

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NORTHWEST HOUSING ALTERNATIVES INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 2316 SE WILLARD STREET City or town, state or province, country, and ZIP or foreign postal code MILWAUKIE, OR 97222 | D Employer identification number 93-0814473 E Telephone number (503) 654-1007 G Gross receipts \$ 7,752,792 |
| F Name and address of principal officer RAY HACKWORTH 2316 SE WILLARD STREET MILWAUKIE, OR 97222 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | L Year of formation 1982 M State of legal domicile OR |
| J Website: ▶ WWW NWHOUSING ORG | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |

Part I Summary

| | | | |
|---|---|--|------------|
| 1 | Briefly describe the organization's mission or most significant activities TO PROVIDE A WIDE RANGE OF AFFORDABLE HOUSING OPTIONS FOR OREGONIANS WHO EARN LOW INCOMES INCLUDING FAMILIES, SENIORS, AND PEOPLE WITH SPECIAL NEEDS THE ORGANIZATION HAS A PORTFOLIO THAT INCLUDES 98 PROPERTIES AND 1,831 UNITS OF HOUSING IN 15 OREGON COUNTIES NHA'S MISSION IS TO CREATE OPPORTUNITY THROUGH HOUSING | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 45 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 111 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 2,148,785 | 2,817,056 |
| | 9 Program service revenue (Part VIII, line 2g) | 5,410,889 | 4,195,926 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,063,443 | 710,885 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -4,136 | 6,124 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,618,981 | 7,729,991 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 188,428 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,537,439 | 2,665,812 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 30,899 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 271,930 | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,000,079 | 4,782,278 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 7,725,946 | 7,825,022 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 893,035 | -95,031 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 40,704,893 | 40,723,499 |
| | 21 Total liabilities (Part X, line 26) | 19,064,806 | 19,232,385 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 21,640,087 | 21,491,114 |

Part II Signature Block

Under penalties of perjury, 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 preparer (other than officer) is based on all information of which preparer has any knowledge

| | | |
|------------------|--|--------------------|
| Sign Here | ***** Signature of officer | 2016-11-08 Date |
| | RAY HACKWORTH DIRECTOR OF ASSET MANAGEMENT Type or print name and title | |

| | | | | | |
|-------------------------------|--|---------------------------------------|------|---|-------------------------|
| Paid Preparer Use Only | Print/Type preparer's name YEE LEE MCGEE | Preparer's signature YEE LEE MCGEE | Date | Check <input type="checkbox"/> if self-employed | PTIN P01294356 |
| | Firm's name ▶ GARY MCGEE & CO LLP | | | | Firm's EIN ▶ |
| | Firm's address ▶ 808 SW THIRD AVENUE SUITE 700 PORTLAND, OR 97204 | | | | Phone no (503) 222-2515 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

NORTHWEST HOUSING ALTERNATIVES (NHA) CREATES OPPORTUNITY THROUGH HOUSING NHA BUILDS AND PRESERVES AFFORDABLE HOUSING FOR PEOPLE EARNING LOW-INCOMES INCLUDING FAMILIES, SENIORS AND PEOPLE WITH SPECIAL NEEDS HOMELESS INTERVENTION SERVICES ARE PROVIDED TO FAMILIES, COUPLES, SINGLES AND SENIORS IN CLACKAMAS COUNTY THROUGH THE ANNIE ROSS HOUSE AND ITS SISTER PROGRAM, HOMEBASE NORTHWEST HOUSING ALTERNATIVES' PROPERTIES IN THE PORTLAND METRO AREA ARE ENRICHED WITH RESIDENT SERVICES TO PROVIDE OUR RESIDENTS WITH OPPORTUNITIES TO LIVE HEALTHY AND FULFILLING LIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,284,998 including grants of \$ 11,746) (Revenue \$ 2,966,768)

ASSET MANAGEMENT - NHA PROVIDES ASSET AND PARTNERSHIP MANAGEMENT TO 29 MULTI-FAMILY PROPERTIES TOTALING 1,547 UNITS THE FUNDING AND REGULATORY REQUIREMENTS FOR THESE PROPERTIES INCLUDE LIHC, HUD 202 AND 811, HOME, CDBG, TRUST FUND, AND OTHER SOURCES ADDITIONALLY, NHA MANAGES TEN SMALL PROPERTIES COMPRISING ANOTHER 45 UNITS THESE PROPERTIES PROVIDE AFFORDABLE HOUSING FOR THE COMMUNITY AND SOME PROPERTIES PROVIDE SPECIALIZED HOUSING FOR INDIVIDUALS WITH CHRONIC MENTAL ILLNESS OR IN RECOVERY FROM ADDICTIONS OUR ASSET MANAGEMENT INSURES THE FINANCIAL VIABILITY, PHYSICAL LONGEVITY, AND RISK MANAGEMENT OF OUR MULTI-FAMILY ASSETS

4b (Code) (Expenses \$ 1,040,993 including grants of \$) (Revenue \$ 974,733)

PROPERTY DEVELOPMENT AND CONSULTING - NHA IS A LEADING DEVELOPER OF AFFORDABLE RENTAL COMMUNITIES AND GROUP HOMES NHA COMBINES FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS WITH FINANCING FROM BANKS, PRIVATE INVESTORS, AND CHARITABLE FOUNDATIONS IN ORDER TO DEVELOP AND PRESERVE AFFORDABLE HOUSING IN 2015, NHA COMPLETED REHABILITATION OF IKOI SO APARTMENTS, A 35-UNIT SENIOR HOUSING PROPERTY IN CLACKAMAS COUNTY, AND HOTEL JULIAN, A 35-UNIT HISTORIC PROPERTY FOR SENIORS AND THOSE LIVING WITH A DISABILITY HOTEL JULIAN IS LOCATED IN CORVALLIS, OREGON AND WAS CO-DEVELOPED WITH WILLAMETTE NEIGHBORHOOD HOUSING SERVICES ALSO IN 2015, NHA CONVERTED TO PERMANENT FINANCING ON SIUSLAW DUNES A 45-UNIT FAMILY PROPERTY LOCATED IN FLORENCE, OREGON ADDITIONALLY IN 2015, NHA ACQUIRED A PARCEL OF LAND IN UNINCORPORATED WASHINGTON COUNTY FOR THE DEVELOPMENT OF A 20-UNIT VETERAN-SPECIFIC PROPERTY

