ▶ H Describe the organization's primary unrelated business activity		•		401(a)	trust	Other trust
During the tax year, was the corporation a subsidiary in an affil				<u> </u>	Yes	x No
If "Yes," enter the name and identifying number of the parent of	_	111-20021	olary controlled group.		163	NO
J The books are in care of BRUCE KELLER	or portation.		Teleph	one number 🕨 20	6-474-	1025
Part I Unrelated Trade or Business Incor	ne		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sales				·		
b Less returns and allowances c	Balance	1c	<u></u>			
2 Cost of goods sold (Schedule A, line 7)		2				<u> </u>
3 Gross profit. Subtract line 2 from line 1c		3				
4a Capital gain net income (attach Schedule D)		4a	···			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 47	'97)	4b			-	
c Capital loss deduction for trusts		4c	 ,	<u></u>	-+	
5 Income (loss) from partnerships and S corporations (attach	i statement)	5		_	'}	
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E)		7	65,670.	47	373.	18,297.
8 Interest, annuities, royalties, and rents from controlled orga	nizations (Sch. F)	8		,	-	
9 Investment income of a section 501(c)(7), (9), or (17) organ		-				
10 Exploited exempt activity income (Schedule I)	, ,	10				
11 Advertising income (Schedule J)		11				
12 Other income (See instructions, attach schedule)		12			- 1	
13 Total. Combine lines 3 through 12		13	65,670.	47,	373.	18,297.
Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be				s income)		
14 Compensation of officers, directors, and trustees (Schedul					14	- · · · · · · · · · · · · · · · · · · ·
15 Salaries and wages	BFCE!	VEI	-1	ľ	15	
16 Repairs and maintenance	L. 11		<u> </u>		16	
17 Bad debts	유 NOV 2 (2018	IRS-OSC		17	
18 Interest (attach schedule)	« NOV »	•]≝[18	
19 Taxes and licenses		AT I	IT		19	
20 Charitable contributions (See instructions for limitation rul	BOGUE	11			20	1,524.
21 Depreciation (attach Form 4562)			21			
Less depreciation claimed on Schedule A and elsewhere of	n return		22a		22b 23	
23 Depletion			·	-	24	
 Contributions to deferred compensation plans Employee benefit programs 				ŀ	25	
26 Excess exempt expenses (Schedule I)				•	26	
27 Excess readership costs (Schedule J)				ľ	27	
28 Other deductions (attach schedule)				ļ	28	
29 Total deductions. Add lines 14 through 28					29	1,524.
30 Unrelated business taxable income before net operating los	ss deduction. Subtrat	ct line 29	from line 13		30	16,773.
31 Net operating loss deduction (limited to the amount on line	9 30)		SEE STATEMEN	т1	31	2,056.
32 Unrelated business taxable income before specific deduction			30		32	14,717.
33 Specific deduction (Generally \$1,000, but see line 33 instru		•			33	1,000.
34 Unrelated business taxable income. Subtract line 33 from	n line 32. If line 33 is	greater	than line 32, enter the sn	naller of zero or	_	42 545
line 32					34	13,717.

