#### 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)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

<u>A F</u>	or the	e 2018 calendar year, or tax year beginning 00L 1, 2018 and 6	enaing U	UN 30, 2019	
<b>B</b> c	Check if pplicable	C Name of organization		D Employer identifi	cation number
	Addres				
	chang	Doing business as		93-0	635871
	Initial return	,	Room/suite	E Telephone numbe	
	☐Final return/		200	(503	)227-5605
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,069,764.
	Ameno			H(a) Is this a group re	eturn
	Applic	F Name and address of principal officer: LAURA GOLINO DE LOV	/ATO	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ( )	or 527	1	list. (see instructions)
		te: WWW.NWPILOTPROJECT.ORG	, <u> </u>	H(c) Group exemption	
		organization: X Corporation	I Year		M State of legal domicile: OR
	art I	Summary	<b>L</b> 1001	01101111ation; = 2 7 = 1 1	VI Otato or logar dormono,
		Briefly describe the organization's mission or most significant activities: NORTH	HWEST	PILOT PROJE	CT OFFERS
Se		HOUSING AND SUPPORTIVE SERVICES TO VERY L			
Jan	l	Check this box if the organization discontinued its operations or dispos			
Veri	l			3	11
é	1	Number of independent voting members of the governing body (Part VI, line 1b)			11
≪		Total number of individuals employed in calendar year 2018 (Part V, line 1a)			20
ije	1				50
Activities & Governance	1	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			8,840.
	D	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		
	_	Contributions and greats (Port VIII line 4b)		Prior Year 2,244,572.	Current Year 1,977,819.
ne	l	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	l	Program service revenue (Part VIII, line 2g)		77,326.	87,126.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,002.	4,819.
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,322,900.	2,069,764.
	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			810,120.
		Benefits paid to or for members (Part IX, column (A), line 4)		903,291.	893,641.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		903,291.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ̈	b	Total fundraising expenses (Part IX, column (D), line 25)		202 (25	201 004
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		283,625.	291,904.
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,087,297.	1,995,665.
		Revenue less expenses. Subtract line 18 from line 12		235,603.	74,099.
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		2,277,574.	2,312,658.
et A	21	Total liabilities (Part X, line 26)		36,902.	28,337.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,240,672.	2,284,321.
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	
		Signature of officer		I Date	
Sig			CITIOD.	Date	
Her	е	LAURA GOLINO DE LOVATO, EXECUTIVE DIRE	CTOR		
				Date Check F	PTIN
		Print/Type preparer's name Preparer's signature		l if	<b>-</b>
Paid		GERARD DEBLOIS		self-employ	
-	arer	Firm's name MCDONALD JACOBS, P.C.		Firm's EIN ▶	93-0900579
Use	Only	Firm's address 520 SW YAMHILL ST., STE 500		, -	02\ 000 0501
		PORTLAND, OR 97204		Phone no. (5	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

# NORTHWEST PILOT PROJECT

Pai	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.
	AND TRANSPORTATION NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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
3	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.
7	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.
 4а	(Code: ) (Expenses \$ 1,582,451. including grants of \$ 810,120.) (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 1,008 HOUSEHOLDS. 606
	HOUSEHOLDS HAD A THOROUGH ONE-ON-ONE HOUSING ASSESSMENT, 274 HOUSEHOLDS
	RECEIVED HOUSING CASE MANAGEMENT SERVICES, 188 HOUSEHOLDS WERE PLACED
	INTO PERMANENT AFFORDABLE HOUSING, 283 HOUSEHOLDS RECEIVED HOMELESS
	PREVENTION SERVICE, EITHER THROUGH RENT ASSISTANCE OR HELP MOVING TO A
	MORE AFFORDABLE APARTMENT.
4b	(Code:) (Expenses \$167,380. 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 PROVIDED HOME- OR
	COMMUNITY-BASED RETENTION SUPPORT SERVICES TO 174 HOUSEHOLDS AND
	PROVIDED 1,700 RIDES DURING THE FISCAL YEAR.
	-
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	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 ► 1,749,831.
	Form <b>990</b> (2018)

# Form 990 (2018) 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_	Х	
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		X
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		X
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,	<del>ا</del>		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	。		x
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		<b> </b> ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	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		<u> </u>
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	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	. <u>.                                   </u>		
.5	,	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	Temperature and the second sec	20a 20b		<del></del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		24		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		_ 22

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Form 990 (2018) NORTHWEST PILOT PROJECT
Part IV Checklist of Required Schedules (continued)

	· (GOTTENAGO)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>2</b> 40	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   If "Yes,"			1
	,	26		x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of 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	23		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0.		31		X
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del>		
02	, ,	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	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	<del>                                     </del>		
04		34		x
35 a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_ <u>-</u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
. =	Note. All Form 990 filers are required to complete Schedule O	38	Х	1
Pai	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c				
_	(gambling) winnings to prize winners?	1c		
92200	1 10 21 10		990	(2018)

# Form 990 (2018) NORTHWEST PILOT PROJECT Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ا				
	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 contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			37				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		X				
٨	1-1	7c						
	Did the appropriation as a few deadless than its flow that the second se	7e		Х				
f	Did the constitution design the constitution of the three design that the constitution of the constitution	7f		X				
g								
•								
8								
	sponsoring organization have excess business holdings at any time during the year?							
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							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
46	amounts due or received from them.)	46						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							

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.

