PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 11403

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change NORTHWEST PILOT PROJECT Name change 93-0635871 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1430 SW BROADWAY 200 (503)227-5605City or town, state or province, country, and ZIP or foreign postal code 2,384,670. **G** Gross receipts \$ Amended return PORTLAND, OR 97201 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LAURA GOLINO DE LOVATO for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.NWPILOTPROJECT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1974 M State of legal domicile: OR ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: NORTHWEST PILOT PROJECT OFFERS **Activities & Governance** HOUSING AND SUPPORTIVE SERVICES TO VERY LOW INCOME SENIORS IN if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 230. **Prior Year Current Year** 2,779,149.2,244,572. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 24.228. 77,326. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 927. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,002. 11 2,804,304. 322,900. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 746,502. 900,381. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 885,147. 903,291. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 266,087. 283,625. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,087,297. 1,897,736. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 906,568. 235,603. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,002,207. 2,277,574. Total assets (Part X, line 16) $34,\overline{114}$ 36,902. 21 Total liabilities (Part X, line 26) 三年 968,093. 240,672 22 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign LAURA GOLINO DE LOVATO, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01287653 GERARD DEBLOIS Paid self-employed Firm's name MCDONALD JACOBS, P.C. Firm's EIN ▶ 93-0900579 Preparer

PORTLAND, OR 97204

Firm's address 520 SW YAMHILL ST.,

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

X Yes

Phone no. (503) 227-0581

STE 500

Pai	t 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 PILOT PROJECT OFFERS OPPORTUNITIES FOR A LIFE OF DIGNITY AND
	HOPE TO VERY LOW INCOME SENIORS IN MULTNOMAH COUNTY BY SOLVING HOUSING
	AND TRANSPORTATION NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 1,660,041. including grants of \$ 900,381.) (Revenue \$)
	'HOUSING: THE CORE OF THE DIRECT SERVICES PROVIDED TO CLIENTS IS NWPP'S
	HOUSING PROGRAM. NWPP PROVIDES ADVOCACY AND EMERGENCY FINANCIAL
	SUPPORT TO PREVENT EVICTIONS; EMERGENCY HOUSING; ASSISTANCE FINDING
	PERMANENT AFFORDABLE HOUSING; HOUSING VOUCHERS; AND RELOCATION AND
	MOVING ASSISTANCE. THIS PROGRAM SERVED 1,493 HOUSEHOLDS.
	EMERGENCY SERVICES: MANY NWPP CLIENTS HAVE EMERGENT NEEDS IN CONNECTION
	WITH THEIR HOUSING. NWPP'S EMERGENCY FUND ALLOWS STAFF THE DISCRETION
	TO MEET THESE NEEDS. FREQUENTLY, A RELATIVELY SMALL INVESTMENT TODAY IS
	ABLE TO PREVENT GREATER PROBLEMS IN THE FUTURE.
4b	(Code:) (Expenses \$ 172,174 • including grants of \$) (Revenue \$)
	TRANSPORTATION AND SERVICES TO SENIORS: NWPP PROVIDES SERVICES TO HELP
	SENIORS REMAIN INDEPENDENT IN THEIR OWN HOMES. SERVICES INCLUDE
	TRANSPORTATION TO MEDICAL APPOINTMENTS, GROCERY SHOPPING, AND HELP
	ACCESSING MEDICAL AND LEGAL SERVICES. THIS PROGRAM SERVED 175 UNIQUE
	RIDERS AND PROVIDED 1,965 RIDES DURING THE FISCAL YEAR. 48% OF THE
	TOTAL RIDES WERE FOR MEDICAL APPOINTMENTS.
4c	
	ADVOCACY: AT THE CORE OF THE DIRECT SERVICES PROVIDED TO CLIENTS IS
	NWPP'S ADVOCACY TO PRESERVE AND PROTECT AFFORDABLE HOUSING IN MULTNOMAH
	COUNTY. OVER THE YEARS MANY AFFORDABLE HOUSING UNITS HAVE BEEN LOST.
	THROUGH THE WORK OF NWPP, 1,200 UNITS IN REPLACEMENT HOUSING HAVE BEEN
	BUILT IN DOWNTOWN PORTLAND FOR LOW-INCOME SENIORS. RECENTLY, NWPP HAS
	ADOPTED AN ADVOCACY ACTION PLAN IN ORDER TO CONTINUE THE EDUCATION OF
	THE COMMUNITY FOR THE NEEDS FOR LOW INCOME HOUSING.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,832,215.
	Form 990 (2017)

Form 990 (2017) NORTHWEST PILOT PROJECT 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4	X	
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		_X_
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? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	000	X

Form 990 (2017) NORTHWEST PILOT PR
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23		X
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		X
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? If "Yes,"	l		3,7
	complete Schedule L, Part II	26		X
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1.		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	_^	

Form 990 (2017) NORTHWEST PILOT PROJECT 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					Щ
			l 54		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	71			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	-				
0-	(gambling) winnings to prize winners?	 I	 I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		20			
	filed for the calendar year ending with or within the year covered by this return			ΟL	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b	21	
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			- 00		
·u	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x
h	If "Yes," enter the name of the foreign country:	oooui		iu		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccoun	ts (FBAR).			
5a				5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-				٦,
_	to file Form 8282?	1	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		00 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
	sponsoring organization have excess business holdings at any time during the year?	by an		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	l			
13	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			ioa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the executation reactive any payments for indeer tenning convices during the tay year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		
				Form	990	(2017)

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

C						X
Sec	tion A. Governing Body and Management				1	_
		1.	1 14		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	11	4		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11	-		
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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
b	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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If = Y$	'es," c	lescribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	L
b	Other officers or key employees of the organization			15b	X	
	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 arrangen	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร			
	exempt status with respect to such arrangements?			16b		
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict c	f interest policy, and	financ	cial	
	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 boo	ks an	d records:			
	HEIDI CHIMUKU - (503)227-5605					
	1430 SW BROADWAY, NO. 200, PORTLAND, OR 97201					

