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	j	30 P	) _	AMENDED I			D-4	1	0.00			
`	Form	990-1		Exempt Organization Bus (and proxy tax und lendar year 2018 or other tax year beginning			ax Return 	<i>,</i>	OMB No 1545-0687			
ن		rtment of the Treasury	V	► Go to www.irs.gov/Form990T for in		ons and the latest informa		_  -	Open to Public Inspection for 501(c)(3) Organizations Only			
	-	X Check box if										
		address changed	D-1-4	MERCY HOUSING NORTHWES	T.				ctions) 1-1546525			
		xempt under section 501(c)(3)	Print or	Number, street, and room or suite no. If a P.O. box		estructions	-	E Unrel	ated business activity code			
		408(e) 220(e)	Type	1600 BROADWAY, SUITE 2				(See ii	nstructions)			
		408A 530(a)		City or town, state or province, country, and ZIP o		n postal code			ŗ			
		529(a)	<u> </u>	DENVER, CO 80202								
		ok value of all assets end of year	^	F Group exemption number (See instructions.)	<u> </u>		104/2)	A = A	Other truck			
	u En	ator the number of the	0.	G Check organization type X 501(c) corpution's unrelated trades or businesses.	poration		401(a)		Other trust			
		ide or business here	-				the only (or first) un complete Parts I-V.		than one			
		=		ace at the end of the previous sentence, complete Pa	rts I an							
		siness, then complete										
		•		poration a subsidiary in an affiliated group or a parei	nt subs	diary controlled group?	▶ [	Ye	s X No			
				tifying number of the parent corporation.				0.2	020 2200			
			-	STEVE SPEARS de or Business Income	-	(A) Income	one number > 3 (B) Expenses		(C) Net			
	-1 403.40	Gross receipts or sale		de of Eddiness meonie	ı	(A) Income	(D) Expenses		500 50 50 50 50 50 50 50 50 50 50 50 50			
		Less returns and allow		c Balance	1c							
	2	Cost of goods sold (S			2			1000				
•	3	Gross profit. Subtract			3		NW EARN					
	4 a	Capital gain net incom	ne (attac	ch Schedule D)	4a							
				Part II, line 17) (attach Form 4797)	4b			6.35.35 2.35.35				
		Capital loss deduction			4c							
	5	, ,		ship or an S corporation (attach statement)	6			\$12000 Jack				
	6 7	Rent income (Schedu Unrelated debt-financ		me (Schedule F)	7							
	8			and rents from a controlled organization (Schedule F)	8		<u> </u>		*******			
	9			on 501(c)(7), (9), or (17) organization (Schedule G)	9							
	10	Exploited exempt activ	vity inco	me (Schedule I)	10							
	11	Advertising income (S		•	11		me I (1995). William State 5.3	415.57 W.C				
	12	Other income (See ins		•	12	0						
		Total. Combine lines	3 throu	igh 12 ot Taken Elsewhere (See instructions fo	13	0.0						
	31.0	(Except for d	contribu	utions, deductions must be directly connected	with 1	the unrelated business	income )					
	14			rectors, and trustees (Schedule K)				14				
	15	Salaries and wages	, -	,	İ	RECEIVED	) [	15				
Ø		Repairs and mainten	ance		_		—വ!	16				
OZOZ E D NAM	17	Bad debts			C133	FEB <b>2 5</b> 2020		17				
Z	18	Interest (attach sche	dule) (se	ee instructions)	U		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	18				
Z <sub>o</sub>	19	Taxes and licenses	(0.		+ '	OGDEN, U	<del></del>	19				
98	20 21	Depreciation (attach	•	e instructions for limitation rules) 562)	<u> </u>		<u>'</u>	20				
َ رساً	22	•		n Schedule A and elsewhere on return		22a		22b				
50	23	Depletion		· · · · · · · · · · · · · · · · · · ·		(,		23				
Z X	24	Contributions to defe	erred co	mpensation plans				24				
<del> </del>	23	Employee benefit pro	ograms					25	· · · · · · · · · · · · · · · · · · ·			
<b>≥</b> ε ε	26	Excess exempt expe	•	•				26				
nepological 2020	27	Excess readership co						27				
<b>76</b>	28	Other deductions (at						28	0.			
<b>6</b> 5	29 30	Total deductions. A		. 14 through 28 ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		29 30	0.			
កិរ កូឡ	30 31			loss arising in tax years beginning on or after Janua				31				
===	32			ncome, Subtract line 31 from line 30	, .,\			32	0.			
				rwork Reduction Act Notice, see instructions.		,		7	Form <b>990-T</b> (2018)			
182	<b>4</b> 0 °	124 147227	001	1 7693-0051500.0990 2018.		030 MERCY HO	USING NOF	RTHW	EST 00176			