Section A. Governing Body and Management    Yes   No	<u> </u>						X				
the ten number of voting members of the governing body, of the end of the tax year there are number differences in writing right among members of the governing body, of the governing body delegated tread authority to an exacutive committee or similar committee, orplain in Schedule 0.  10 bid any officer, director, trustee, or key employees to a management committee or provided the committee of officer, director, trustees, or key employees to a management company or other person?  2	Sec	tion A. Governing Body and Management					·				
the three are material differences in voting rights among members of the governing body, or it the governing body delegated thread authority to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent  112  c) Did any officer, director, trustee, or key employees bave a family relationship or a business relationship with any other officer, director, trustee, or key employees or a family relationship or a business relationship with any other officer, director, survivaes, or key employees to a management company or other pressor?  3 Uthe organization make any significant changes to its governing documents since the prior Form 900 was filed?  4 Uthe organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members of the governing body?  9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or presons other than the governing body?  10 Did the organization name and subject of the governing body?  11 Did the organization name of the organization reserved to (or subject to approval by) members, stockholders, or presons other than the governing body?  12 In governing body?  3 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization making address? If I request in formation about policies not required by the Internal Revenue Code)  12 Is the companization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  13 Is a stockholder (or subject to ensure their operations are consistent with the organization for severning body before filing the form?  14 December of the organization have written policies and procedures governing the activities of such chapters, affiliates, and			ı			Yes	No				
be Effect the number of voting members included in line 1s, above, who are independent  1 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  3	1a		<u>1a</u>	11							
b Enter the number of voting members included in line 1a, above, who are independent    2											
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12a  X  b Were officers, of irrustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe in Schedule O how this was done  12b  X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed ▶OR  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Check all that apply.  A Own website X Another's website X Upon request Check all that apply.  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's web	11a		/ befo	e filing the form?	11a	X					
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c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 a The organization's CEO, Executive Director, or top management official persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  16 a The organization's CEO, Executive Director, or top management official persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  17 List the states with which a copy of this Form 990 is required to be filed corpusted in a policy of procedure to the filed corpust in a policy of the requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  18 Section 6504 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only	12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶OR  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  LAURA GOLINO DE LOVATO - (503) 227-5605	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х					
13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe							
14		in Schedule O how this was done			12c						
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed ▶OR  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records LAURA GOLINO DE LOVATO - (503)227-5605	13	Did the organization have a written whistleblower policy?			13						
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exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶OR  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records LAURA GOLINO DE LOVATO - (503)227-5605	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation							
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<ul> <li>X Own website X Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records LAURA GOLINO DE LOVATO - (503)227-5605</li> </ul>		for public inspection. Indicate how you made these available. Check all that apply.		,	• •						
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statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records  LAURA GOLINO DE LOVATO - (503)227-5605	19				financ	ial					
20 State the name, address, and telephone number of the person who possesses the organization's books and records LAURA GOLINO DE LOVATO - (503)227-5605				1							
LAURA GOLINO DE LOVATO - (503)227-5605	20		ks an	d records							

# 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.

//	(B)			11	٦)	nper		(D)	(E)	(F)
<b>(A)</b> Name and Title		(C) Position			1		Reportable	(E)	( <b>r)</b> Estimated	
ivanie and little	Average hours per		not c	heck I	more	than o		compensation	Reportable compensation	amount of
	week					s botr or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				ed G		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	omp				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	<u>n</u>	l su	#0	, Ke	ig ig	For			
(1) A.C. CALDWELL	2.00									•
CHAIR		X		Х				0.	0.	0.
(2) ASHLEY KLAUS	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) ALICIA LINDSEY	2.00									
SECRETARY	1	Х		Х				0.	0.	0.
(4) JOE GILLOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(5) BARB GORMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) CANDACE JAMISON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CAROL MARESH	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CARMEN SCHLEIGER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DALE LATHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MADELINE BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LAURA GOLINO DE LOVATO	60.00									
EXECUTIVE DIRECTOR		1		х				87,601.	0.	1,036.
								,	-	•
		1								
		1								
		1								
		1								
		1			ı	1	Ī	1	i	

93-0635871

	<b>(A)</b> Name and title	(B) Average hours per week	ge Position (do not check more than one box, unless person is both an		(D) (E)  Reportable Reportable compensation compensation from from related		Estima amoul		of				
		(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation		
											$\bot$		
											_		
											_		
											$\bot$		
											$\bot$		
											$\bot$		
											+		
	Sub-total							<u> </u>	87,601.	0	+	1,0	36.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 87,601.	0			0. 36.
2	Total number of individuals (including but n compensation from the organization							o re	•		-1	,_	0
3	Did the organization list any <b>former</b> officer,	director or tru	ıster	ke	v en	nnlo	N/PP	or l	highest compensated er	mplovee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual									3		Х
5	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		Х
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	=				-					5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-							•	ation fr	om	
	(A) Name and business			ONE			<u> </u>		(B) Description of s		( Compe	C) ensatio	on
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lin	nited	d to	thos	_	ted	above) who received mo	ore than			
		*								•	Form	990 (	(2018)

(C)