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, and 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 organizat		orga	ııııza			nper	Sate			(E)
(A)	(B)			ر) Pos	C) ition	1		(D) Reportable	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than d is both		compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r dire				pe		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tı		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK REBER	line) 3 • 0 0	트	Ë	, 0	<u>\$</u>	<u> </u>	Fo			
CHAIR	3.00	Х		х				0.	0.	0.
(2) A.C. CALDWELL	2.00	25				\vdash		•	•	•
VICE-CHAIR	200	х		Х				0.	0.	0.
(3) KATHY HAINES	2.00					\vdash			•	•
TREASURER		Х		х				0.	0.	0.
(4) ALICIA LINDSEY	2.00								-	-
SECRETARY		Х		Х				0.	0.	0.
(5) JOE GILLOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(6) BARB GORMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CANDACE JAMISON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ASHLEY KLAUS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CAROL MARESH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CARMEN SCHLEIGER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) DALE LATHAM	1.00	.,							_	•
DIRECTOR	60.00	Х				-		0.	0.	0.
(12) LAURA GOLINO DE LOVATO	60.00	-		٠,				02.006	_	2 460
EXECUTIVE DIRECTOR	+			Х		┢		83,986.	0.	2,460.
		1								
						\vdash				
		1								
						\vdash				
		1								
		1								
										000

	(A) Name and title	(B) Average hours per week	(E) Reportable compensation from related	1	(F) Estimated amount of other								
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	npensa rom the ganizat d relate anizatio	e ion ed
1h 9	Sub-total								83,986.	0.		2,4	60.
с	Fotal from continuation sheets to Part VII Fotal (add lines 1b and 1c)	I, Section A							83,986.	0.		2,4	0.
2	Fotal number of individuals (including but not compensation from the organization							o re		000 of reportable			0
	Did the organization list any former officer,	director, or tru	ıstee	e. ke	v en	olan	vee.	or l	highest compensated er	mplovee on		Yes	No
I	ine 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	uch individual									3		X
á	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		X
r	rendered to the organization? If "Yes." com on B. Independent Contractors										5		X
	Complete this table for your five highest con he organization. Report compensation for t	•	•							•	tion fr	om	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services (C) nsatio	n
	Fotal number of independent contractors (in \$100,000 of compensation from the organize	ŭ	ot lin	nited	d to	thos (_	ted	above) who received mo	ore than		990 (

Form 990 (2017) NORTHWE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any lin	ne 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
S S	1 a	Federated campaigns	1a					312 311
Contributions, Gifts, Grants and Other Similar Amounts	. u	Membership dues						
Ģ G	c	Fundraising events		157,454.				
fts,	4	Related organizations		137 / 1310	1			
igi.	u o	Government grants (contribution	ons) 10 1	425,375.	1			
Sin	•	All other contributions, gifts, grant		123,373.	-			
uti Je	'	similar amounts not included abov		661,743.				
ë Đ	_				-			
ou	9	Noncash contributions included in lines 1 Total. Add lines 1a-1f			2,244,572.			
Oe		Total. Add lifles 1a-11		Business Code				
_	0.0			Busiliess Code				
ice	2 a							
er ue	b							
m S	C							
gra Re	d		-					
Program Service Revenue	e							
ъ.		All other program service rever						
		Total. Add lines 2a-2f						
	3	Investment income (including of			33,913.			33,913.
		other similar amounts)			33,913.			33,913.
	4	Income from investment of tax						
	5	Royalties						
	_		(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
	_	•	105,183.		-			
	b	Less: cost or other basis	61 770					
		and sales expenses			-			
		Gain or (loss)			42 412			12 112
		Net gain or (loss)		>	43,413.			43,413.
enne	8 a	Gross income from fundraising including \$157,4						
eve		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	а	0.				
Ţ.	b	Less: direct expenses	b	0.				
0	С	Net income or (loss) from fund	raising events	<u></u>	0.			
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from game	ing activities	<u></u>				
	10 a	Gross sales of inventory, less r	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	e	Business Code				
	11 a	OTHER REVENUE		900099	1,002.			1,002.
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			1,002.			
	12	Total revenue. See instructions.			2,322,900.	0.	0.	78,328.

732009 11-28-17

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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 900,381. 900,381. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 86,224. 70,645. 6,788. 8,791. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 645,242. 528,659. 50,799. 65,784. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 98,320. 80,555. 7,741. 10,024. Other employee benefits 9 73,505. 60,224. 5,787. 7,494. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 15,358. 9,868. 4,659. 831. Accounting Lobbying Professional fundraising services. See Part IV, line 17 7,052. 7,052. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 36,552. 28,016. 6,177. 2,359. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 46,733. 22,994. 2,352. 21,387. Office expenses 13 Information technology 14 15 Royalties 97,181. 80,243. 7,434. 9,504. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,406. 7,249. 4,377. 780. 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 3,418. 2,822. 260. 336. Depreciation, depletion, and amortization 22 12,683. 9,564. 2,023. 1,096. 23 Other expenses. Itemize expenses not covered 24 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.) 11,964. 2,232. 6,877. 21,073. OTHER EXPENSES NEWSLETTER 20,565. 8,569. 11,996. 54. TRANSPORTATION 10,604. 10,462. 88. С d All other expenses 2,087,297. 1,832,215. 107,769. 147,313. Total functional expenses. Add lines 1 through 24e 25 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 X if following SOP 98-2 (ASC 958-720) 20,565. 8,569 0. 11,996.

