AMENDED RETURN - SECTION 512(A)(7) REPEAL

Form 990-T	E	xempt Organization Bus	sine	ess Income T	ax Return	L	OMB No 1545-0687
* *		(and proxy tax und			15/1		2010
, "	For cal	endar year 2018 or other tax year beginning		, and ending	10/2	_	2018
Department of the Treasury Internal Revenue Service	·- >	Go to www.irs.gov/Form990T for it. Do not enter SSN numbers on this form as it may	y be ma	ade public if your organiz	ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (L Check box if name of	changed	d and see instructions.)	ľ	(Empl	oyer identification number loyees' trust, see ctions)
B Exempt under section	Print	COMPASS HOUSING ALLIANCE				91	-0578229
x 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo	x. see i	nstructions.	E		ated business activity code
408(e) 220(e)	Type	210 ALASKAN WAY S	,			(366 11	isudetions j
408A530(a)		City or town, state or province, country, and ZIP of	r foreig	gn postal code			
C Book value of all assets		SEATTLE, WA 98104			b	3112	20
at end of year ,	112	F Group exemption number (See instructions.)	norntio	n E01(a) trust	401(a) to	runt	Other trust
		G Check organization type ► x 501(c) cortion's unrelated trades or businesses. ►	poratio.		the only (or first) unre		Uniei tiust
trade or business here	- 1		<u> </u>		complete Parts I-V If		than one
•		ce at the end of the previous sentence, complete P	arts I ar		•		
business, then complete f			u. (0) u.	na II, compiete a concadio			. •.
		oration a subsidiary in an affiliated group or a pare	nt-subs	sidiary controlled group?	▶ L	Ye	s X No
		lifying number of the parent corporation.					
J The books are in care of				Telepho	one number 🕨 206	5-47	
Part I Unrelated	Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sales	s į						
b Less returns and allow		c Balance	1c				
2 Cost of goods sold (So	•		2				
3 Gross profit. Subtract	1	i	3				
4 a Capital gain net incom		art II, line 17) (attach Form 4797)	4a 4b				
b Net gain (loss) (Form of Capital loss deduction	1	1 / 1	4c				
•	1	thip or an S corporation (attach statement)	5	-			
6 Pont income (Cohedul	,	(6				
7 Unrelated debt-finance	•	ne (Schedule E)	7	65,218.	33,7	792.	31,426.
	; altıes, a	nd rents from a controlled organization (Schedule F)	8				
9 Investment income of 2 10 Exploited exempt activ	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9				
	-		10				
11 Advertising income (S	t		11	-			
12 Other income (See ins			12	65 219	22.5	702	21 426
Part II Deduction		gn 12 ot Taken Elsewhere (See instructions fo	13	ations on doductions	33,7	72.	31,426.
(Except for c		itions, deductions must be directly connecte			s income.)		
14 Compensation of offi	cers, dır	rectors, and trustees (Schedule K)				14	
15 Salaries and wages 16 Repairs and maintena					<u> </u>	15	
	ance	REC	:FI\	/FD	-	16	
17 Bad debts			~ L. I V	(120)	-	17	
18 Interest (attach sched	iule) (se	ee instructions)	1 0 3	3020	<u>-</u>	18 19	
19 Taxes and licenses Charitable contribution	nc /Saa	nstructions for limitation rules)	LVZ	2020	F	20	
20 Charitable contribution 21 Depreciation (attach f	•		-	21		-	
•		62) Schedule A and elsewhere on ret urn	EN,	22a		22b	
23 Depletion						23	
24 Contributions to defe	rred cor	npensation plans			Γ	24	
25 Employee benefit pro						25	
26 Excess exempt exper		hedule I)				26	
27 Excess readership co					<u> </u>	27	
28 Other deductions (att					<u> </u>	28	
29 Total deductions. Ad				10 (· · · 1 · · · · 10	<u> </u>	29	0.
		ncome before net operating loss deduction. Subtrac			<u> </u> -	30	31,426.
		oss arising in tax years beginning on or after Janua	ııy I, 20	o to (see ilistructions)	<u> </u>	31	31,426.
		come. Subtract line 31 from line 30 work Reduction Act Notice, see instructions.				UL	Form 990-T (2018)