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Form 990 (2018)
Part VIII

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
		Griden il Geriadare e derice	amo a respense	or rioto to driy iii	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or	Unrelated	Revenue excluded   from tax under
						exempt function revenue	business revenue	sections 512 - 514
S (0	1 2	Federated campaigns	1a					312 314
ant	ı a h	Membership dues			1			
جَ ق	0	Fundraising events		143,000.	-			
ffs,	ا	Related organizations		145,000.	-			
ية إق	u	Government grants (contributi	ons) 10 1	231,916.	1			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grant	· —	231,310.	1			
iğ je	•	similar amounts not included abov		602,903.				
흕		Noncash contributions included in lines			-			
io d	9 h	Total. Add lines 1a-1f			1,977,819.			
0 0		Total. Add lines 1a-11		Business Code	, , , , , , , , ,			
_	0 0			Dusiliess Code	<u>.</u>			
/ice	2 a							
ser, ue	b							
m Ne	C							
gra Re	d e							
Program Service Revenue	f	All other program service reve						
_		Total. Add lines 2a-2f		•				
	3	Investment income (including						
		other similar amounts)			87,126.			87,126.
	4	Income from investment of tax			0.7220			01,7==00
	5	Royalties						
		, to yattion	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Frodi	(ii) i oroonar	-			
		Less: rental expenses			1			
		Rental income or (loss)			1			
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(,, = = = = = = = = = = = = = = = = = =	(.,,	1			
	b	Less: cost or other basis			1			
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>				
Φ		Gross income from fundraising	g events (not					
Other Revenu		including \$ 143,0						
ě		contributions reported on line	•					
무		Part IV, line 18			4			
Ĕ		Less: direct expenses		0.				
٦		Net income or (loss) from fund	-	<b>_</b>	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		L				
		Net income or (loss) from gam	•					
	10 a	Gross sales of inventory, less						
		and allowances			4			
		Less: cost of goods sold						
	С	Net income or (loss) from sales		<b>D</b>				
-		Miscellaneous Revenue	9	Business Code				4 010
		OTHER REVENUE		900099	4,819.			4,819.
	b				-			
	С				-			
		All other revenue			/ 010			
		Total. Add lines 11a-11d			4,819.	0	0	01 045
	12	Total revenue. See instructions		<u></u>	2,069,764.	0.	0.	91,945.

832009 12-31-18

#### 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 (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. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 810,120. 810,120. 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, 89,836. 9,176. trustees, and key employees ..... 73,527. 7,133. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 648,013. 530,372. 51,454. 66,187. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 87,626. 71,718. 6,958. 8,950. Other employee benefits 9 55,791. 68,166. 5,413. 6,962. 10 Payroll taxes Fees for services (non-employees): Management Legal 16,212. 12,461. 2,745. 1,006. Accounting Lobbying Professional fundraising services. See Part IV, line 17 7,514. 7,514. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 35,021. 200. 2,827. 38,048. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 56,711. 33,165. 3,008. 20,538. Office expenses 13 Information technology ..... 14 Royalties 15 73,712. 7,120. 89,903. 9,071. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,021. 6,237. 702. 5,082. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 6,753. 5,819. 457 477. Depreciation, depletion, and amortization 22 13,001. 9,992. 1,779. 1,230. 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.) 24,970. 10,404. 14,566. NEWSLETTER OTHER EXPENSES 17,392. 12,318. 1,212. 3,862. 9,379. 9,174. 72. TRANSPORTATION 133. С d All other expenses 1,995,665. 1,749,831. 100,147. 145,687. 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. 14,566. 24,970. 10,404 0. Check here X if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	68,623.	1	33,518.		
	2	Savings and temporary cash investments			170,592.	2	100,221.
	3	Pledges and grants receivable, net	12,000.	3			
	4	Accounts receivable, net		308,911.	4	321,662.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).	Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ą	8	Inventories for sale or use				8	
	9	B			27,429.	9	21,545.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	285,884. 180,609.			
	b	Less: accumulated depreciation	10b	180,609.	8,405.	10c	105,275. 1,730,437.
	11	Investments - publicly traded securities			1,681,614.	11	1,730,437.
	12	Investments - other securities. See Part IV, line 1		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 equa	2,277,574.	16	2,312,658. 28,337.		
	17	Accounts payable and accrued expenses		29,856.	17	28,337.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities				····		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines					
		0 1 1 1 5	-	•	7,046.	25	n
	26	Total liabilities. Add lines 17 through 25			36,902.	26	28,337.
	20	Organizations that follow SFAS 117 (ASC 958)	h check l	here X and	30,3021	20	20,337.
		complete lines 27 through 29, and lines 33 and		nere P 122 and			
ces	27	Unrestricted net assets		1	1,756,494.	27	1,861,387.
ılan	28	Temporarily restricted net assets	271,282.	28	210,038.		
l Ba	29				212,896.	29	212,896.
nuc		Organizations that do not follow SFAS 117 (A			•		,
чF		and complete lines 30 through 34.	,,				
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
ž	33				2,240,672.	33	2,284,321.
	34				2,277,574.	34	2,312,658.

Pa	t 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			9,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,99	5,6	65.		
3	Revenue less expenses. Subtract line 2 from line 1	3		7	4,0	99.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,240,672.				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	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	, 28	4,3	21.		
Pa	t 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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		J					
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		J					
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 Aud	dit					
	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 auc	lit					
	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

### 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

Open to Public Inspection

Internal Revenue Service 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) 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1706083.	1863215.	2779149.	2244572.	1980669.	10573688.		
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	1706083.	1863215.	2779149.	2244572.	1980669.	10573688.		
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)						186,266.		
6	6 Public support. Subtract line 5 from line 4.								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
7	Amounts from line 4	1706083.	1863215.	2779149.	2244572.	1980669.	10573688.		
8	8 Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	12,763.	15,529.	19,871.	33,913.	87,126.	169,202.		
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.)	1,064.	1,216.	927.	1,002.	1,969.			
11	Total support. Add lines 7 through 10						10749068.		
12	Gross receipts from related activities,	etc. (see instruction	ns)			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	501(c)(3)			
_	organization, check this box and stor	here					<b>&gt;</b>		
	ction C. Computation of Publi								
	Public support percentage for 2018 (I					14	96.64 %		
	15 Public support percentage from 2017 Schedule A, Part II, line 14								
16a	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies	. ,	ŭ						
b	33 1/3% support test - 2017. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac			-	· · · · · · · · · · · · · · · · · · ·	-			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test								
	more, and if the organization meets the		•		•		e		
	organization meets the "facts-and-circ			•	,		▶∐		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b					
					Sche	dule A (Form 990	or 990-EZ) 2018		