Form 990 (2017)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,655.	1	68,623.	
	2	Savings and temporary cash investments			194,156.	2	170,592.
	3	Pledges and grants receivable, net			35,000.	3	12,000.
	4	Accounts receivable, net			219,645.	4	308,911.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
<u>"</u>		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				37,324.	9	27,429.
		Land, buildings, and equipment: cost or other	I I		7.74		_ , , ,
		basis. Complete Part VI of Schedule D	10a	186,807.			
	h	Less: accumulated depreciation	10h	178,402.	14,951.	10c	8.405.
	11	Investments - publicly traded securities	100		1,499,476.	11	8,405, 1,681,614,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	2,002,207.	16	2,277,574.		
_	17	Accounts payable and accrued expenses		21,562.	17	29,856	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and former					
ies		key employees, highest compensated employee					
Liabilities						22	
E.	23	Secured mortgages and notes payable to unrela		I narties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	•	·	12,552.	25	7,046.
	26	Total liabilities. Add lines 17 through 25			34,114.	26	7,046. 36,902.
		Organizations that follow SFAS 117 (ASC 958			·		
<u>"</u>		complete lines 27 through 29, and lines 33 ar		· —			
Š	27	Unrestricted net assets			1,539,722.	27	1,756,494.
Net Assets or Fund Balances	28	Temporarily restricted net assets	215,475.	28	271,282.		
<u> </u>	29	Permanently restricted net assets	212,896.	29	212,896.		
<u> </u>		Organizations that do not follow SFAS 117 (A	check here				
<u> </u>		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
<u>ا</u> ک	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,968,093.	33	2,240,672.
	34	Total liabilities and net assets/fund balances			2,002,207.	34	2,277,574.

Pa	rt 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			2,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	08	7,2	97.
3	Revenue less expenses. Subtract line 2 from line 1	3		23.	5,6	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,			93.
5	Net unrealized gains (losses) on investments	5		3	6,9	76.
6						
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2,	24	0,6	72.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** NORTHWEST PILOT PROJECT 93-0635871 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1680512.	1706083.	1863215.	2779149.	2244572.	10273531.				
2	Tax revenues levied for the organ-										
	ization'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	1680512.	1706083.	1863215.	2779149.	2244572.	10273531.				
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)						82,494.				
6	Public support. Subtract line 5 from line 4.						10191037.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	1680512.	1706083.	1863215.	2779149.	2244572.	10273531.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	14,540.	12,763.	15,529.	19,871.	33,913.	96,616.				
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.)	948.	1,064.	1,216.	927.	1,002.	5,157.				
11	Total support. Add lines 7 through 10						10375304.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)					
	organization, check this box and stop	here					>				
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.22 %				
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.11 %				
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X				
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□				
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the "fac		•	-	•	•					
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□				
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, 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-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶				
					Sche	edule A (Form 990	or 990-EZ) 2017				

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

(Complete only if you checked the box on line 10 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.)

Calendary part (or fiscal year beginning in) Calendary part (or fisc	Sec	ction A. Public Support						
membership fees received, (Do not include any nursusal grants.") 2 Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from admissions and the property of the organization's tax exempt purpose of the organization's benefit and either paid to or expended on its obhaft or expended	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19 33 1/3% support tests - 2017. 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								•
17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19 33 1/3% support tests - 2017. 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		· · · · · · · · · · · · · · · · · · ·		-			16	<u>%</u>
18 Investment income percentage from 2016 Schedule A, Part III, line 17		•			20 10 column (f)		47	0/
19a 33 1/3% support tests - 2017. 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								
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	r.	• •	•			•	•	
	20							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

	Yes	No
1		
2		
_		
3a		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the divertors twisters or membership of any or many currented exceptations have the newester		163	140
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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	INO
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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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.	3		
Sec	tion 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.	7 (. 0 / . 0 / .	Yes	No
а	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
	instructions).	. •	., ., .,	,

Schedule A (Form 990 or 990-EZ) 2017

Par	LV	Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
4		ints paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
_		de details in Part VI). See instructions.	io organization to respensive		
9		outable amount for 2017 from Section C, line 6			
10		B amount divided by line 9 amount			
	Line	amount arrada by into a amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	•	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
•	and 4	-			
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
e	EVERS	a nonzott			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

93-0635871 NORTHWEST PILOT PROJECT Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

NORTHWEST PILOT PROJECT

93-0635871

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 210,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 72,755.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$163,698.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NORTHWEST PILOT PROJECT 93-0635871

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

NORTHWEST PILOT PROJECT

93-0635871

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 	990 990-F7 or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number NORTHWEST PILOT PROJECT 93-0635871 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