4c (Code) (Expenses \$ 1,217,734 including grants of \$) (Revenue \$ 641,678)

DEVELOPMENTALLY-DISABLED (DD) GROUP HOMES - NHA OWNS AND MANAGES 51 GROUP HOMES WITH 228 UNITS ACROSS OREGON FOR ADULTS WITH DEVELOPMENTAL DISABILITIES THE HOMES ARE LEASED BY LICENSED CARE PROVIDERS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,827,829 including grants of \$ 334,287) (Revenue \$ 308,985)

4e Total program service expenses 7,371,554

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | Yes | |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | Yes | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | |
|---|-------------------|------------|
| <p>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></p> | <p>21</p> | <p>No</p> |
| <p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p> | <p>22</p> | <p>Yes</p> |
| <p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p> | <p>23</p> | <p>Yes</p> |
| <p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p> | <p>24a</p> | <p>No</p> |
| <p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p> | <p>24b</p> | |
| <p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p> | <p>24c</p> | |
| <p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p> | <p>24d</p> | |
| <p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p> | <p>25a</p> | <p>No</p> |
| <p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p> | <p>25b</p> | <p>No</p> |
| <p>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></p> | <p>26</p> | <p>No</p> |
| <p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p> | <p>27</p> | <p>No</p> |
| <p>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p> | | |
| <p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28a</p> | <p>No</p> |
| <p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28b</p> | <p>No</p> |
| <p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28c</p> | <p>No</p> |
| <p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p> | <p>29</p> | <p>Yes</p> |
| <p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p> | <p>30</p> | <p>No</p> |
| <p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p> | <p>31</p> | <p>No</p> |
| <p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p> | <p>32</p> | <p>No</p> |
| <p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p> | <p>33</p> | <p>Yes</p> |
| <p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p> | <p>34</p> | <p>Yes</p> |
| <p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p> | <p>35a</p> | <p>Yes</p> |
| <p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p> | <p>35b</p> | <p>No</p> |
| <p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p> | <p>36</p> | <p>No</p> |
| <p>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p> | <p>37</p> | <p>No</p> |
| <p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p> | <p>38</p> | <p>Yes</p> |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ TAM GARDNER 2316 SE WILLARD STREET MILWAUKIE, OR 97222 (503) 654-1007