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	T	1		1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the ever-in-ti-	first seemed the	d formets an early t		F01(a)(0) a	l ation
14	First five years. If the Form 990 is for	-			•		
Sec	check this box and stop here ction C. Computation of Publi					•••••	
	Public support percentage for 2018 (li			column (fl)		15	%
	Public support percentage from 2017	, , , , , , , , , , , , , , , , , , , ,	•			16	%
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Van Na

### 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 (as 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.)

	162	140
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
Q		
8		
9a		
9b		
0-		
9с		
10a		
46.		
10b		

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Pa	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	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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
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	_		
800	supported organizations played in this regard.	3		
	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).	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution Activities Test. Answer (a) and (b) below.	ructions)		Na
2			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 <b>Part VI identify</b>			
	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.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	ZU		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete 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	lly integrated	Type III supporting orga	anization (see
	inchwations)			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts 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	}	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10	Line 8	s amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrik	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3		s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
	From				
е	From	2017			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	. *			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	•	ero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3			
-	and 4	- I			
8		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		s from 2017			
		ss from 2018			

Schedule A (Form 990 or 990-EZ) 2018

### Schedule B

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

Department of the Treasury Internal Revenue Service

**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

2018

Name of the organization Employer identification number

NORTHWEST PILOT PROJECT 93-0635871

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year \bigset* \$					
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

NORTH	WEST 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
1		\$\$	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		\$\$	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		\$50,00	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
4		\$753,23	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
5		\$173,71	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		\$304,96	Person X Payroll  Noncash  (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

#### 93-0635871 NORTHWEST PILOT PROJECT Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization **Employer identification number** NORTHWEST PILOT PROJECT 93-0635871 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public 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.

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

Tax) (see separate instructions), then		, , (eee eepan a.e.		,, (
<ul> <li>Section 501(c)(4), (5), or (6) organizate</li> </ul>	ions: Complete Part III.			
Name of organization NORTHWE	ST PILOT PROJECT			loyer identification number 93-0635871
Part I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures		<b>&gt;</b> 5	<b>.</b>
Part I-B   Complete if the org	anization is exempt unde	er section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶ 9	<u> </u>
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(d	e)(3).
<ol> <li>Enter the amount directly expended</li> <li>Enter the amount of the filing organ exempt function activities</li> <li>Total exempt function expenditures line 17b</li> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a contribution or the filing organization committee or the propolitical action committee or the filing organization committee organization committee or the filing organization committee organization committee organ</li></ol>	ization's funds contributed to other. Add lines 1 and 2. Enter here an analysis and 1120-POL for this year?  Inployer identification number (EIN tion listed, enter the amount paid parptly and directly delivered to a	ner organizations for second on Form 1120-POL.  I) of all section 527 pools from the filing organizations asparate political organizations.	ection 527	Yes No h the filing organization e amount of political
(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) 2018

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Part II-A   Complete if the org	janization is exen	npt under section	501(c)(3) and file		ction under
expenses, and sha	re of excess lobbying e	• •		group member's name	e, address, EIN,
Limi	its on Lobbying Expe	nd "limited control" pro nditures ints paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl		ber (alliera ark ballada landera al			
c Total lobbying expenditures (add li	•	, , , , , , , , , , , , , , , , , , , ,			
<b>d</b> Other exempt purpose expenditure		1,842,464.			
e Total exempt purpose expenditure		`		1,842,464.	
f Lobbying nontaxable amount. Ent	· ·			242,123.	
If the amount on line 1e, column (a) o		bying nontaxable am		,	
Not over \$500,000	• •	the amount on line 1e.			
Over \$500,000 but not over \$1,00	· · · ·				
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.				
Over \$1,500,000 but not over \$17		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,		, ,		
<u> </u>	<u> </u>				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			60,531.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze					
reporting section 4911 tax for this	_				Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all c	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	( <b>a)</b> 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
2a Lobbying nontaxable amount	232,595.	237,868.	246,999.	242,123.	959,585.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,439,378.
c Total lobbying expenditures					
d Grassroots nontaxable amount	58,149.	59,467.	61,750.	60,531.	239,897.
e Grassroots ceiling amount (150% of line 2d, column (e))					359,846.
	1	I			