FORM 990 REASONABLE CAUSE FOR LATE FILING STATEMENT 1

LATE FILED RETURN DUE TO CCH SOFTWARE OUTAGE

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Tax) (see separate instructions), then	, , ,	y Taxy (coo coparato		, r are v, coo (i rexy
 Section 501(c)(4), (5), or (6) organization Northwe 	ST PILOT PROJECT			oloyer identification number 93-0635871
Part I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 or	rganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	tures			\$
Part I-B Complete if the org	ganization is exempt unde	. , ,	` '	
1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a section 4 Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization in Part IV. 1 Enter the amount directly expended a section of the filing organization in Part IV. 2 Enter the amount of the filing organization in Part IV. 3 Total exempt function expenditures line 17b 4 Did the filing organization file Form of Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	ganization is exempt under the filing organization for secondary for the filing organization for secondary for the filing organization for secondary for secondary for the filing organization for secondary for the filing for the filing organization for secondary for the filing for the filing organization for secondary for the filing for the fil	er section 4955 for this year? er section 501(c), ction 527 exempt function for section for section for section for section for section for section for form 1120-POL	ection 527 colitical organizations to which zation's funds. Also enter the panization, such as a separa	Yes No Yes No No Yes No No C)(3). S Yes No N
(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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017	MOKTHA	AFPI B	THOT PROJEC.	T.		6336/1 Page 2
Part II-A Complete if the org	janizatio	n is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
A Check 🕨 🔙 if the filing organiza	ation belong	js to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess	s lobbying e	expenditures).			
B Check 🕨 🔛 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		T
	its on Lobb ditures" me		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ	uence a leg	islative bod	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	1b)				
d Other exempt purpose expenditure					1,939,985.	
e Total exempt purpose expenditure					1,939,985.	
f Lobbying nontaxable amount. Enter	er the amou	ınt from the			246,999.	
If the amount on line 1e, column (a) o	T I		bying nontaxable ame			
Not over \$500,000	(2) 121		the amount on line 1e.			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exce			
Over \$1,500,000 but not over \$17.						
Over \$17,000,000	,000,000	\$1,000,0	00 plus 5% of the exces	σσστο: ψτ,μοσσμοσστ		
C v G v G v T 1,000,000	I	Ψ1,000,				
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			61,750.	
h Subtract line 1q from line 1a. If zer		,			0.	
i Subtract line 1f from line 1c. If zero	,				0.	
j If there is an amount other than ze	-				-	
reporting section 4911 tax for this					Γ	Yes No
reperting economic terminal	•		eraging Period Under			
(Some organizations t			• •	, ,	of the five columns be	low.
	See	the separa	ate instructions for lin	nes 2a through 2f.)		
	Lobb	ying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	230	,931.	232,595.	237,868.	246,999.	948,393.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						1,422,590.
c Total lobbying expenditures						
d Grassroots nontaxable amount	57	7,733.	58,149.	59,467.	61,750.	237,099.
e Grassroots ceiling amount (150% of line 2d, column (e))						355,649.

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 NORTHWEST PILOT PROJECT 93-06358 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)).

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 11 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 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 campaign activity expenditures from the prior year? 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 answered "Yes."	ing the year, did the filing organization attempt to influence foreign, national, state or al legislation, including any attempt to influence public opinion on a legislative matter eferendum, through the use of: unteers? did a dstaff or management (include compensation in expenses reported on lines 1c through 1i)? did advertisements? lilings to members, legislators, or the public? lolications, or published or broadcast statements? lilings to members, legislators, or the public? lolications, or published or broadcast statements? lilings to members, legislators, their staffs, government officials, or a legislative body? lies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? les demonstrations, seminars, conventions, speeches, lectures, or any similar means? les demonstrations, seminars, conventions, speeches, lectures, or any similar means? les demonstrations in line 1 cause the organization to be not described in section 501(c)(3)? les, demonstrations in line 1 cause the organization to be not described in section 501(c)(3)? les, effects in line 1 cause the organization to be not described in section 501(c)(3)? les, demonstrations in line 1 cause the organization managers under section 4912 les filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 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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 Pald 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 Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. 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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. 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Yes 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 campaign activity expenditures from the prior year? 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, lines 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).	al legislation, including any attempt to influence public opinion on a legislative matter eferendum, through the use of: uniteers? d staff or management (include compensation in expenses reported on lines 1c through 1i)? dia advertisements? lings to members, legislators, or the public? oblications, or published or broadcast statements? mits to other organizations for lobbying purposes? oct contact with legislators, their staffs, government officials, or a legislative body? lies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? lere activities? al. 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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? 1 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 campaign activity expenditures from the prior year? 3 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did 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, 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 expenditure expenditure set year 2a b Carryover from last year c Total 3 Aggregate amount reported in section 603			Yes	No	Amo	ount
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expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Cart IV Supplemental Information	obtices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political senditure next year? 4 sable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information	atricational, and Dart II D. line 1. Also, complete this part for any additional information	501(c)(6). 1 Were substantially all (90% of 2 Did the organization make of 3 Did the organization agree to 2 Did the organization agree to 2 Did the organization agree to 3 Did the organization agree to 501(c)(6) and if answered "Yes 1 Dues, assessments and simi 2 Section 162(e) nondeductible expenses for which the sec a Current year b Carryover from last year c Total 3 Aggregate amount reported 4 If notices were sent and the does the organization agree expenditure next year? 5 Taxable amount of lobbying 2 Dart IV Supplemental	nly in-house lobbying expenditures of \$2,000 or less? coarry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section to a section is exempt under section 501(c)(4), section to a section is exempt under section 501(c)(4), section to a s	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3 5), or sec (b) Part 2 2 2 2 2 3 3 4 5 5	tion III-A, line	
does the organization agree to carryover to the reasonable estimate of pendeductible labbying and political		Taxable amount of lobbying and political expenditures (see instructions) To it IV Supplemental Information Supplemental Information Find 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	Were substantially all (90% of Did the organization make of Did the organization agree to the substantially all (90% of Did the organization agree to the substantial that is answered "Yes Dues, assessments and simit Section 162(e) nondeductible expenses for which the second Current year Carryover from last year Total Aggregate amount reported	nly in-house lobbying expenditures of \$2,000 or less? c carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section the either (a) BOTH Part III-A, lines 1 and 2, are answere so." lar amounts from members to lobbying and political expenditures (do not include amounts of position 527(f) tax was paid). in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	the prior year? ion 501(c)(5 d "No," OR	2 3 3), or sec (b) Part	etion	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	Supplemental Information vide 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	b Carryover from last year C Total Aggregate amount reported If notices were sent and the	nly in-house lobbying expenditures of \$2,000 or less? c carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section the case of	the prior year? ion 501(c)(5 d "No," OR	2 3 3), or sec (b) Part	etion	
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	ovide 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	Were substantially all (90% of Did the organization make of Did the organization agree to art III-B Complete if the 501(c)(6) and if answered "Yes Dues, assessments and similar Section 162(e) nondeductible expenses for which the sec a Current year b Carryover from last year c Total Aggregate amount reported If notices were sent and the does the organization agree	nly in-house lobbying expenditures of \$2,000 or less? be carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 101(c)(4), sect	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3), or sec (b) Part	etion	
expenditure next year?	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political penditure next year?		Were substantially all (90% of Did the organization make of Did the organization agree to art III-B Complete if the 501(c)(6) and if answered "Yes Dues, assessments and similar Section 162(e) nondeductible expenses for which the sec a Current year b Carryover from last year c Total Aggregate amount reported If notices were sent and the does the organization agree expenditure next year?	nly in-house lobbying expenditures of \$2,000 or less? c carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section the first that the control of	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3), or sec (b) Part	etion	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5	ortices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political penditure next year? 4 sable amount of lobbying and political expenditures (see instructions) 5		501(c)(6). 1 Were substantially all (90% of 2 Did the organization make of 3 Did the organization agree to 2 Did the organization agree to 2 Did the organization agree to 3 Did the organization agree to 2 Did the organization agree to 3 Did the organization agree to 3 Did the organization agree to 4 Did the organization agree expenditure next year? 1 Dues, assessments and simic 2 Section 162(e) nondeductible expenses for which the second a Current year 2 Did the organization agree to 3 Did the organization agree expenditure next year? 3 Did the organization agree to 3 Did the organization agree expenditure next year? 5 Taxable amount of lobbying	nly in-house lobbying expenditures of \$2,000 or less? be carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section the first section is exempt under section 501(c)(4), section the first section for the first secti	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3), or sec (b) Part	etion	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Cart IV Supplemental Information	obtices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political senditure next year? 4 sable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information	structions), and Part II-B, line 1. Also, complete this part for any additional information.	501(c)(6). 1 Were substantially all (90% of 2 Did the organization make of 3 Did the organization agree to 2 Did the organization agree to 2 Did the organization agree to 3 Did the organization agree to 501(c)(6) and if answered "Yes 1 Dues, assessments and simi 2 Section 162(e) nondeductible expenses for which the sec a Current year b Carryover from last year c Total 3 Aggregate amount reported 4 If notices were sent and the does the organization agree expenditure next year? 5 Taxable amount of lobbying 2 Dart IV Supplemental	nly in-house lobbying expenditures of \$2,000 or less? coarry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section to a section is exempt under section 501(c)(4), section to a section is exempt under section 501(c)(4), section to a s	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3 5), or sec (b) Part 2 2 2 2 2 3 3 4 5 5	tion III-A, line	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information rovide 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	ortices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political penditure next year? A Supplemental Information		501(c)(6). 1 Were substantially all (90% of 2 Did the organization make of 3 Did the organization agree to 2 Did the organization agree to 2 Did the organization agree to 3 Did the organization agree to 4 Did the organization agree to 2 Did the organization agree to 2 Did the organization agree to 2 Did the organization agree expenditure next year? 5 Taxable amount of lobbying 2 Dart IV Supplemental revide the descriptions required to 2 Did the organization required to 3 Did the organization agree to 3 Did t	nly in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 101(c)(4), secti	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3 5), or sec (b) Part 2 2 2 2 2 3 3 4 5 5	tion III-A, line	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information rovide 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	ortices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political penditure next year? A Supplemental Information		501(c)(6). 1 Were substantially all (90% of 2 Did the organization make of 3 Did the organization agree to 2 Total 2 Section 162(e) nondeductible expenses for which the s	nly in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 101(c)(4), secti	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3 5), or sec (b) Part 2 2 2 2 2 3 3 4 5 5	tion III-A, line	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information	ortices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political penditure next year? (able amount of lobbying and political expenditures (see instructions) Supplemental Information 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		1 Were substantially all (90% of 2 Did the organization make of 3 Did the organization agree to 2 Did the organization agree to 2 Did the organization agree to 3 Did the organization agree to 4 Did the organization agree to 501(c)(6) and if answered "Yest 1 Dues, assessments and siming 2 Section 162(e) nondeductible expenses for which the sect a Current year box Carryover from last year control of 1 Did to 2 Did to 3 Did to 4 Did to 4 Did to 4 Did to 4 Did to 5 Did to 5 Did to 6 Did t	nly in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 101(c)(4), secti	the prior year? ion 501(c)(5 d "No," OR litical	2 3 3 5), or sec (b) Part 2 2 2 2 2 3 3 4 5 5	tion III-A, line	