39 Organizations Taxable as Gorgenations. See instructions for law computation. a Enter your share of the \$50,000, \$25,000, and \$9,095,000 taxable income brackets (in that order): (1) \$ b. Enter organizations share of. (1) Additional 5% bas (not more than \$11,750) \$ c. (2) Additional 3% bas (not make than \$100,000). c) (2) Additional 3% bas (not make than \$100,000). c) (2) Additional 3% bas (not make than \$100,000). c) (2) Additional 3% bas (not make than \$100,000). c) (2) Additional 3% bas (not make than \$100,000). c) (3) \$ c) income tax on the amount on inn 34 36 Firstal Taxable 3 throat Rates. See noticutions for tax computation, income tax on the amount on linis 34 from: □ Tax rate schedule or □ Schedule D Form 1041) 37 Proxy tax. See instructions 38 Additional work mention that \$1,000,000 39 Tax on Sico-Compliant Facility income. See instructions 30 Tax on Sico-Compliant Facility income. See instructions 30 Tax on Sico-Compliant Facility income. See instructions 41 Foragin bax credit (corporations static form 3800 42 Tax on Sico-Compliant Security (corporations) 43 Exercise Sico-Compliant Security (corporations) 44 Foragin bax credit (corporations static form 3800 45 Tax on Sico-Compliant Security (corporations) 45 Tax on Sico-Contest (corporations) 46 Tax of Sico-Contest (corporations) 47 Tax on Sico-Contest (corporations) 48 Tax on Sico-Contest (corporations) 49 Tax of Sico-Contest (corporations) 40 Tax of Sico-Contest (corporations) 41 Tax on Sico-Contest (corporations) 42 Tax on Sico-Contest (corporations) 43 Tax on Sico-Contest (corporations) 44 Tax on Sico-Contest (corporations) 45 Tax of Sico-Contest (corporations)	Part I	Tax Computation					
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to be filter regarizations's share of, (1) Additional 5% tax (not more than \$11,750) \$ \$ \$ \$ \$ \$ \$ \$ \$		Controlled group members (sections 1561 and 1563) check here - See instructions an	ıd:				
to be filter regarizations's share of, (1) Additional 5% tax (not more than \$11,750) \$ \$ \$ \$ \$ \$ \$ \$ \$	a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r):		.		
b Enter organization's state of, (1) Additional 5% tax (not more than \$10,000) (2) Additional 3% tax (not more than \$100,000) c income tax on the amount on line 34 36 Trusts Taxable at Trust Rates. See instructions Trust rate schedule or Schedule 0 (Form 1041) 37 Proxy tax. See instructions 38 38 31 Interactive maintain as 3, 38 and 39 to line 35c or 38, whichever applies 40 Total Addition 57, 38 and 39 to line 35c or 38, whichever applies 40 Total Addition 57, 38 and 39 to line 35c or 38, whichever applies 40 Total addition 57, 38 and 39 to line 35c or 38, whichever applies 40 Total addition 57, 38 and 39 to line 35c or 38, whichever applies 40 Total add line 57, 38 and 39 to line 35c or 38, whichever applies 40 Total tax for prior year minimum tax (attach Form 801 or 8827) 10 10 10 10 10 10 10 10 10 1				1			
(2) Additional 3% fax (not more than \$100,000) It is not not be amount on line 34	b						
c income tax on the amount on line 34 S Trists Taxable at Trists Rates. See instructions for tax computation, income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 7 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Non-Compilant Facility income. See instructions 40 Total Add miss 37, 38 and 39 to line 35 c or 35, whichever applies 40 Total Add miss 37, 38 and 39 to line 35 c or 35, whichever applies 41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41 Foreign tax credit (corporations attach Form 300							
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Part IV Tax and Payments 40 2,058		• •		•	39		
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C General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) 410 410 410 410 410 410 410 41					- 1		
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FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perury, I decide that I be've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complying Declaration of program (other than taxpayer) is bissed on all information of which preparer has any knowledge Pun flype preparer's name						Ye	s No
bere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Sign Under penalties of during, 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 programs (other than taxpayer) is bised on all information of which preparer has any knowledge EXECUTIVE DIRECTOR May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Plant Type preparer's name Preparer's signature Date Check If PTIN Self- employed Prim's name ▶ CLARK NUBER, PS 10900 NE 4TH STREET, SUITE 1400 Phone no. 425-454-4919							
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt inferest received or accrued during the tax year \$ Under penalties of perury, I decifer that I bave 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 taxpayer) is bidsed on all information of which preparer has any knowledge EXECUTIVE DIRECTOR May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Plant Type preparer's name Preparer's signature Paid Preparer's signature Date Check If PTIN Self- employed Firm's name CLARK NUBER, PS Firm's EIN 91-1194016 Phone no. 425-454-4919		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	foreign c	country			Ī
If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Sign Under penalties of planty, I declare that I bave examined this feture, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pagarer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Plant Type preparer's name Preparer's signature Date Check if PTIN SARA ELIZABETH J. HYRE Prim's name CLARK NUBER, PS Tirm's name CLARK NUBER, PS Firm's EIN 91-1194016 10900 NE 4TH STREET, SUITE 1400 Phone no. 425-454-4919		here >			-		Х
Sign Here Under penalties of partury, I declare that I bare 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 organic (other than taxpayer) is based on all information of which preparer has any knowledge Value	52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?		· L	Х
Under penalties of partury, I declare that I bare examined this feture, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of programs (other than taxpayer) is brised on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No No		If YES, see instructions for other forms the organization may have to file.					