Schedule C (Form 990 or 990-EZ) 2018

## Schedule C (Form 990 or 990-EZ) 2018 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)).

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 1 c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  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? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over 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 the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 523(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 9, what portion of the exces	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  bit "Yes," either the amount of any tax incurred under section 4912  c! if "Yes," enter the amount of any tax incurred by organization managers under section 9912  d! the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (80% or more) dues received nondeductible by members?  1 Were substantially all (80% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying aprophitical campaign activity expenditures from the prior year?  3 Did the organization are carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  2 Did section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  2 Carryover from last year  2 De Carryover folibelying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)	or ead	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(k	o)
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? l Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 at III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  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? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying 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 the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 4 Despenses for which the section 527(f) tax was paid).  a Current year  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year 4 Total 5 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeducti	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 Tax IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  2 Did a Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3 4 If notices were sent and the amount on line 2c exceeds the amount on line	f the I	lobbying activity.	Yes	No	Amo	ount
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	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	2 [ ] art art a [ ] art a	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polycependiture next year?	e prior year? n 501(c)(5) l'No," OR (	2 3 ), or sec (b) Part  1 2a 2b 2c 3		3, is
		2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	e prior year? n 501(c)(5) l'No," OR (	2 3 ), or sec (b) Part  1 2a 2b 2c 3		e 3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.		2   1   1   1   2   3   4   1   4   4   4   4   4   4   4   4	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceededs the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  IV Supplemental Information	e prior year? n 501(c)(5) l'No," OR (	2 3 ), or sec (b) Part  1 2a 2b 2c 3	III-A, line	e 3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information		2   1   1   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  IV Supplemental Information  le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No," OR (	2 3 ), or sec (b) Part  1 2a 2b 2c 3	III-A, line	e 3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.		2   1   2   3   1   1   1   2   3   4   1   3   4   1   4   5   5   2   2   4   1   1   1   1   1   1   1   1   1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  IV Supplemental Information  le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No," OR (	2 3 ), or sec (b) Part  1 2a 2b 2c 3	III-A, line	e 3, is
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#### **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

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 advise	d funds
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the ore	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		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 qualit	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
		value in deal of in (A)	
	Number of conservation easements on a certified historic stri		
a	Number of conservation easements included in (c) acquired a		
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the C	organization during the tax
4	year ▶ Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	<b>&gt;</b>	······································	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$	3	3
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide the following amounts
	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		gain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	101 FUIII 99U.	Schedule D (Form 990) 2018

832051 10-29-18

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

Pa	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the fo	ollowing that are a s	significant us	se of its c	ollection it	tems
	(check all that apply):							
а	Public exhibition	d	Loan or exch	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other simila	ar assets			
	to be sold to raise funds rather than to be mai	intained as part of th	e organization's col	ection?			Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang				n Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for contributions	or other assets not	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:					
		·	· ·				Amount	
С	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f			
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•			
	rt V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four v	ears back
1a	Beginning of year balance	1,681,581.	1,499,476.	587,207.		76,316.		142,781.
b	Contributions	, ,	75,000.	845,500.	+	,		129,000.
c	Net investment earnings, gains, and losses	48,856.	107,105.	66,769.	+	10,891.		4,535.
d				,		,		
	Grants or scholarships Other expenditures for facilities							
е								
f	Administrative expenses	1,730,437.	1,681,581.	1,499,476.	5.8	37,207.	г	576,316.
g	End of year balance				1 3	37,207.		770,310.
2	Provide the estimated percentage of the curre	81.92		neid as.				
a	Board designated or quasi-endowment ► _ Permanent endowment ► 12.30		_%					
b		% 5.78 %						
С	· · ·							
0-	The percentages on lines 2a, 2b, and 2c shou	•	Cara dia akama isalah am	al a alordo takana al Kana	la a la companiona de la co			
Зa	Are there endowment funds not in the posses	sion of the organizar	tion that are neid an	a administered for t	ne organiza	tion	Г <b>.</b>	/ N-
	by:							res No X
	(i) unrelated organizations						3a(i)	X
							3a(ii)	^_
	If "Yes" on line 3a(ii), are the related organizat						3b	
4 Dai	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equipment		vment funds.					
Га			David IV 18 44- 0	F 000 B+ V	/ Page 40			
	Complete if the organization answered							
	Description of property	(a) Cost or ot basis (investm			Accumulate epreciation	d	(d) Book	value
	Land	<del>                                     </del>	,					
b	Buildings							
c	Leasehold improvements		1	1,009.	5,81	8.	5	,191.
d	Equipment	<b>I</b>		2,780.	135,71			,062.
	Other		13.	2,095.	39,07	/ <b>3</b> •	93	,022.

Schedule D (Form 990) 2018

Concadio D	(1 01111 000)	_0.0		
Part VII	Investm	ents	- Other Securities.	

Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990,	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-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"		line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(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" of		line 11d. See Form 990,	, Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	,		<b>&gt;</b>	
Complete if the organization answered "Yes" of	on Form 990, Part IV,		m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)			-	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnot	e to the organization's t	financial statements t	hat reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text of th		provided in Part XIII X nedule D (Form 990) 2018
			Ser	

832053 10-29-18

Part XI Reconciliation of Revenue per Audited Financial S	-	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		2 021 000
1 Total revenue, gains, and other support per audited financial statements		1	2,031,800.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 20 450		
a Net unrealized gains (losses) on investments			
<b>b</b> Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		22 452
e Add lines 2a through 2d		2e	-30,450.
3 Subtract line 2e from line 1		3	2,062,250.
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			
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	7,514. 2,069,764.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	12.)	5	2,069,764.
Part XII Reconciliation of Expenses per Audited Financial		eturr	1.
Complete if the organization answered "Yes" on Form 990, Part IV		г. т	1 000 151
1 Total expenses and losses per audited financial statements		1	1,988,151.
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>b</b> Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			•
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	1,988,151.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 7,514.		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	7,514.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 18.)	5	1,995,665.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a al lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		, Part ≯	(, line 2; Part XI,
PART V, LINE 4:			
THE BOARD DESIGNATED FUNDS ARE FOR LONG	TERM INVESTMENTS. THE	PEI	RMANENT
ENDOWMENT IS RESTRICTED TO PROVIDE FOR T	THE VOLUNTEER LUNCHEON	ONO	CE IT
REACHES \$25,000.			
RESTRICTED ENDOWMENT FUND CONSISTS OF DO	NOR-RESTRICTED ENDOWM	ENT.	WTTH
REDIRICIED ENDOMENT TOND CONDIDIO OF DO	MOR RESTRICTED ENDOWE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
INCOME EARNED RESTRICTED TO PROGRAM SERV	TICES.		
PART X, LINE 2:			
			TNEETNO FOR
THE ORGANIZATION FOLLOWS THE PROVISION O			
UNCERTAINTY IN INCOME TAXES. MANAGEMENT	HAS EVALUATED THE OR	GAN.	LZATTON'S
TAX POSITIONS AND CONCLUDED THAT THERE A			
832054 10-29-18		Sched	dule D (Form 990) 2018