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NORTHWEST PILOT PROJECT

Employer identification number 93-0635871

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	d 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 a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year
-	Associated for a second control of the secon		an and an
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	re esticity the requirements of costion 170/h)	(4)(D)(i)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
3	include, if applicable, the text of the footnote to the organization	•	,
	conservation easements.	ition's infancial statements that describes th	c organization s accounting for
Par		f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exl	**	·
	the text of the footnote to its financial statements that descri		,, ,
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	·	-
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pa	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or	Other:	Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accessio							,	
-	(check all that apply):	.,, a	.,	5	o a o.g.				
а	Public exhibition	d	L oan or exc	hange progran	ns				
b	Scholarly research	e			110				
c	Preservation for future generations	Č							
_	Provide a description of the organization's col	lactions and avalain	how thoy further th	o organization	's ovemr	ot nurnos	o in Dart	VIII	
4		•	•	· ·	•		emran	AIII.	
5	During the year, did the organization solicit or to be sold to raise funds rather than to be mai							7 v.s	□ Na
Dai	rt IV Escrow and Custodial Arrang							_ Yes	No
I a	reported an amount on Form 990, Part		ete if the organizatio	n answered "Y	es" on F	·orm 990,	, Part IV, I	ine 9, or	
10			any for contribution	or other asse	te not in	cludod			
Ia	Is the organization an agent, trustee, custodia							Yes	No
L	on Form 990, Part X?							_ 1es	
b	If "Yes," explain the arrangement in Part XIII a	na complete the loll	owing table.					A marint	
	De visacio a belega e					4.		Amount	
	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance					1f		7	
	Did the organization include an amount on Fo				•	y?		Yes	∐ No
_	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete if								
	-	(a) Current year	(b) Prior year	(c) Two years			ears back		years back
1a	Beginning of year balance	1,499,476.	587,207.	576,	316.		12,781.		387,971.
b									
С									
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	1,681,581.	1,499,476.	587,	207.	5	76,316.		442,781.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	82.29	_%						
b	Permanent endowment > 12.66	%							
С	Temporarily restricted endowment ▶ 5	5.0 5 %							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administered	d for the	organiza	tion		
	by:	J				Ü			Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the							0.0	
	rt VI Land, Buildings, and Equipme		mioni idiido.						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. F	Part X. lir	ne 10.			
	Description of property	(a) Cost or of		or other		cumulate	д	(d) Book	value
	bescription of property	basis (investm	` '	(other)		reciation	~	(a) Bool	(value
12	Land	- 	,	` '					
	Buildings			9,750.		9,66	55.		85.
q				2,780.	1	34,46		ç	3,320.
	Equipment Other			4,277.		34,40			0.
	I. Add lines 1a through 1e. (Column (d) must ed		•				<u>, , , , , , , , , , , , , , , , , , , </u>	8	3,405.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017		NORTHWEST	PILOT	PROJECT	
Part VII	Investn	nents -	Other Securities.		