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MICHAEL ANDERSON DIRECTOR | 1 00 | X | | | | | 0 | 0 | 0 | |
| (2) ROBERTA ANDO DIRECTOR | 1 00 | X | | | | | 0 | 0 | 0 | |
| (3) JOHN BEATON DIRECTOR | 1 00 | X | | | | | 0 | 0 | 0 | |
| (4) SAIT RIEGA-CAMPOS DIRECTOR | 1 00 | X | | | | | 0 | 0 | 0 | |
| (5) JAKE KIRSCH DIRECTOR | 1 00 | X | | | | | 0 | 0 | 0 | |
| (6) SHILOH WITTRUCK-LACCINO DIRECTOR | 1 00 | X | | | | | 0 | 0 | 0 | |
| (7) ROSE MARY OJEDA DIRECTOR | 1 00 | X | | | | | 0 | 0 | 0 | |
| (8) KATY PATRICELLI PRESIDENT | 8 00 | X | | X | | | 0 | 0 | 0 | |
| (9) MARILYN COHEN VICE PRESIDENT | 2 00 | X | | X | | | 0 | 0 | 0 | |
| (10) SCOTT BULLARD TREASURER | 2 00 | X | | X | | | 0 | 0 | 0 | |
| (11) NIKOLAI URSIN SECRETARY | 2 00 | X | | X | | | 0 | 0 | 0 | |
| (12) MARTHA MCLENNAN EXECUTIVE DIRECTOR | 40 00 | | | X | | | 132,103 | 0 | 20,444 | |
| (13) TAM GARDNER DIRECTOR OF FINANCE AND ADMIN | 40 00 | | | X | | | 93,888 | 0 | 17,606 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 225,991 | 0 | 38,050 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--|---------------------|
| CARLETON HART ARCHITECTURE PC 322 NE 8TH PORTLAND, OR 97209 | ARCHITECTURAL SERVICES FOR HAWTHORNE EAS | 275,892 |
| WALSH CONSTRUCTION COMPANY 2905 SW FIRST AVE PORTLAND, OR 97201 | GENERAL CONTRACTOR FOR AUTUMN PARK COMMU | 205,965 |
| AZTEC REMODELS LLC 14515 SW QUAIL LANE G301 BEAVERTON, OR 97007 | VARIOUS REPAIRS AND MAINTENANCE AT NHA'S | 115,641 |
| MWA ARCHITECTS 655 MONTGOMERY STREET SUITE 1720 SAN FRANCISCO, CA 94111 | ARCHITECTURAL SERVICES FOR NHA CAMPUS RE | 110,706 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|--|-------------------------|--|---|---|-------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | 23,590 | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | 88,637 | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | 2,111,199 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 593,630 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 36,724 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 2,817,056 | | | |
| Program Service Revenue | 2a | RENTAL INCOME | Business Code 531110 | 3,239,340 | 3,239,340 | | |
| | b | MGMT / CONSULT FEES | 531310 | 302,912 | 302,912 | | |
| | c | DEVELOPMENT FEES | 531390 | 278,495 | 278,495 | | |
| | d | RESIDENT SERVICE FEE | 624100 | 278,209 | 278,209 | | |
| | e | MISCELLANEOUS | 900099 | 96,970 | 96,970 | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f ▶ | | 4,195,926 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 710,885 | 696,238 | 14,647 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 | Royalties ▶ | | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) ▶ | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) ▶ | | | | | |
| | 8a | Gross income from fundraising events (not including \$ <u>88,637</u> of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | | b Less direct expenses b | | | | | |
| | | c Net income or (loss) from fundraising events . . ▶ | | | 6,124 | | 6,124 |
| | 9a | Gross income from gaming activities See Part IV, line 19 a | | | | | |
| | | b Less direct expenses b | | | | | |
| | | c Net income or (loss) from gaming activities . . . ▶ | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| b Less cost of goods sold b | | | | | | | |
| c Net income or (loss) from sales of inventory . . ▶ | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | | | | | |
| 12 | Total revenue. See Instructions ▶ | | | 7,729,991 | 4,892,164 | 0 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 346,033 | 346,033 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 264,041 | 208,935 | 27,925 | 27,181 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,901,468 | 1,734,652 | 29,955 | 136,861 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 59,682 | 55,005 | 516 | 4,161 |
| 9 | Other employee benefits | 248,011 | 225,822 | 4,130 | 18,059 |
| 10 | Payroll taxes | 192,610 | 173,235 | 4,869 | 14,506 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 129,589 | 129,589 | | |
| b | Legal | 10,298 | 10,298 | | |
| c | Accounting | 74,747 | 23,405 | 51,342 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | 30,899 | | | 30,899 |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 557,694 | 551,551 | 3,927 | 2,216 |
| 12 | Advertising and promotion | 7,547 | 7,263 | 14 | 270 |
| 13 | Office expenses | 196,481 | 111,855 | 65,620 | 19,006 |
| 14 | Information technology | 14,834 | 11,817 | 3,017 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 316,159 | 291,131 | 25,028 | |
| 17 | Travel | 36,604 | 34,020 | 1,311 | 1,273 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 41,525 | 34,113 | 6,206 | 1,206 |
| 20 | Interest | 651,993 | 651,758 | 235 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,041,876 | 1,037,602 | 2,544 | 1,730 |
| 23 | Insurance | 118,774 | 90,830 | 27,604 | 340 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | BAD DEBT/TRADE RECVBLS | 681,753 | 681,753 | | |
| b | REPAIRS AND MAINTENANCE | 678,106 | 671,000 | 7,106 | |
| c | BAD DEBT/LOANS TO AFFIL | 151,493 | 151,493 | | |
| d | TAXES, LICENSES & OTHER | 72,805 | 43,942 | 23,674 | 5,189 |
| e | All other expenses | | 94,452 | -103,485 | 9,033 |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,825,022 | 7,371,554 | 181,538 | 271,930 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|--|--|-----------------------|------------|-----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 1,493,048 | 1 | 1,548,879 |
| | 2 Savings and temporary cash investments | 5,274,886 | 2 | 4,812,785 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 3,183,934 | 4 | 1,986,749 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 1,082,375 | 7 | 926,279 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 168,867 | 9 | 119,599 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 40,821,415 | | |
| | b Less: accumulated depreciation | 10b 14,450,863 | 25,647,510 | 10c 26,370,552 |
| | 11 Investments—publicly traded securities | | 11 | 953,796 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 2,348,396 | 13 | 2,775,244 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,505,877 | 15 | 1,229,620 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 40,704,893 | 16 | 40,723,499 | |
| Liabilities | 17 Accounts payable and accrued expenses | 255,559 | 17 | 421,995 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 158,277 | 19 | 132,364 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 17,927,709 | 23 | 17,910,580 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 723,261 | 25 | 767,446 |
| | 26 Total liabilities. Add lines 17 through 25 | 19,064,806 | 26 | 19,232,385 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 21,516,539 | 27 | 21,273,847 |
| | 28 Temporarily restricted net assets | 123,548 | 28 | 217,267 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 21,640,087 | 33 | 21,491,114 | |
| 34 Total liabilities and net assets/fund balances | 40,704,893 | 34 | 40,723,499 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,729,991 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,825,022 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -95,031 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 21,640,087 |
| 5 | Net unrealized gains (losses) on investments | 5 | -24,026 |
| 6 | Donated services and use of facilities | 6 | 56,074 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -85,990 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 21,491,114 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 93-0814473

Name: NORTHWEST HOUSING ALTERNATIVES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,827,829 including grants of \$ 334,287) (Revenue \$ 308,985)