#### **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 instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
NORTHWEST PILOT PROJECT	93-0635871
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line	17. Form 990-EZ filers are not

required to complete this part	t.					
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	ities. (	Check all that apply.		
a Mail solicitations				overnment grants		
<b>b</b> Internet and email solicitations				nment grants		
	g L Special	lunura	alsing	events		
d In-person solicitations						
2 a Did the organization have a written of					tees, or	
key employees listed in Form 990, P					L Yes	
<b>b</b> If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fundraiser is to be	)
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual		(iii) fundi	Did raiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have custody		from activity	fundraiser	to (or retained by)
, ,					listed in col. (i)	organization
		Yes	No			
				1		
		-				
		-				
Total						
3 List all states in which the organization		contrib	utions	or has been notified	it is exempt from re	gistration
or licensing.				0		9.0.1.4.1.0.1
-						

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

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) 143,000. 143,000. Gross receipts 143,000. 143,000. 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 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. (d) Total gaming (add (b) Pull tabs/instant (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: Schedule G (Form 990 or 990-EZ) 2018 832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 NORTHWEST PILOT PROJECT 9	<u> 3-0635871</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:		
		120	0/
	a The organization's facility		<u>%</u>
	o An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amour	nt	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Manufator, distributions		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
_	organization's own exempt activities during the tax year ▶ \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III, lines 9, 9	9b, 10b,
_	ros, ros, and ros, as appreciate. Also provide any additional information.		
_			
_			

Schedule G	G (Form 990 or 990-EZ)	NORTHWEST PI	LOT	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.

OMB No. 1545-0047

Open to Public Inspection

Name of	f the organization							Employer identification number
	NORTHWEST		OJECT					93-0635871
Part I	General Information on Grants a							
	oes the organization maintain records		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
	iteria used to award the grants or assis							X Yes  No
	escribe in Part IV the organization's pro							
Part II		_				anization answered "\	es" on Form 990, Part	: IV, line 21, for any
	recipient that received more than					(f) Mothod of	_	
1 (a	) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>2</b> Er	nter total number of section 501(c)(3) a	and government or	nanizations listed in the	e line 1 table	1	ı		<b>)</b>
	nter total number of other organization	-						
	or Paperwork Reduction Act Notice							Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) 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	990, 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	471	810,120.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional 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	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 ARI	E PROVIDE	ED ON A REG	ULAR BASIS	TO FUNDERS.		
TYPICALLY, ASSISTANCE GIVEN TO CLIN	ENTS IS F	PAID TO A I	HIRD PARTY	VENDOR,		
SUCH AS A LANDLORD, AND, THEREFORE	, FUNDS W	OULD BE DI	FFICULT TO	DIVERT FROM		

832291 04-01-18

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# 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.

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

NORTHWEST PILOT PROJECT	93-0635871
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
MULTNOMAH COUNTY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
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 INVEST	MENT TODAY IS
ABLE TO PREVENT GREATER PROBLEMS IN THE FUTURE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 WILL BE PROVIDED TO EACH MEMBER OF	THE FINANCE
COMMITTEE WHO HAS THE EXPERTISE TO UNDERSTAND THE FORM. T	HEY WILL MAKE A
REPORT TO THE FULL BOARD IF THERE ARE ANY AREAS OF CONCERN	I, BEFORE IT IS
FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR AT THEIR RESPECTIVE MEETINGS IN SEPTEMBER, BOARD	
STAFF REVIEW THE CONFLICT OF INTEREST POLICY AND ACKNOWLED	GE THEIR
UNDERSTANDING. IT IS EXPECTED THEY WILL DISCLOSE ANY ACTUA	L 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 AWA	RE OF A REAL,
POTENTIAL OR PERCEIVED CONFLICT OF INTEREST ON THE PART OF	' FELLOW BOARD OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

STAFF MEMBERS TO RAISE THE ISSUE. DECISIONS AND RECOMMENDATIONS MADE BY THE

BOARD MEMBERS AND EMPLOYEES WILL BE CONSIDERED BY NWPP FOR APPROPRIATENESS

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NORTHWEST PILOT PROJECT	93-0635871
IN LIGHT OF THE DISCLOSURE AND THE SPECIFIC NATURE OF THE	MATTER AT HAND.
FORM 990, PART VI, SECTION B, LINE 15:	
A 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:	
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.	