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		le 12. Cost or end-of-year market value
/A) =:	(b) Book value	(c) Wethod of Valuation.	Cost of end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (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, lin	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"		, line 11d. See Form 990, Part X, lir	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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. Pa	rt X. line 25.
1. (a) Description of liability		(b) Book value	,
		, ,	
		7,046.	
(1) Federal income taxes (2) DEFERRED RENT PAYABLE			
(2) DEFERRED RENT PAYABLE		7,010	
(2) DEFERRED RENT PAYABLE (3)		7,010.	
(2) DEFERRED RENT PAYABLE (3) (4)		7,040	
(2) DEFERRED RENT PAYABLE (3) (4) (5)		7,040*	
(2) DEFERRED RENT PAYABLE (3) (4) (5) (6)		7,040	
(2) DEFERRED RENT PAYABLE (3) (4) (5) (6) (7)		7,040	
(2) DEFERRED RENT PAYABLE (3) (4) (5) (6)		7,040	
(2) DEFERRED RENT PAYABLE (3) (4) (5) (6) (7)		7,046.	

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 Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, li	•	turn.	
	110 124.	1	2,352,824.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			, , -
a Net unrealized gains (losses) on investments	2a 36,976.		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	36,976.
3 Subtract line 2e from line 1		3	2,315,848.
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 7,052.		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	7,052.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	7,052. 2,322,900.
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expenses per F	Returr	າ.
Complete if the organization answered "Yes" on Form 990, Part IV, li			2 000 245
1 Total expenses and losses per audited financial statements		1	2,080,245.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			0
e Add lines 2a through 2d		2e	0.000.045
3 Subtract line 2e from line 1		3	2,080,245.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1 7.052		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b	_	7 050
c Add lines 4a and 4b		4c	7,052. 2,087,297.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	18.)	5	4,001,491
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		; Part >	(, line 2; Part XI,
PART V, LINE 4:	EDW TANZEGEMENEG MILE	DEI	
THE BOARD DESIGNATED FUNDS ARE FOR LONG T	ERM INVESTMENTS. THE	PEI	RMANENT
ENDOWMENT IS RESTRICTED TO PROVIDE FOR TH	E VOLUNTEER LUNCHEON	ONO	CE IT
REACHES \$25,000.			
RESTRICTED ENDOWMENT FUND CONSISTS OF DON	OR-RESTRICTED ENDOWM	ENT	, WITH
INCOME EARNED RESTRICTED TO PROGRAM SERVI	CES.		
PART X, LINE 2:			
THE ORGANIZATION FOLLOWS THE PROVISION OF	FASB ASC TOPIC OF A	CCOT	UNTING FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMENT	HAS EVALUATED THE OR	GAN	IZATION'S
TAX POSITIONS AND CONCLUDED THAT THERE AR			
732054 10 00 17		Schoo	lule D (Form 990) 201

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

	1(01(111)(12)		11100 201	30 0000072
	NORTHWEST	PTIOT	PROJECT	93-0635871
ization				Employer identification number

Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(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			
otal						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

732081 09-13-17

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

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) Total events NONE (add col. (a) through WALK-A-THON col. (c)) (event type) (total number) (event type) 157,454. 157,454. Gross receipts 157,454 157,454. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

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Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 NORTHWEST PILOT PROJECT 9	3-0635871	Page 3
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:		
	The organization's facility	13a	%
	An outside facility		%
	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	į	
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}}\$		
c	If "Yes," enter name and address of the third party:		
	,		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Carning manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?		∟ No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
Da	organization's own exempt activities during the tax year \$\bigset\$ \$ TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		451
Га		III, lines 9, 9b, 10b	o, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	G (Form 990 or 990-EZ)	NORTHWEST :	PILOT	PROJECT		93-0635871	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)					
		(continued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public

Inspection

Employer identification number Name of the organization 93-0635871 NORTHWEST PILOT PROJECT Part I **General Information on Grants and Assistance** 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? X Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) NORTHWEST PILOT	PROJECT				93-0635871	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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 noncash	assistance
HOUSING ASSISTANCE AND OTHER EMERGENCY SERVICES	598	900,381.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other ac	ditional information.		
PART I, LINE 2:						
GRANTS RECEIVED HAVE REPORTING REQU	JIREMENTS	FROM THE	GRANTOR, A	ND THE		
AGENCY REPORTS TO THE GRANTING ORGA	ANIZATION	ON A PERI	ODIC BASIS	. GRANT		
MONEY RECEIVED FOR PROGRAM DELIVERY	Y IS TYPI	CALLY USED	AS ASSIST	ANCE TO		
INDIVIDUALS WHICH IS BASED ON THE	CLIENT'S	ABILITY TO	MEET VERY	CAREFULLY		
PRESCRIBED PROGRAM GUIDELINES THAT	HAVE BEE	EN ESTABLIS	SHED. REPO	RTS ARE		
PRODUCED THAT SHOW OUTCOMES AND ARE	E PROVIDE	ED ON A REG	ULAR BASIS	TO FUNDERS.		
TYPICALLY, ASSISTANCE GIVEN TO CLI	ENTS IS E	PAID TO A I	HIRD PARTY	VENDOR,		
SUCH AS A LANDLORD, AND, THEREFORE	, FUNDS W	OULD BE DI	FFICULT TO	DIVERT FROM		