ANNIE ROSS PROGRAMS - THE ANNIE ROSS HOUSE PROVIDES SHELTER AND SERVICES TO FIVE CLACKAMAS COUNTY FAMILIES WHO ARE EXPERIENCING HOMELESSNESS NHA TRANSITIONAL HOUSING UNITS PROVIDE HOMES FOR ANOTHER FIVE FAMILIES WHO ARE TRANSITIONING FROM HOMELESSNESS INTO PERMANENT HOUSING IN 2015, THERE WERE 45 HOUSEHOLDS SERVED THROUGH BOTH PROGRAMS HOMEBASE - THIS COMMUNITY-BASED PROGRAM PROVIDES BOTH EVICTION PREVENTION SERVICES TO HOUSEHOLDS TO STOP HOMELESSNESS BEFORE IT BEGINS AND RAPID RE-HOUSING TO MOVE HOUSEHOLDS WHO ARE EXPERIENCING HOMELESSNESS INTO THEIR OWN HOME IN LATE 2014, THIS PROGRAM EXPANDED INTO "PATHWAYS" WHERE WE WORK IN COLLABORATION WITH OTHER COMMUNITY PARTNERS TO PROVIDE MARKET HOUSING AND WRAP AROUND SERVICES TO INDIVIDUALS LIVING WITH PERSISTENT MENTAL ILLNESS IN 2015, THERE WERE 197 HOUSEHOLDS SERVED TWENTY-TWO OF THESE HOUSE-HOLDS WERE IN THE PATHWAYS PROGRAM RESIDENT SERVICES - NHA LINKS RESIDENTS OF MULTI-FAMILY AND SENIOR PROPERTIES ACROSS THE STATE TO SERVICES THAT KEEP THEM STABLE IN THEIR HOUSING AND CONNECTED TO THEIR COMMUNITY CORE SERVICES INCLUDE EVICTION PREVENTION, INFORMATION AND REFERRAL, AND ONSITE PROGRAMMING TARGETED TO A SPECIFIC BUILDING'S POPULATION IN 2015, RESIDENT SERVICES RESPONDED TO 8,112 REQUESTS FOR SERVICES, COORDINATED OVER 750 ONSITE EVENTS FOR NHA RESIDENTS, AND LEVERAGED OVER \$32,000 IN VOLUNTEER AND IN-KIND RESOURCES ADDITIONALLY, THE DEPARTMENT CONTINUED AN INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROGRAM IN PARTNERSHIP WITH CASA OF OREGON THIS PROGRAM PROVIDES NHA RESIDENTS WITH A MATCHED SAVINGS ACCOUNT THAT CAN THEN BE USED TO FUND THEIR FIRST HOME OR POST-SECONDARY EDUCATION AT YEAR-END, PARTICIPANTS IN THE IDA PROGRAM HAD A MATCHED SAVINGS BALANCE OF OVER \$41,000 TO GO TOWARD HOMEOWNERSHIP OR POST-SECONDARY EDUCATION ADVOCACY AND PUBLIC POLICY - NHA SEEKS TO ADVANCE THE IMPORTANCE OF AFFORDABLE HOUSING IN THE PUBLIC POLICY SPHERE

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number

93-0814473

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.) | 6,988,411 | 2,061,087 | 2,765,298 | 2,148,785 | 2,817,056 | 16,780,637 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 6,988,411 | 2,061,087 | 2,765,298 | 2,148,785 | 2,817,056 | 16,780,637 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 12,694 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 16,767,943 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 6,988,411 | 2,061,087 | 2,765,298 | 2,148,785 | 2,817,056 | 16,780,637 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 385,515 | 533,559 | 567,512 | 737,465 | 710,885 | 2,934,936 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 19,715,573 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 23,043,856 |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.050 % |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 91.190 % |

- 16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

| | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

| | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | | Current Year |
|----------|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. _____ | | | |
| e From 2014. _____ | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. _____ | | | |
| d From 2014. _____ | | | |
| e From 2015. _____ | | | |

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|--|--|
| Name of the organization NORTHWEST HOUSING ALTERNATIVES INC | Employer identification number 93-0814473 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a) Filing organization's totals****(b) Affiliated group totals**

| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 15,924 | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 15,924 | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 7,537,168 | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 7,553,092 | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | 527,655 | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 131,914 | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

 Y e s **No****4-Year Averaging Period Under section 501(h)**
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| 2a Lobbying nontaxable amount | 404,996 | 542,311 | 521,923 | 527,655 | 1,996,885 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 2,995,328 |
| c Total lobbying expenditures | 25,388 | 9,630 | 8,004 | 15,924 | 58,946 |
| d Grassroots nontaxable amount | 101,249 | 135,578 | 130,481 | 131,914 | 499,222 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 748,833 |
| f Grassroots lobbying expenditures | 10,170 | | | | 10,170 |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total. Add lines 1c through 1i?
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| | | | |
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

| | |
|-----------|--|
| 1 | |
| 2a | |
| 2b | |
| 2c | |
| 3 | |
| 4 | |
| 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number
93-0814473

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
 - a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
 - a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | Yes | No |
|---|-----|----|
| 3a(i) unrelated organizations | | |
| 3a(ii) related organizations | | |
| 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c) depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 6,302,482 | | 6,302,482 |
| b Buildings | | 33,155,883 | 14,374,611 | 18,781,272 |
| c Leasehold improvements | | | | |
| d Equipment | | 700,874 | 76,252 | 624,622 |
| e Other | | 662,176 | | 662,176 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶ | | | | 26,370,552 |

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| | | |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| See Additional Data Table | | |
| | | |
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| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | 2,775,244 | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| | |
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| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | |

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| Federal income taxes | |
| FUNDS HELD ON BEHALF OF OTHERS | 63,207 |
| LONG-TERM INTEREST PAYABLE | 704,239 |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 767,446 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation |
|------------------|-------------|
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:
Software Version:

EIN: 93-0814473

Name: NORTHWEST HOUSING ALTERNATIVES INC

Form 990, Schedule D, Part VIII - Investments Program Related

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) EQUITY IN ROSEMONT SENIOR HOUSING ASSOCIATES, LP | 649,376 | C |
| (2) EQUITY IN ROSEMONT TOWN HOMES ASSOCIATES, LP | 192,425 | C |
| (3) EQUITY IN WEIDLER RENEWAL, LP | 73 | C |
| (4) EQUITY IN TRENTON TERRACE, LP | 61,607 | C |
| (5) EQUITY IN CHARLESTON, LP | 200 | C |
| (6) EQUITY IN MAYFIELD COURT, INC | 172,748 | C |
| (7) EQUITY IN VILLAGE AT THE HEADWATERS, LP | 123,856 | C |
| (8) EQUITY IN COTTONWOOD I RENEWAL, LLC | 52,858 | C |
| (9) EQUITY IN COTTONWOOD II RENEWAL, LLC | 56,691 | C |
| (10) EQUITY IN ROSELYN RENEWAL, LLC | 22,707 | C |
| (11) EQUITY IN CREEKSIDE WOODS, LP | 1,069,130 | C |
| (12) EQUITY IN QUIMBY HOUSING, LP | 27,568 | C |
| (13) EQUITY IN SPRING HOUSING, LP | 15,220 | C |
| (14) EQUITY IN ALMA GARDENS, LP | 1,608 | C |
| (15) EQUITY IN HOLLYFIELD VILLAGE, LLC | 2,072 | C |
| (16) EQUITY IN AUTUMN PARK RENEWAL, LP | 285,268 | C |
| (17) EQUITY IN IKOI SO TERRACE RENEWAL, LLC | 26,609 | C |
| (18) EQUITY IN SENECA TERRACE RENEWAL, LP | 270 | C |
| (19) EQUITY IN SIUSLAW DUNES RENEWAL, LP | 14,958 | C |

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number

93-0814473

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 MARK SHERMAN 3540 SW BOUNDARY STREET PORTLAND, OR 97221 | FUNDRAISING CONSULTANT | | No | 0 | 30,899 | 0 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | ▶ | | | 30,899 | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OR

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a)Event #1 | (b)Event #2 | (c)Other events | (d) |
|------------------------|---|--|---------------------------------------|----------------------------|--|
| | | HOME SWEET HOME (event type) | ARH PLANT SALE (event type) | 3 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 64,110 | 32,645 | 20,807 | 117,562 |
| | 2 Less Contributions | 58,570 | 21,493 | 8,574 | 88,637 |
| | 3 Gross income (line 1 minus line 2) | 5,540 | 11,152 | 12,233 | 28,925 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | 112 | 112 |
| | 6 Rent/facility costs | 4,750 | 525 | 1,608 | 6,883 |
| | 7 Food and beverages | 248 | 357 | | 605 |
| | 8 Entertainment | 1,400 | | | 1,400 |
| | 9 Other direct expenses | 6,553 | 5,312 | 1,936 | 13,801 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 22,801 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 6,124 |

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a)Bingo | (b)Pull tabs/Instant bingo/progressive bingo | (c)Other gaming | (d) |
|---|---|---|---|-----------------|---|
| | | | | | Total gaming (add col (a) through col (c)) |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number

93-0814473

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|---------------------------------|---------------------------------|--|--|---|
| (1) ASSISTANCE RELATED TO HOUSING | 344 | 309,309 | | | |
| (2) CLOTHING AND HOUSEHOLD GOODS | 54 | | 36,724 | YARD SALE VALUE | CLOTHING AND HOUSEHOLD GOODS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | ALL STAFF MEMBERS ARE TRAINED AS TO THE GUIDELINES OF THE FUNDING SOURCES. PROCEDURES ARE IN PLACE TO DOCUMENT CLIENT ELIGIBILITY. AT LEAST TWO APPROVALS ARE ATTAINED FOR EACH ASSISTANCE REQUEST. |

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015

Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number

93-0814473

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- | | | |
|--|-----------|----|
| a Receive a severance payment or change-of-control payment? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|---|-----------|----|
| a The organization? | 5a | No |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5b | No |

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|---|-----------|----|
| a The organization? | 6a | No |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6b | No |

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 MARTHA MCLENNAN EXECUTIVE DIRECTOR | (i) | 132,103 ----- | 0 ----- | 0 ----- | 7,016 ----- | 13,428 ----- | 152,547 ----- | 0 ----- |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number
93-0814473

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 36,724 | YARD SALE VALUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

| | |
|-----------|--|
| 29 | |
|-----------|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

| | Yes | No |
|------------|-----|----|
| 30a | | No |
| 31 | Yes | |
| 32a | Yes | |

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 32B | IF AN INDIVIDUAL WISHES TO DONATE A VEHICLE TO THE ORGANIZATION, THEY ARE INSTRUCTED TO CONTACT VOLUNTEERS OF AMERICA WHO WILL WORK WITH THE INDIVIDUAL DIRECTLY TO SELL THE CAR WITH THE NET PROCEEDS GOING TO NHA |