EXTENDED TO MAY 15, 2020

Form <b>990-T</b>	E	Exempt Orga	nization Bus	ine	ss Income	<b>Tax Return</b>	า	OMB No. 1545-0687
		a (a	nd proxy tax unde	er se	ction 6033(e))			0040
	For calendar year 2018 or other tax year beginning <u>JUL 1, 2018</u> , and ending <u>JUN 30, 20</u>						<u> 19</u> .	2018
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe		Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed		Name of organization (	(Emp	oyer identification number loyees' trust, see actions.)				
<b>B</b> Exempt under section	Print	NORTHWEST P	9	3-0635871				
X 501(c)(3)	or	Number, street, and roon		ated business activity code nstructions.)				
408(e) 220(e)	Туре	1430 SW BRO	┧`	,				
408A 530(a) 529(a)		City or town, state or pro		foreig	n postal code		812	930
C Book value of all assets at end of year		F Group exemption number	oer (See instructions.)	<b>&gt;</b>				
		<b>G</b> Check organization typ		oration	501(c) tru:	st 401(a	ı) trust	Other trust
<b>H</b> Enter the number of the o	organiza	tion's unrelated trades or b	ousinesses.		Descr	ibe the only (or first) u	nrelated	
trade or business here						ne, complete Parts I-V		
describe the first in the b	lank spa	ice at the end of the previou	us sentence, complete Pai	rts I an	d II, complete a Sched	lule M for each addition	nal trade	or
business, then complete								
I During the tax year, was				ıt-subsi	diary controlled group	)?▶	Ye	es No
		tifying number of the paren			Tale		/ E N 2	\227 5605
J The books are in care of		de or Business Inc			(A) Income	ephone number (B) Expense		(C) Net
1a Gross receipts or sale		de or Buomeoo me			(A) IIICOIIIC	(b) Expense	, 5	(O) Net
<b>b</b> Less returns and allow			<b>c</b> Balance ▶	1c				
		A, line 7)		2				
3 Gross profit. Subtract				3				
· ·		h Schedule D)		4a				
		art II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (a		5				
			· ·	6				
		ne (Schedule E)		7				
		nd rents from a controlled		8				
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
		me (Schedule I)		10				
		e J)		11				
12 Other income (See ins	struction	ns; attach schedule)		12				
13 Total. Combine lines	3 throu	gh 12				· .		
Part II Deductio (Except for o	ns No contribu	ot Taken Elsewher utions, deductions must	<b>e</b> (See instructions for be directly connected	r limita   with t	tions on deduction he unrelated busine	s.) ess income.)		
14 Compensation of off	icers, di	rectors, and trustees (Sche	edule K)				14	
15 Salaries and wages							15	
16 Repairs and mainten	ance .						16	
							17	_
		ee instructions)					18	
19 Taxes and licenses							19	
		e instructions for limitation					20	
		562)					-	
		n Schedule A and elsewher					22b	
							23	
		mpensation plans					24	
		chedule I)					25 26	
27 Excess readership co	nsts (Sc	chedule I) hedule J)					27	
		nedule)					28	
		14 through 28					29	0.
		ncome before net operating					30	0.
		loss arising in tax years be					31	
	_	ncome Subtract line 31 fro		•	. ,		32	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-1	TOTALINADE FEED FIX				93-063	20/1	rage Z
Part I	I  Total Unrelated Business Taxal	ole Income					
33	Total of unrelated business taxable income comput	ed from all unrelated trades or bus	sinesses (se	e instruc	ctions)	33	0.
34	Amounts paid for disallowed fringes					34	9,840.
35	Deduction for net operating loss arising in tax years	s beginning before January 1, 2018	8 (see instru	uctions)		35	
36	Total of unrelated business taxable income before s						
	l' 00 104					36	9,840.
37	Specific deduction (Generally \$1,000, but see line 3					37	1,000.
38	Unrelated business taxable income. Subtract line					- O'	1,0001
30	anten the annelles of some on line OC	_					8,840.
Dort I	Tax Computation					38	0,040.
							1 056
39	Organizations Taxable as Corporations. Multiply					39	1,856.
40	Trusts Taxable at Trust Rates. See instructions for						
	Tax rate schedule or Schedule D (Fo					40	
41	Proxy tax. See instructions				<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)					42	
43	Tax on Noncompliant Facility Income. See instruc	ctions				43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh	e i				44	1,856.
Part \	Tax and Payments						
45 a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a			
b				45b			
С				45c			
d	Credit for prior year minimum tax (attach Form 880					-	
_	Total credits. Add lines 45a through 45d					45e	
46	0.1.1.1.1.45.6.1.1.44					46	1,856.
	Other taxes. Check if from: Form 4255	Form 0C11			1 Other ( 11		1,050.
47						47	1,856.
48	Total tax. Add lines 46 and 47 (see instructions)					48	
49	2018 net 965 tax liability paid from Form 965-A or	, , , , , , , , , , , , , , , , , , , ,		1 1		49	0.
	Payments: A 2017 overpayment credited to 2018			1 1			
	2018 estimated tax payments			50b	4 056		
	Tax deposited with Form 8868			50c	1,856.		
d	Foreign organizations: Tax paid or withheld at source	ce (see instructions)		50d			
е	Backup withholding (see instructions)			50e			
f	Credit for small employer health insurance premiun	ns (attach Form 8941)		50f			
g	Other credits, adjustments, and payments: Fo	orm 2439					
			Total <b></b>	50g			
51	Total payments. Add lines 50a through 50g					51	1,856.
52	Estimated tax penalty (see instructions). Check if Fo					52	1.
53	Tax due. If line 51 is less than the total of lines 48,				<b>&gt;</b>	53	1.
54	Overpayment. If line 51 is larger than the total of li				• • • • • • • • • • • • • • • • • • •	54	
55	Enter the amount of line 54 you want: <b>Credited to 2</b>		paid		Refunded	55	
Part \			ormatio	n (see		1 00	
56	At any time during the 2018 calendar year, did the			•			Yes No
30	over a financial account (bank, securities, or other)	•	•		•		TES NO
	FinCEN Form 114, Report of Foreign Bank and Fina		-				
		ilciai Accounts. II 165, enter the i	iaille ui ille	ioreigiri	Country		
	here						— <del>                                    </del>
57	During the tax year, did the organization receive a d		ntor of, or tr	ansteror	to, a foreign trust?		
	If "Yes," see instructions for other forms the organization	•					
58	Enter the amount of tax-exempt interest received on	• • • • •			and to the best of my line	daa aad baliaf	it in tour
Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than					age and belief	, icio a do,
Here		•	,,,,,,,,,,	·			cuss this return with
11010	Signature of officer		KECUTI	.VE I	_	_	own below (see
	Signature of officer	Date Title			in	structions)?	X   Yes   No
	Print/Type preparer's name	Preparer's signature	Da	ıte	Check	f PTIN	
Paid					self- employed		
Prepa	rer GERARD DEBLOIS						287653
Use C	Inly Firm's name ► MCDONALD JAC	OBS, P.C.			Firm's EIN ▶	93-	0900579
. = 5	520 SW YAM		00				
	Firm's address <b>PORTLAND</b> ,	OR 97204			Phone no. (	503)	227-0581
823711 01	09-19					F	orm <b>990-T</b> (2018)