732291 04-01-17

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NORTHWEST PILOT PROJECT

Employer identification number 93-0635871

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MULTNOMAH COUNTY.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF THE FORM 990 WILL BE PROVIDED TO EACH MEMBER OF THE FINANCE COMMITTEE WHO HAS THE EXPERTISE TO UNDERSTAND THE FORM. THEY WILL MAKE A REPORT TO THE FULL BOARD IF THERE ARE ANY AREAS OF CONCERN, BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR AT THEIR RESPECTIVE MEETINGS IN SEPTEMBER, BOARD MEMBERS AND STAFF REVIEW THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGE THEIR UNDERSTANDING. IT IS EXPECTED THEY WILL DISCLOSE ANY ACTUAL OR APPARENT CONFLICT OF INTEREST AS SOON AS THEY BECOME AWARE OF ONE. IN CASES WHERE A BOARD OR STAFF MEMBERS MAY NOT PERCEIVE A CONFLICT EXISTS, IT IS THE RESPONSIBILITY OF OTHER BOARD OR STAFF MEMBERS WHO ARE AWARE OF A REAL POTENTIAL OR PERCEIVED CONFLICT OF INTEREST ON THE PART OF FELLOW BOARD OR STAFF MEMBERS TO RAISE THE ISSUE. DECISIONS AND RECOMMENDATIONS MADE BY THE BOARD MEMBERS AND EMPLOYEES WILL BE CONSIDERED BY NWPP FOR APPROPRIATENESS IN LIGHT OF THE DISCLOSURE AND THE SPECIFIC NATURE OF THE MATTER AT HAND.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW OF OTHER SIMILAR POSITIONS IN SIMILAR NON-PROFIT ORGANIZATIONS IN THIS COMMUNITY IS DONE TO DETERMINE SALARY RANGES.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization NORTHWEST PILOT PROJECT	Employer identification number 93-0635871
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form 990-T	E	Exempt Organization Bus			ax Return		OMB No. 1545-0687	
		(and proxy tax und					0047	
	For ca	lendar year 2017 or other tax year beginning $\ \underline{\mathtt{JUL}} \ 1$,	20	17 , and ending JU	N 30, 201	8 .	201/	
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				ŀ	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed							oyer identification number loyees' trust, see uctions.)	
B Exempt under section	Print	NORTHWEST PILOT PROJECT	г			93-0635871		
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box		etructions		E Unrelated business activity codes		
408(e) 220(e)	Туре	1430 SW BROADWAY, NO.		ou doublio.		(See i	nstructions.)	
408A 530(a)		City or town, state or province, country, and ZIP or		n postal code		1		
529(a)		PORTLAND, OR 97201		. postar oddo		812	930	
Book value of all assets		F Group exemption number (See instructions.)						
at end of year 2,277,5	74.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust	
H Describe the organization	n's prim	ary unrelated business activity. EMPLOYE	E P	ARKING BENER	TIT			
I During the tax year, was	the corp	ooration a subsidiary in an affiliated group or a parer	ıt-subsi	diary controlled group?	> [Ye	es X No	
		tifying number of the parent corporation. 🕨						
		HEIDI CHIMUKU)227-5605	
Part I Unrelated	ıra	de or Business Income		(A) Income	(B) Expenses	<u> </u>	(C) Net	
1a Gross receipts or sale	S							
b Less returns and allow		c Balance	1c					
		A, line 7)	2					
3 Gross profit. Subtract			3					
		ch Schedule D)	4a					
		Part II, line 17) (attach Form 4797)	4b					
		ing and S corporations (attach statement)	4c 5					
5 Income (loss) from pa6 Rent income (Schedu		ips and S corporations (attach statement)	6					
,	,	me (Schedule E)	7					
		and rents from controlled organizations (Sch. F)	8					
		on 501(c)(7), (9), or (17) organization (Schedule G)	-					
		ome (Schedule I)	10					
		e J)	11					
12 Other income (See in:	struction	ns; attach schedule) STATEMENT 2	12	1,230.				
13 Total. Combine lines	3 throu	gh 12	13	1,230.			1,230.	
		ot Taken Elsewhere (See instructions for						
(Except for a	contrib	utions, deductions must be directly connected	l with t	he unrelated business	income.)			
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14		
						15		
						16		
						17		
						18		
19 Taxes and licenses		- instructions for limitation mules)				19		
		e instructions for limitation rules)				20		
		562) n Schedule A and elsewhere on return				22b		
						23		
		mpensation plans				24		
		mponsation plans				25		
		chedule I)				26		
27 Excess readership or	osts (Sc	hedule J)				27		
		nedule)				28		
		14 through 28				29	0.	
30 Unrelated business t	axable i	ncome before net operating loss deduction. Subtrac	t line 29	from line 13		30	1,230.	
		(limited to the amount on line 30)				31		
32 Unrelated business t	axable i	ncome before specific deduction. Subtract line 31 fr	om line	30		32	1,230.	
		y \$1,000, but see line 33 instructions for exceptions				33	1,000.	
	taxable	$\ensuremath{\text{income}}$. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or			
line 32						3/1	230.	