Form 990-T	(2018) MERCY HOUSING NORTHWEST	91-154652	25 Page 2
Part II			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	s) <b>33</b>	0.
	Amounts paid for disallowed fringes	34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1
	lines 33 and 34	36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	2 <del>8</del> 3 <del>1</del>	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		T
	enter the smaller of zero or line 36	38	0.
Part IV	Tax Computation		
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	om:	2 2
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> 40	
41	Proxy tax. See instructions	▶ 41	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income. See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V			<del></del>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	Æ	<u>*</u>
	Other credits (see instructions)		8
	General business credit. Attach Form 3800		ž.
_	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	
	Total credits. Add lines 45a through 45d	45e	
	Subtract line 45e from line 44	46	0.
		her (attach schedule) 47	
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		*
	2018 estimated tax payments		<i>.</i>
	Tax deposited with Form 8868	1,806.	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		\$
	Credit for small employer health insurance premiums (attach Form 8941)		Š.
	Other credits, adjustments, and payments: Form 2439		
9	Form 4136 Other Total <b>50g</b>		Ž
51	Total payments. Add lines 50a through 50g	51	1,806.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	\$2	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	4 5 <sub>A</sub>	1,806.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 55	1,806.
Part V			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auti		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cour		
	here >		X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.	-	
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and t	o the best of my knowledge and	d belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know		IRS discuss this return with
Here	\ JAWASAW   2 20 2000. \ TREASURER	•	arer shown below (see
	Signature of officer Date Title	instruction	ons)? X Yes No
	Print/Type preparer's name Preparer's signature Date	Check if P	TIN
Paid	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	self- employed	
	KATHY BLACKBURN KATHY BLACKBURN 01/24/2		P00450629
Prepa Use O	Tel - COUNTRICK II D		22-1478099
USE U	525 NORTH TRYON STREET		
	Firm's address ► CHARLOTTE, NC 28202	Phone no. 704	-332-9100
823711 01-			Form 990-T (2018)

·.. )

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	luation ► N/A						
<del></del>	Inventory at beginning of year 1 6 Inventory at end of year				ır		6			
2 Purchases	2		7	Cost of goods sold. Si		line 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,							
4a Additional section 263A costs			line 2					1		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Y	es	No
b Other costs (attach schedule)	4b			property produced or a	acquirec	I for resale) apply to				
5 Total. Add lines 1 through 4b	5		7	the organization?						
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	Pers	onal Property L	.ease	d With Real Prop	erty	)		
1. Description of property										
(1)										
(2)								<del></del>		_
(3)										
(4)										
	2. Rent receiv	ed or accrued								
rent for personal property is more than of rent for p				nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conner nd 2(b)	cted with the incom (attach schedule)	ie in	
(1)										
(2)								•		
(3)										
(4)							•			
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb	n (A)	<b>.</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>			0.
Schedule E - Unrelated Deb	n-Financeu	income (see			Ī	3. Deductions directly con				
				Gross income from or allocable to debt-	(a)	to debt-finance	ea pro	(b) Other deductions		
1. Description of debt-fir	nanced property		financed property		(")	(attach schedule)	(attach schedule)			
(1)	· .									
(2)										
(3)										
(4)	<b></b>			-						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable ded (column 6 x total o 3(a) and 3(	f colun	
(1)				%						
(2)				%						
(3)				%		•				
(4)				%						
	•		•			inter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals				▶		0				0.
Total dividends-received deductions in	ncluded in column	n 8				<u>_</u>				0.

Schedule F - Interest, A	nnuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	tructions	)	
				Exempt (	Controlled O	rganızatı	ons					
Name of controlled organizate	on	2. Emp Identific numb	ation		elated income anstructions)  4. Total of specific payments made					olling	ng connected with income	
(1)												
(2)					<del></del>	•						
(3)												
(4)			i			Ì						
Nonexempt Controlled Organiz	ations											
7. Taxable Income		nrelated income ee instructions)		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that ing organi s income	is included zation's		uctions directly connected income in column 10	
(1)												
(2)											•	
(3)												
(4)												
				-			Add colun Enter here and line 8, c		1, Part I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals						<u> </u>			0.		0.	
Schedule G - Investme		ne of a S	ection 5	501(c)(7	), (9), or (	17) Org	ganization					
(see instri	uctions)	me			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4, Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)	<u>~</u>						(attach school				(cor s plus cor 4)	
(2)												
(3)												
(4)												
Totals				<b>&gt;</b>	Enter here and Part I, line 9, co	0 .					Enter here and on page 1, Part I, line 9, column (8)	
Schedule I - Exploited I	-	Activity	Income	, Other	Than Adv	ertisir/	g Income					
Description of exploited activity	2. G unrelated incom trade or l	e from	3. Expedirectly co- with proc of unre- business	nnected fuction lated	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that led	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		Ť									1	
(2)												
(3)									-			
(4)												
	Enter her page 1 line 10,	, Part I, col (A)	Enter here page 1, line 10, c	Part I, ol (B).							Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisin	ng Incor	ne (see in	structions	<u>. 0</u>	DANSE ST	METERS STATES	MER HEER TOWN	"ANG "Wind"	ONER DOME	\$ 50 mil 24 %	1	
[Part I] Income From F					solidated	Basis			**			
1. Name of periodical		2. Gross advertising income		. Direct tising costs	or (loss) (c col 3) If a g cols 5 tl	rough 7			6. Reade		7. Excess readership costs (column 6 minus column 5, but not more then column 4)	
(1)							\$! \$					
(2)							Š.				<b>对</b> 学生等的意思	
(3)							r# '&					
(4)							\$£ <sup>2</sup>			}}		
Totals (carry to Part II, line (5))	<b>•</b>	0	).	0							0.	
											Form 990-T (2018)	

## Part III 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. Grass 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)	-1	1		İ		
(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.		的自己是的意		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		<b>•</b>	0.

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