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number

93-0814473

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11 | THE NHA BOARD REVIEWS A COPY OF THE FORM 990, AND HAS THE OPPORTUNITY FOR QUESTIONS AT A REGULARLY SCHEDULED MEETING, BEFORE THE FORM IS FILED WITH THE IRS |
| FORM 990, PART VI, SECTION B, LINE 12C | <p>THE ANNUAL DISCLOSURE PROCESS OCCURS EACH YEAR AS SOON AS FEASIBLE AFTER THE CLOSE OF THE FISCAL YEAR. BOARD MEMBERS RECEIVE A QUESTIONNAIRE IN THEIR BOARD PACKET AND RETURN IT AT THE NEXT BOARD MEETING. THE QUESTIONNAIRE DISCLOSES VENDORS PROVIDING MORE THAN \$50,000 OF CONTRACTED SERVICES TO NHA OR NHA RELATED ENTITIES DURING THE PREVIOUS CALENDAR YEAR. THE QUESTIONNAIRE REQUESTS INFORMATION ON ANY FAMILY OR BUSINESS RELATIONSHIPS THE MEMBER MAY HAVE WITH NHA VENDORS OR WITH OTHER BOARD MEMBERS. SUB-CONTRACTORS ARE NOT INCLUDED IN THIS LIST AS NHA HAS NO ABILITY TO CONTROL THESE CONTRACTS. THE LIST ALSO INCLUDES A SECTION FOR LENDERS COMMITTING MORE THAN \$100,000 IN LOANS TO NHA AND/OR NHA RELATED ENTITIES. BOARD MEMBERS' DISCLOSURE STATEMENTS ARE COLLECTED BY THE FINANCE DEPARTMENT. THE FINANCE DEPARTMENT IS RESPONSIBLE FOR GATHERING DOCUMENTATION TO DETERMINE WHETHER THE CONTRACTUAL RELATIONSHIP IS AN ARM'S LENGTH TRANSACTION OR WHETHER THE RELATIONSHIP WAS UNDULY INFLUENCED BY THE MEMBER. THE DOCUMENTATION RESIDES IN THE BOARD OF DIRECTORS FILES MAINTAINED PERMANENTLY BY THE ORGANIZATION AND ORGANIZED BY YEAR.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 15A | IT IS THE INTENTION OF THE BOARD OF DIRECTORS OF NHA TO PROVIDE FAIR COMPENSATION TO ITS EXECUTIVE DIRECTOR (ED) IN ORDER TO ACCOMPLISH THIS GOAL, THE NHA BOARD HAS ADOPTED A PROCESS FOR REVIEWING THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND FOR DETERMINING FAIR COMPENSATION PERFORMANCE REVIEW THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE ANNUALLY THIS REVIEW USUALLY OCCURS IN THE FALL BUT MUST OCCUR BEFORE YEAR END BONUSES CAN BE DETERMINED THE REVIEW IS CONDUCTED IN AN EXECUTIVE SESSION THE REVIEW FORMAT IS AT THE DISCRETION OF THE BOARD CHAIR DOCUMENTATION OF THE REVIEW IS PREPARED BY THE BOARD CHAIR AND SIGNED BY THE BOARD SECRETARY THE DOCUMENTATION IS MAINTAINED IN THE EXECUTIVE DIRECTOR'S PERSONNEL FILE COMPENSATION REVIEW NHA PARTICIPATES IN AND/OR PURCHASES A NOT-FOR-PROFIT SALARY SURVEY AT LEAST ONCE EVERY 3 YEARS THIS SURVEY PROVIDES THE BASIS FOR DETERMINATION OF FAIR COMPENSATION TO THE ED THE BOARD CHAIR REQUESTS THE SALARY SURVEY FROM NHA'S DIRECTOR OF FINANCE AND ADMINISTRATION THE EXECUTIVE COMMITTEE OF THE BOARD CONSIDERS THESE FACTORS WHEN DETERMINING FAIR COMPENSATION TO THE ED JOB PERFORMANCE, YEARS OF EXPERIENCE, LENGTH OF SERVICE TO NHA, CHANGES IN THE CONSUMER PRICE INDEX, FINANCIAL HEALTH OF THE ORGANIZATION, AND MARKET COMPENSATION FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS COMPENSATION COMPONENTS EXECUTIVE COMPENSATION AT NHA HAS SEVERAL COMPONENTS WHICH ARE TAKEN INTO CONSIDERATION BY THE BOARD THESE COMPONENTS ARE HEALTH AND DENTAL BENEFITS, PENSION BENEFITS, BONUSES, LONG-TERM AND SHORT-TERM DISABILITY INSURANCE, AND OTHER BENEFITS PROVIDED TO ALL EMPLOYEES EXECUTIVE COMPENSATION IS REVIEWED AS A COMPLETE PACKAGE OF COMPENSATION RATHER THAN AS SALARY ONLY MANAGEMENT LEVEL COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR. THE ED USES SALARY MARKET SURVEYS GEARED TOWARD THE NOT-FOR-PROFIT INDUSTRY, GEOGRAPHIC AREA, AND ORGANIZATION SIZE |
| FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990, PART XI, LINE 9 | CHANGE IN EQUITY IN AFFILIATES 39,426 LOSS ON IMPAIRMENT -125,416 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHWEST HOUSING ALTERNATIVES INC

Employer identification number

93-0814473

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) COLLEGE MANOR ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 91-1768637 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| (2) OAKHILL ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1216398 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| (3) RIDGEWAY VILLAGE ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1216396 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| (4) SAGINAW VILLAGE ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1216397 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| (5) SUNNYSLOPE MANOR ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 91-1768607 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| (6) MAYFIELD COURT INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1085983 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| See Additional Data Table | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) UPSHUR GP LLC 2316 SE WILLARD MILWAUKIE, OR 97222 27-2234246 | LOW INCOME HOUSING | OR | N/A | C | | | 100 000 % | Yes | |
| (2) HOLLYFIELD VILLAGE ACQUISITION LLC 2316 SE WILLARD MILWAUKIE, OH 97222 45-1024259 | LOW INCOME HOUSING | OR | N/A | C | | 2,000 | 100 000 % | Yes | |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | | No |
| 1d | Yes | |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | | No |
| 1l | Yes | |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| 1p | | No |
| 1q | Yes | |
| 1r | | No |
| 1s | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|--------------------------------------|-------------------------------|---|
| | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