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

Page 2

Part II	ı	Гах Computation							
35	Orgar	nizations Taxable as Corporations. See instru	ctions for tax computation.						
	Contr	olled group members (sections 1561 and 1563	3) check here 🕨 🔲 See instructions	s and:					
а	Enter	your share of the \$50,000, \$25,000, and \$9,92	25,000 taxable income brackets (in that or	rder):					
	(1)	\$ (2) \[\$	(3) [\$						
b	b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)								
	(2) Additional 3% tax (not more than \$100,000)								
C									<u>42.</u>
		s Taxable at Trust Rates. See instructions for							
	☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶								
37		tax. See instructions				•	37		
							38		
39	Tax o	n Non-Compliant Facility Income. See instruc	ctions				39		
40	Total.	. Add lines 37, 38 and 39 to line 35c or 36, whi	chever applies				40		42.
Part I		Tax and Payments							
41a	Foreig	gn tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	41a					
b	Other	credits (see instructions)		41b					
C	Gener	al business credit. Attach Form 3800		41c					
		t for prior year minimum tax (attach Form 880							
е	Total	credits. Add lines 41a through 41d				4	41e		
42	Subtr	act line 41e from line 40				L	42		<u>42.</u>
43	Other	taxes. Check if from: Form 4255	Form 8611 🔲 Form 8697 🔲 Form	n 8866 🗀	Other (attach schedule	:)	43		
44	Total	tax. Add lines 42 and 43			,	L	44		<u>42.</u>
45 a	Paym	ents: A 2016 overpayment credited to 2017							
		estimated tax payments							
		eposited with Form 8868							
		gn organizations: Tax paid or withheld at sourc							
е	Backu	up withholding (see instructions)		45e					
		t for small employer health insurance premium							
g	Other	credits and payments:	rm 2439						
		Form 4136 Ot	her Total	▶ 45g					
46	Total	payments. Add lines 45a through 45g					46		
47	Estim	ated tax penalty (see instructions). Check if Fo	rm 2220 is attached 🕨 🔲			. L	47		
48	Tax d	ue. If line 46 is less than the total of lines 44 a	nd 47, enter amount owed			<u>ا</u> -	48		<u>42.</u>
		payment. If line 46 is larger than the total of lir				- 1	49		
50		the amount of line 49 you want: Credited to 2			Refunded	<u> </u>	50		
Part V	_	Statements Regarding Certain A							
51	At any	y time during the 2017 calendar year, did the o	rganization have an interest in or a signat	ture or othe	r authority			Yes	No
	over a	a financial account (bank, securities, or other) i	n a foreign country? If YES, the organizat	tion may ha	ve to file				
	FinCE	N Form 114, Report of Foreign Bank and Finan	cial Accounts. If YES, enter the name of t	the foreign (country				
	here	>							X
52	Durin	g the tax year, did the organization receive a di	stribution from, or was it the grantor of, o	or transfero	r to, a foreign trust?				X
	If YES	S, see instructions for other forms the organiza	tion may have to file.						
53	Enter	the amount of tax-exempt interest received or	accrued during the tax year ►\$						
0:		der penalties of perjury, I declare that I have examined trect, and complete. Declaration of preparer (other than				vledge	and belief, it is true	e,	
Sign		, (Mav t	the IRS discuss this	s return w	vith
Here		.		TIVE :	DIRECTOR		reparer shown belo		
		Signature of officer	Date Title			instru	ictions)? X Y	es	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN		
Paid					self- employe	ed		_	
Prepa	rer	GERARD DEBLOIS					P01287		
Use O			OBS, P.C.		Firm's EIN	<u> </u>	93-090	057	9
	-		HILL ST., STE 500			, –			
		Firm's address ► PORTLAND,	OR 97204		Phone no.	(5	03) 227		
							Form 9	90-T	(2017)

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
EMPLOYEE PARKING BENEFIT		1,230.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 12	1,230.

FORM	990-T LINE 35C TAX COMPUTATION		STATEMENT 3
- OKM	BINE 35C TAX COMPUTATION		STATEMENT 5
1.	TAXABLE INCOME	. 230	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	. 230	
3.	LINE 1 LESS LINE 2	. 0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	. 0	
5.	LINE 3 LESS LINE 4	. 0	
6.	INCOME SUBJECT TO 34% TAX RATE	. 0	
7.	INCOME SUBJECT TO 35% TAX RATE	. 0	
8.	15 PERCENT OF LINE 2	. 35	
9.	25 PERCENT OF LINE 4	. 0	
10.	34 PERCENT OF LINE 6	. 0	
11.	35 PERCENT OF LINE 7	. 0	
12.	ADDITIONAL 5% SURTAX	. 0	
13.	ADDITIONAL 3% SURTAX	. 0	
14.	TOTAL INCOME TAX	_	35
		=	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	48	
	DAYS	5	
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184 TAX PRORATED FOR NUMBER OF DAYS IN 2018 181		
18.	TOTAL TAX PRORATED 365		42
		-	

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	g number
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Employe	ridentification	number (EIN) or
-	NORTHWEST PILOT PROJECT		93-0635871			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1430 SW BROADWAY, NO. 200	Social se	curity number	(SSN)		
instructions.	City, town or post office, state, and ZIP code. For a for PORTLAND, OR 97201	reign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990	P-T (trust other than above)	06	Form 8870	12		
Teleph If the control of this is	books are in the care of ▶ 1430 SW BROADWA none No. ▶ (503)227-5605 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (1) . If it is for part of the group, check this box ▶	in the Uni Group Exe	Fax No. ted States, check this box mption Number (GEN)	f this is fo	r the whole gr	
1 re	quest an automatic 6-month extension of time until the organization named above. The extension is for the c	MA	7 15, 2019 , to file			
▶ [calendar year or X tax year beginning JUL 1, 2017 ne tax year entered in line 1 is for less than 12 months, cl Change in accounting period	, an	d ending <u>JUN 30, 2018</u>	Final retur	 n	
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any			
nor	refundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	3с	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84	53-EO an	d Form 8879-I	EO for payment

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)