Correct, and complete Declaration of programs (other than taxpayer) is bised on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No No	53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
Here Signature of officer Date		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements or has an	s, and to the best of my l	knowledge and	d belief, it is true,	
Paid Preparer Use Only Pint/Spe preparer's name Preparer's signature Proparer's signa		Consect and complete Declaration of which prepare	W 1102 W.	y kilowicugo	May the IRS	discuss this ratu	ro with
Paid Preparer's name Preparer's signature Preparer's signature Date Check If PTIN Self- employed Prim's name CLARK NUBER, PS Firm's name CLARK NUBER, PS Firm's address BELLEVUE, WA 98004 Phone no. 425-454-4919	Here	EXECUTIVE I	DIRECT	ror			
Paid Preparer Use Only SARA ELIZABETH J. HYRE P00235495		Signature of officer Date // Title			instructions)	⁷ X Yes	No
Paid Preparer Use Only Firm's name CLARK NUBER, PS 10900 NE 4TH STREET, SUITE 1400 Firm's address Bellevue, WA 98004 Phone no. 425-454-4919		Plint/Type preparer's name Preparer's signature Dat	ter	Check	ıf PTIN		
Preparer Use Only SARA ELIZABETH J. HYRE P00235495	Doid		1,5	self- employ	ed		
Use Only Firm's name CLARK NUBER, PS Firm's EIN 91-1194016		CADA PITZADEMU Y UVDP (//	1.2	1'9		1235495	
10900 NE 4TH STREET, SUITE 1400 Firm's address	-	F'		Firm's EIN	▶ 91-	1194016	
Firm's address ► BELLEVUE, WA 98004 Phone no. 425-454-4919	use U	IIIy					
				Phone no.	425-454	-4919	
Form 330-1 (2017)						Form 990-	T (2017)

Sahadi	ile A - Cost of Goods	SOID Fater	mothed of myont		luation N/A					
			metriod of invent		Inventory at end of year			6		
	tory at beginning of year	1			Cost of goods sold. Sub		no 6	0	<u></u> .	
2 Purch		3			from line 5. Enter here a					
	of labor	"			line 2	III UIII I	۵۱۱۱,	7		
	ional section 263A costs	4a			Do the rules of section 2) A F A	with respect to	•	Yes	No
•	h schedule) costs (attach schedule)	4b			property produced or ac	•	•		-	- 1
	. Add lines 1 through 4b	5			the organization?	Jquii cu	ioi resule, apply to			<u>-</u>
	le C - Rent Income		Property and			ease	ed With Real Pror	ert	v)	
	tructions)	(1.1011.11011.1)	r roperty and		oonar roporty 2		54 11111111041110p		,	
,										
1. Descripti	on of property									
(1)										
(2)										
(3)										
(4)										
			ed or accrued			•	3(a) Deductions directly		stad with the mann	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	rsonal p	onal property (if the percentago property exceeds 50% or if id on profit or income)	ge	columns 2(a) and	2(b) (a	attach schedule)	5 III
(1)									·	
(2)									-	
(3)	-									
(4)										
Total		0.	Total			0.				
	come. Add totals of columns		ter		<u> </u>		(b) Total deductions. Enter here and on page 1,			
	n page 1, Part I, line 6, column		<u> </u>			0.	Part i, line 6, column (B)	<u> </u>		0.
Schedu	le E - Unrelated Det	ot-Financec	I Income (see II	nstruc	ctions)					
				2.	Gross income from		Deductions directly conn to debt-finance			
	1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deducti	
		,			manada proporty	an	(attach schedule)		(attach schedule	-
(4)					111 400	SE	E STATEMENT 2	SEE	STATEMENT :	
<u> </u>	ERCIAL PROPERTY - PE	TER S PLACE			111,400.		3,543	+		6,818.