### Form **2220**

### **Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name

#### NORTHWEST PILOT PROJECT

Employer identification number 93-0635871

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

F	Part I Required Annual Payment							
1	Total tax (see instructions)						1	1,856.
•	December 1 to 1 t	- 00\	Santa de di san Bara di		ا ما			
	a Personal holding company tax (Schedule PH (Form 1120), line b Look-back interest included on line 1 under section 460(b)(2)				2a		-	
	contracts or section $167(g)$ for depreciation under the income				2b			
	contracts of Section 107 (g) for depreciation under the income	1016			20		-	
,	c Credit for federal tax paid on fuels (see instructions)				2c			
	d Total. Add lines 2a through 2c						2d	
	Subtract line 2d from line 1. If the result is less than \$500, <b>do</b>							
	does not owe the penalty		•	•			3	1,856.
4	Enter the tax shown on the corporation's 2017 income tax retu							
	or the tax year was for less than 12 months, skip this line ar	nd en	ter the amount from line	3 on line 5			4	42.
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is require	ed to skip lir	ne 4,			
_	enter the amount from line 3						5	42.
ŀ	Part II Reasons for Filing - Check the boxes belo	w th	at apply. If any boxes are	checked, th	e corporation	must file Form 2	220	
_	even if it does not owe a penalty. See instructions.							
6	The corporation is using the adjusted seasonal installr							
7	The corporation is using the annualized income install							
8	The corporation is a "large corporation" figuring its firs  Part III   Figuring the Underpayment	st rec	juired installment based c	n the prior	year's tax.			
•	art iii   1 iguring the Onderpayment		(0)		/b\	(0)		/d)
9	Installment due dates. Enter in columns (a), through		(a)		(b)	(c)		(d)
ð	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the							
	Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/18	12/	15/18	03/15/	19	06/15/19
10	Required installments. If the box on line 6 and/or line 7	Ť				007 = 07		007 207 20
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% (0.25) of line 5 above in each column	10	11.		10.		11.	10.
11	Estimated tax paid or credited for each period. For							
	column (a) only, enter the amount from line 11 on line 15.							
	See instructions	11						
	Complete lines 12 through 18 of one column							
	before going to the next column.							
	Enter amount, if any, from line 18 of the preceding column	12						
	Add lines 11 and 12	13			11		0.1	2.0
	Add amounts on lines 16 and 17 of the preceding column	14	0		11.		21.	32.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.		0.		0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line				11		21	
47	14. Otherwise, enter -0-	16			11.		21.	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next	17	11.		10.		11.	10.
12	column. Otherwise, go to line 18	1/	11.		10.		<b>TT</b> •	10.
10	from line 15. Then go to line 12 of the next column	18						
	for thirty go to mile in the float column					1		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

Form 2220 (2018)

#### Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers; Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2018 and before 7/1/2018	21				
22	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$	\$
23	Number of days on line 20 after 06/30/2018 and before 10/1/2018	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2018 and before 1/1/2019	25				
26	Underpayment on line 17 x Number of days on line 25 x 5% (0.05)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 6% (0.06)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2019 and before 7/1/2019	29				
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2019 and before 10/1/2019	31				
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2019 and before 1/1/2020	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2019 and before 3/16/2020	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to line for other income tax returns		ere and on Form 1120, lin		38	<b>\$</b> 1.

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2018)

# FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	mber
	ILOT PROJECT			93-063	
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
10/15/18	11.	11.	61	.000136986	
12/15/18	10.	21.	16	.000136986	
03/15/19	11.	32.	92	.000164384	
06/15/19	10.	42.	15	.000164384	
06/30/19	0.	42.	138	.000136986	1
nalty Due (Sum of Colur	mn F).				1

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

812511 04-01-18

#### Form **8868**

(Rev. January 2019)

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.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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 filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print NORTHWEST PILOT PROJECT 93-0635871 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 1430 SW BROADWAY, NO. 200 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 97201 PORTLAND, OR Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 LAURA GOLINO DE LOVATO The books are in the care of ► 1430 SW BROADWAY, NO. 200 - PORTLAND, OR 97201 Telephone No.  $\triangleright$  (503)22 $\overline{7}$ -5605 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for.

2	If the tax year entered in line 1 is for less than 12 months, check reason:  Change in accounting period	Final returi	1	
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	1,856.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			_
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	1,856.

, and ending JUN 30, 2019

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

I request an automatic 6-month extension of time until

► X tax year beginning JUL 1, 2018

calendar year or

the organization named above. The extension is for the organization's return for:

Form 8868 (Rev. 1-2019)

MAY 15, 2020 , to file the exempt organization return for