10900 NE 4TH STREET, SUITE 1400

self-employed SARA ELIZABETH J. HYRE

P00235495 91-1194016 Firm's EIN ▶

Phone no. 425-454-4919

823711 01-09-19

Preparer

Use Only

Paid

SARA ELIZABETH J. HYRE

Firm's name CLARK NUBER, PS

Firm's address BELLEVUE, WA 98004

Schedule A - Cost of Good	s Sold. Enter	method of invent	orv v	aluation N/A		· ·		
1 Inventory at beginning of year	1	modified of intent	6	Inventory at end of year	r		6	
2 Purchases	2		7	Cost of goods sold. Su		ine 6		
3 Cost of labor	3			from line 5. Enter here				
4 a Additional section 263A costs		_		line 2			7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes No
b Other costs (attach schedule)	4b			property produced or a	cquire	d for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pe	rsonal Property	Leas	ed With Real Prop	perty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				3(a)Deductions directly	connected with t	ha inaama in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for pe	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	d 2(b) (attach sch	edule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see II	nstru	ctions)				
			2	. Gross income from		3. Deductions directly conn to debt-finance	d property	
1. Description of debt-fir	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)	
					SE	E STATEMENT 1	SEE STATEMENT 2	
(1) COMMERCIAL PROPERTY - PE	TER'S PLACE			113,640.		24,311.	·	34,570.
(2)							<u> </u>	
(3)							ļ	
(4)							ļ	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) SEE STATEMENT 3	of or a	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	able deductions total of columns and 3(b))
	SEE SIAI	3,044,426.		57.39%		65,218.		33,792.
		3,044,420.		%			<u> </u>	
(2)				%				
(4)				%		-		
				<u>~</u>		nter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)
Totals						65,218,		33,792.
Total dividends-received deductions in	cluded in column	18				D		0.
TOTAL MITIEUTIEU TOUTTUE EUGENOTIO							For	m 990-T (2018)

Schedule i - Interest, i	1			Controlled O				•		· · · · · · · · · · · · · · · · · · ·
1. Name of controlled organizat	ıdentı	nployer fication mber		related income e instructions)		al of specified nents made	include	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										 -
(2)										
(3)			_							
(4)								-		
Nonexempt Controlled Organi	ızatıons									
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payi made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ income	iization's		ductions directly connected income in column 10
(1)									-	·
(2)					t					
(3)					İ					
(4)					i					
			_			Add colum Enter here and line 8, c		1, Part I, 4)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		Castian	E04/a\/	7) (0) 0"	(47) O=	!		0.		0
Schedule G - Investme		Section	501(0)(7), (9), or	(17) Or	ganization				
	ription of income	-		2. Amount of	ıncome	3. Deduction directly conne-	cted	4. Set-		5. Total deductions and set-asides (cot 3 plus cot 4)
(1)		-					,			(22.2)
(2)									_	
(3)								-		
(4)		-								
		-		Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			<u> </u>	,	0.					0
Schedule I - Exploited (see instru		y Income	e, Othe	r Than Ad	vertisi	ng Income	· 			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly co with proc of unrel business	nnected duction lated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6. Exp attribut colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, l line 10, c	Part I, of (B)							Enter here and on page 1, Part II, line 26
Totals	0.	1	0.	L						0
Schedule J - Advertision Part I Income From I	ng income (see Periodicals Rep			solidated	Basis					
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 iin, compute	5. Circulati income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							\neg			<u> </u>
(2)				7			1			
(3)			<u> </u>	7						
(4)				1						
							\neg			
Totals (carry to Part II, line (5))	_ ▶	0.	C	<u> </u>						0
										Form 990-T (2018)

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.			.	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.				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 (2018)

FORM 990-T SCHEDULE E - DEPRE	CIATION DEDUCT	ION	STATEMENT	1
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTA	L - 1	24,311.	24,	311.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 3(A)		24,	311.
FORM 990-T SCHEDULE E - OT	HER DEDUCTIONS		STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
SALARY & BENEFITS REPAIRS & MAINTENANCE INTEREST MISCELLANEOUS OCCUPANCY		2,979. 3,750. 20,314. 2,997. 4,530.		
- SUBTOTA	L – 1	,	34,	570.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 3(B)		34,	570.
FORM 990-T AVERAGE ACQUISIT ALLOCABLE TO DEBT-		RTY	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION DEBT - SUBTOTA	L - 1	1,747,343.	1,747,	343.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MONT /		1,747,	3/13

FORM 990-T	ERTY	STATEMENT			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTE	D BASIS - SUBTOTAL		3,044,426	3,044,	426.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	5		3,044,	426.

COMPASS HOUSING ALLIANCE EIN: 91-0578229 TAX YEAR ENDED DECEMBER 31, 2018

AMENDED RETURN STATEMENT

FORM 990-T IS AMENDED DUE TO THE REPEAL OF CODE SEC. 512(A)(7). THE FOLLOWING LINES OF FORM 990-T CHANGED:

	ORIGINAL	AMENDED
PART III, LINE 34, AMOUNTS PAID FOR DISALLOWED	\$123,334	\$0
FRINGES		
PART III, LINE 36, TOTAL UNRELATED BUSINESS	\$154,760	\$31,426
TAXABLE INCOME BEFORE SPECIFIC DEDUCTION		
PART III, LINE 38, UNRELATED BUSINESS TAXABLE	\$153,760	\$30,426
INCOME		
PART IV, LINE 39, ORGANIZATIONS TAXABLE AS	\$32,290	\$6,389
CORPORATIONS		
PART IV, LINE 44, TOTAL TAX	\$32,290	\$6,389
PART IV, LINE 46, SUBTACT LINE 45E FROM LINE 44	\$32,290	\$6,389
PART IV, LINE 48, TOTAL TAX	\$32,290	\$6,389
PART V, LINE 54, OVERPAYMENT	\$8,123	\$34,024
PART V, LINE 55, REFUND OF OVERPAYMENT	\$0	\$25,901