(2)								+		
(3)								┼┈		
(4)		F. 4		-	0.1 4.444		7 0	+	Q Allegable dedu	ations.
debt on	nount of average acquisition or allocable to debt-financed	of or a	adjusted basis	0.	. Column 4 divided by column 5		7. Gross income reportable (column	(8, Allocable dedu column 6 x total of	columns
•	operty (attach schedule) STATEMENT 4	SEE STAT	nced property LSChedule) EMENTO				2 x column 6)		3(a) and 3(b))
(1)	1,786,718.	OBE GIAI	3,031,101.		58.95%		65 670	_	4	7,373.
(2)	2,100,100				%		,	+		
(3)					%			 		
(4)			<u> </u>		%			 	·	
\7)		·· ···			,,,	Fi	nter here and on page 1,	F	inter here and on pa	age 1,
							art I, line 7, column (A)		Part I, line 7, colum	
Totals					▶		65,670,		4	7,373.
	dends-received deductions in	cluded in columi	n 8		, <u>, , , , , , , , , , , , , , , , , , </u>		•	1		0.

Schedule F - Interest,				Controlled O				(==00		
1. Name of controlled organiza	identr	nployer fication mber		inrelated income ee instructions) 4. Tot payr		al of specified ments made	ınclude	of column 4 t d in the contr tion's gross ii	ofling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	ızatıons									
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of colu in the controll gross				luctions directly connected income in column 10
(1)										
(2)										
(3)										·
(4)										
						Add colur Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals	 			- 45	<u> </u>			0.		0
Schedule G - Investme		Section	501(c)(7), (9), or	(17) Or	ganizatior	1			
	cription of income			2. Amount of	ıncome	3. Deduction	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)						(attach sched	iole)			(cor 3 plus cor 4)
(2)										
(3)										
(4)				<u> </u>						
Totals Schedule I - Exploited	•	y Income	► e, Other	Enter here and of Part I, line 9, co	lumn (A)	ing Income		4		Enter here and on page 1 Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expedirectly cowith production of unrelabusiness	nnected luction lated	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										•
(2)										
(3)										
(4)										I
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Parti, oi (B)	74	775		7			Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi	0.		0.	3			1	_ ~	<u> </u>	. 0
Part I Income From				solidated	Basis		. <u>.</u>			
1. Name of periodical	2. Gross advertising income		Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compu			6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						7				and the second second
(2)					•	•				4
(3)		1			* **					and the second second
(4)				**************************************	4					
Totals (carry to Part II, line (5))	>	0.	(o						0
										Form 990-T (2017

Form 990-T (2017) COMPASS HOUSING ALLIANCE Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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 (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.			C C	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	*- ·a			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM 990-T NET	OPERATING	LOSS DED	UCTION	STATEMENT 1
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	. AVAILABLE THIS YEAR
12/31/13 2,056.		0.	2,056.	2,056.
NOL CARRYOVER AVAILABLE THIS	YEAR	=	2,056.	2,056.
FORM 990-T SCHEDULE B	E - DEPRECI	ATION DE	DUCTION	STATEMENT 2
DESCRIPTION		ACTIVI NUMBE		TOTAL
				3,543.
DEPRECIATION -	- SUBTOTAL	- 1		3,543.
TOTAL OF FORM 990-T, SCHEDULE		N 3(A)	<u></u>	3,543.
TOTAL OF FORM 990-T, SCHEDULE	E E, COLUMN	N 3(A)	IONS TY	3,543.
TOTAL OF FORM 990-T, SCHEDULE FORM 990-T SCHEDULE DESCRIPTION SALARY & BENEFITS INSURANCE PROPERTY TAX UTILITIES REPAIRS & MAINTENANCE INTEREST MISCELLANEOUS	E E, COLUMN	N 3(A) ER DEDUCT ACTIVI NUMBE	IONS TY R AMOUNT	3,543. 3,543. STATEMENT 3

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISI	TION DEBT - SUBTOTAL -	- 1	1,786,718	1,786,	718.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	4		1,786,	718.

FORM 990-T AVERAGE ADJUSTE ALLOCABLE TO DEBT-	STATEMENT	5		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASIS - SUBTOTAL		3,031,101.	3,031,	101.
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	IN 5		3,031,	101.