Additional Data

Software ID:
Software Version:
EIN: 93-0814473
Name: NORTHWEST HOUSING ALTERNATIVES INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|--|--------------------------------|--|----------------------------|----------------------------------|---|
| (1) 333 ASSOCIATES LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 93-0814473 | LOW INCOME HOUSING | OR | 0 | 0 | N/A |
| (1) AUTUMN PARK GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 20-1249945 | LOW INCOME HOUSING | OR | -110 | 285,268 | N/A |
| (2) CHARLESTON GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 26-1532389 | LOW INCOME HOUSING | OR | 96,526 | 1,600 | N/A |
| (3) FOSTER GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 20-0655206 | LOW INCOME HOUSING | OR | 0 | 0 | N/A |
| (4) THE HEADWATERS GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 20-3284003 | LOW INCOME HOUSING | OR | -27 | 123,856 | N/A |
| (5) OAKRIDGE GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 26-1642807 | LOW INCOME HOUSING | OR | 164,108 | 36,238 | N/A |
| (6) VILLA ST ROSE MANAGEMENT LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 93-0814473 | LOW INCOME HOUSING | OR | -41 | 841,801 | N/A |
| (7) WEIDLER RENEWAL GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 20-4504576 | LOW INCOME HOUSING | OR | -4 | 73 | N/A |
| (8) CREEKSIDE GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 26-3960562 | LOW INCOME HOUSING | OR | -42 | 1,328,842 | N/A |
| (9) PLEASANT VALLEY HOMES LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 93-0498973 | LOW INCOME HOUSING | OR | 0 | 36,068 | N/A |
| (10) ALMA GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 45-0933431 | LOW INCOME HOUSING | OR | -33 | 1,608 | N/A |
| (11) QUIMBY GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 27-1887204 | LOW INCOME HOUSING | OR | -150 | 27,568 | N/A |
| (12) SENECA TERRACE GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 27-1886161 | LOW INCOME HOUSING | OR | 270 | 270 | N/A |
| (13) SPRING RENEWAL GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 45-0608855 | LOW INCOME HOUSING | OR | -21 | 15,220 | N/A |
| (14) SIUSLAW DUNES ACQUISITION LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 45-4434290 | LOW INCOME HOUSING | OR | -42 | 16,958 | N/A |
| (15) VICTORIAN INN HOLDINGS LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 45-0674954 | LOW INCOME HOUSING | OR | 479,111 | 1,549,835 | N/A |
| (16) HOTEL JULIAN ACQUISITION LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 46-6079638 | LOW INCOME HOUSING | OR | 0 | 82,594 | N/A |
| (17) HAWTHORNE EAST ACQUISITION LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 46-1855257 | LOW INCOME HOUSING | OR | 715,648 | 6,723,430 | N/A |
| (18) SANDY GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 45-5412145 | LOW INCOME HOUSING | OR | -160,681 | 600,000 | N/A |
| (19) 333 INTERIM LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 46-1378969 | LOW INCOME HOUSING | OR | 1,148,368 | 5,992,940 | N/A |

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Total income | (e) End-of-year assets | (f) Direct Controlling Entity |
|--|--------------------------------|---|----------------------------|-------------------------------------|--|
| (21) INITIAL LP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 | LOW INCOME HOUSING | OR | 0 | 0 | N/A |
| (1) IKOI SO TERRACE GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 46-4587609 | LOW INCOME HOUSING | OR | -16 | 26,609 | N/A |
| (2) VICTORIAN MAYFIELD GP LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 47-2244382 | LOW INCOME HOUSING | OR | 0 | 352,909 | N/A |
| (3) JH SPECIAL MEMBER LLC 2316 SE WILLARD STREET MILWAUKIE, OR 97222 93-0814473 | LOW INCOME HOUSING | OR | -10 | 0 | N/A |
| (4) BLANTON STREET HOUSING GP LLC 2317 SE WILLARD STREET MILWAUKIE, OR 97223 | LOW INCOME HOUSING | OR | 0 | 7,382 | N/A |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| COLLEGE MANOR ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 91-1768637 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| OAKHILL ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1216398 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| RIDGEWAY VILLAGE ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1216396 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| SAGINAW VILLAGE ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1216397 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| SUNNYSLOPE MANOR ASSOCIATES INC 2316 SE WILLARD MILWAUKIE, OR 97222 91-1768607 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |
| MAYFIELD COURT INC 2316 SE WILLARD MILWAUKIE, OR 97222 93-1085983 | LOW INCOME HOUSING | OR | 501(C)(3) | 9 | N/A | Yes | |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership | | | | | | | | | | | | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
| | | | | | | | Yes | No | | Yes | No | |
| AUTUMN PARK RENEWAL LP 2316 SE WILLARD MILWAUKIE, OR 97222 20-1250436 | LOW INCOME HOUSING | OR | AUTUMN PARK GP LLC | RELATED | -110,342 | 1,160,551 | | No | | Yes | | 0 010 % |
| CHARLESTON LP 2316 SE WILLARD MILWAUKIE, OR 97222 26-1532496 | LOW INCOME HOUSING | OR | CHARLESTON GP LLC | RELATED | -38 | 2,497,879 | | No | | Yes | | 0 010 % |
| FOSTER TOWNHOMES LP 2316 SE WILLARD MILWAUKIE, OR 97222 20-0655298 | LOW INCOME HOUSING | OR | FOSTER GP LLC | RELATED | -9 | 182,209 | | No | | Yes | | 0 010 % |
| OAK ASSOCIATES LP 2316 SE WILLARD MILWAUKIE, OR 97222 93-1263784 | LOW INCOME HOUSING | OR | 333 INTERIM LLC | RELATED | 17 | 5,992,940 | | No | | Yes | | 100 000 % |
| ROSEMONT SENIOR HOUSING ASSOCIATES LP 2316 SE WILLARD MILWAUKIE, OR 97222 93-1287644 | LOW INCOME HOUSING | OR | VILLA ST ROSE MANAGEMENT LLC | RELATED | -8,741 | 621,543 | | No | | Yes | | 0 010 % |
| ROSEMONT TOWN HOMES ASSOCIATES LP 2316 SE WILLARD MILWAUKIE, OR 97222 93-1286934 | LOW INCOME HOUSING | OR | VILLA ST ROSE MANAGEMENT LLC | RELATED | -9,701 | 195,195 | | No | | Yes | | 0 010 % |
| TRENTON TERRACE LP 2316 SE WILLARD MILWAUKIE, OR 97222 20-2894962 | LOW INCOME HOUSING | OR | N/A | RELATED | -32 | 5,893,396 | | No | | Yes | | 0 010 % |
| VILLAGE AT THE HEADWATERS LP 2316 SE WILLARD MILWAUKIE, OR 97222 20-3284207 | LOW INCOME HOUSING | OR | THE HEADWATERS GP LLC | RELATED | -27 | 378,785 | | No | | Yes | | 0 010 % |
| WEIDLER RENEWAL LP 2316 SE WILLARD MILWAUKIE, OR 97222 20-4504881 | LOW INCOME HOUSING | OR | WEIDLER RENEWAL GP LLC | RELATED | -7 | 68,149 | | No | | Yes | | 0 010 % |
| OAKRIDGE PARK LP 2316 SE WILLARD MILWAUKIE, OR 97222 26-1642867 | LOW INCOME HOUSING | OR | OAKRIDGE GP LLC | RELATED | -49 | 5,398,436 | | No | | Yes | | 0 010 % |
| COTTONWOOD I RENEWAL LLC 2316 SE WILLARD MILWAUKIE, OR 97222 26-3775450 | LOW INCOME HOUSING | OR | N/A | RELATED | -11 | 217,892 | | No | | Yes | | 0 010 % |
| COTTONWOOD II RENEWAL LLC 2316 SE WILLARD MILWAUKIE, OR 97222 26-3777801 | LOW INCOME HOUSING | OR | N/A | RELATED | -9 | 654,393 | | No | | Yes | | 0 010 % |
| ROSELYN RENEWAL LLC 2316 SE WILLARD MILWAUKIE, OR 97222 26-3778073 | LOW INCOME HOUSING | OR | N/A | RELATED | -4 | 90,891 | | No | | Yes | | 0 010 % |
| CREEKSIDE WOODS LP 2316 SE WILLARD MILWAUKIE, OR 97222 26-3960562 | LOW INCOME HOUSING | OR | CREEKSIDE GP LLC | RELATED | -36 | 6,833,574 | | No | | Yes | | 0 010 % |
| QUIMBY HOUSING LP 2316 SE WILLARD MILWAUKIE, OR 97222 27-1887204 | LOW INCOME HOUSING | OR | QUIMBY GP LLC | RELATED | -17 | 1,700,181 | | No | | Yes | | 0 010 % |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership | | | | | | | | | | | | |
|---|-------------------------|---|---|---|---------------------------------|--|--|----|--|--|----|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproporionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
| | | | | | | | Yes | No | | Yes | No | |
| SENECA TERRACE RENEWAL LP 2316 SE WILLARD MILWAUKIE, OR 97222 27-1886161 | LOW INCOME HOUSING | OR | SENECA TERRACE GP LLC | RELATED | -18 | 972,906 | | No | | Yes | | 0 010 % |
| UPSHUR RENEWAL HOUSING LP 2316 SE WILLARD MILWAUKIE, OR 97222 27-2234246 | LOW INCOME HOUSING | OR | UPSHUR GP LLC | RELATED | -7 | 35,157 | | No | | Yes | | 0 010 % |
| ALMA GARDENS LP 2316 SE WILLARD MILWAUKIE, OR 97222 27-4350518 | LOW INCOME HOUSING | OR | ALMA GP LLC | RELATED | 9 | 58,450 | | No | | Yes | | 0 010 % |
| SPRING HOUSING LP 2316 SE WILLARD MILWAUKIE, OR 97222 45-0609089 | LOW INCOME HOUSING | OR | SPRING RENEWAL GP LLC | RELATED | -19 | 1,691,850 | | No | | Yes | | 0 010 % |
| SANDY WORKFORCE HOUSING LP 2316 SE WILLARD MILWAUKIE, OR 97222 38-3877724 | LOW INCOME HOUSING | OR | SANDY GP LLC | RELATED | -160,681 | 600,000 | | No | | Yes | | 100 000 % |
| HOLLYFIELD VILLAGE APARTMENTS LP 2316 SE WILLARD MILWAUKIE, OR 97222 80-0868052 | LOW INCOME HOUSING | OR | HOLLYFIELD VILLAGE ACQUISITION LLC | RELATED | -13 | 877,327 | | No | | Yes | | 0 010 % |
| SIUSLAW DUNES RENEWAL LP 2316 SE WILLARD MILWAUKIE, OR 97222 46-3016841 | LOW INCOME HOUSING | OR | SUISLAW DUNES ACQUISITION LLC | RELATED | -36 | 62,206 | | No | | Yes | | 0 010 % |
| IKOI SO TERRACE RENEWAL LP 2316 SE WILLARD MILWAUKIE, OR 97222 32-0432481 | LOW INCOME HOUSING | OR | IKOI SO TERRACE GP LLC | RELATED | -22 | 829,186 | | No | | Yes | | 0 010 % |
| VICTORIAN MAYFIELD REVITALIZATION LP 2316 SE WILLARD MILWAUKIE, OR 97222 47-2244382 | LOW INCOME HOUSING | OR | VICTORIAN MAYFIELD GP LLC | RELATED | | 352,909 | | No | | Yes | | 100 000 % |