**99** Form

Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

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

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



<u>A</u>	For the	2020 calendar year, or tax year beginning and	ending					
B	Check if applicable	C Name of organization		D Employer identific	ation number			
	Addres change	COMPASS HOUSING ALLIANCE						
	Name change	Doing business as	91-0578229					
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number					
	Final return/	210 ALASKAN WAY S	206-357-3100					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	20,424,123.				
	Amend return	SEATTLE, WA 96104		H(a) Is this a group re				
	Applica tion pendin	F Name and address of principal officer: MARI SILLLE		for subordinates?	? Yes 🕱 No			
	-	SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No			
		empt status: 🗴 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) d	or 527	If "No," attach a	list. See instructions			
		e: WWW.COMPASSHOUSINGALLIANCE.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other -	<b>L</b> Year	of formation: 1928	State of legal domicile: WA			
Pa	art I	Summary						
é	1	Briefly describe the organization's mission or most significant activities:		ALLIANCE				
Governance		PROVIDES HOUSING AND SERVICES TO HOMELESS AND VERY LOW INCOM						
ern	2	Check this box if the organization discontinued its operations or dispos			ets. 15			
So So	3			15				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)	·····	223				
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		107				
Activities &	0	Total number of volunteers (estimate if necessary)			24,583.			
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12         Net unrelated business taxable income from Form 990-T, Part I, line 11			23,583.			
			Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		9,217,363.	15,780,116.			
anu	9	Program service revenue (Part VIII, line 2g)		4,147,482.	2,745,008.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		738,618.	-45,083.			
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,811.	129,771.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,125,274.	18,609,812.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		770,224.	1,292,253.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,002,700.	6,901,052.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,585.	0.			
be	. b	Total fundraising expenses (Part IX, column (D), line 25) 🕨 446 ,						
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,219,508.	15,225,653.			
		Revenue less expenses. Subtract line 18 from line 12		-94,234.	3,384,159.			
or or			Ве	ginning of Current Year	End of Year			
sets	<b>20</b> <sup>-</sup>	Total assets (Part X, line 16)		36,958,936.	39,504,636.			
Net Assets	21	Total liabilities (Part X, line 26)		19,275,168.	18,437,871.			
Ise	22	Net assets or fund balances. Subtract line 21 from line 20		17,683,768.	21,066,765.			
1 12:	ort II	Signature Block						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	e									
Here	MARY STEELE, EXECUTIVE DIRECTOR												
	Type or print name and title												
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN								
Paid	SARA ELIZABETH JONES HYRE	self-employed	P00235495										
Preparer	Firm's name 🕒 CLARK NUBER, PS		Firm	n's EIN 🕨 🦳 91	-1194016								
Use Only	Firm's address 🕨 10900 NE 4TH STREET, SUI	ITE 1400											
	BELLEVUE, WA 98004 Phone no.425-454-4919												
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No							
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce. see the separate instructions.			Form <b>990</b>	(2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2020) COMPASS HOUSING ALLIANCE	91-0578229	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	IN THE LUTHERAN TRADITION OF CARING THROUGH SERVICE, COMPASS HOUSING		
	ALLIANCE (CHA) DEVELOPS AND PROVIDES ESSENTIAL SERVICES AND AFFORDABLE		
	HOUSING FOR HOMELESS AND LOW-INCOME PEOPLE IN THE GREATER PUGET SOUND		
	REGION.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expen	ises, and
	revenue, if any, for each program service reported.		1 106 109
4a	(Code:) (Expenses \$5,798,392. including grants of \$1,292,253. ) (Revenue	:\$	1,196,128.)
	PERMANENT HOUSING: COMPASS PROVIDES PERMANENT HOUSING TO FORMERLY		
	HOMELESS AND LOW-INCOME HOUSEHOLDS IN APARTMENT BUILDINGS LOCATED		
	THROUGHOUT KING COUNTY. ALMOST ALL THESE UNITS SERVE HOUSEHOLDS WITH		
	LESS THAN 50% OF MEDIAN AREA INCOME.		
4b		•\$	1,152,031.)
	EMERGENCY SHELTER: SHELTERS PROVIDE MEALS AND CASE MANAGEMENT SERVICES		
	FOR MEN AND WOMEN IN SEATTLE EVERY NIGHT. COMPASS OFFERS 316 BEDS EACH		
	NIGHT.		
4c	(Code:) (Expenses \$1, 309, 803. including grants of \$) (Revenue	\$	270,194.)
	HOMELESS AND VERY LOW-INCOME PEOPLE ARE SUPPORTED BY CHA. THESE		
	SURVIVAL SERVICES INCLUDE A MAILING ADDRESS TO STAY IN TOUCH WITH		
	FAMILY MEMBERS AND TO RECEIVE CORRESPONDENCE FROM STATE AND FEDERAL		
	GOVERNMENTS TO ESTABLISH OR MAINTAIN SNAP BENEFITS (FOOD STAMPS),		
	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), MEDICARE AND MEDICAID		
	BENEFITS, AND VETERANS. BASIC TOILET, SHOWER AND LAUNDRY SERVICES ARE		
	PROVIDED FOR HOMELESS PEOPLE LIVING ON THE STREETS OR IN SHELTERS		
	WITHOUT HYGIENE SERVICES ON SITE.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 613,976. including grants of \$ ) (Revenue \$	126,655.)	
40	Total program service expenses  13,306,802.	, , , ,	
			Form <b>990</b> (2020)

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COMPASS HOUSING ALLIANCE

Pa	TIV 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	Х	
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,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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	<u> </u>
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┣──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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COMPASS HOUSING ALLIANCE

Pa	rt IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
Lou	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	200		
D	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 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>			x
20		21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
L	"Yes," complete Schedule L, Part IV			x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	<u>28b</u>		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV		x	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
<b>0</b> 4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	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		v	
	Part V, line 1		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X	─
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O           rt V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		1	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	17		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2020) COMPASS HOUSING ALLIANCE 91-057822	9	Р	age <b>5</b>					
Par	t 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 223								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	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 on Schedule O	3b	х						
	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							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	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).								
а	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	х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X					
	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		X					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

Form	990 (2020) COMPASS HOUSING ALLIANCE		91-05782	29	Р	age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	X	
-	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		V.	
10-	Did the exercities have lead shorters been shorter as efflicted.			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		<u></u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, amiliates,	106		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body	, befor	e filing the form?	10b 11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	x	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "$			12.0		
•	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b	X	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3	s)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explained)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	MARY STEELE - 206-357-3100					
	210 ALASKAN WAY S, SEATTLE, WA 98104					

Form 990 (		91-0578229	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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 Employee	S	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization's	s tax year.
<ul> <li>List a</li> </ul>	Il of the organization's current officers, directors, trustees (whether individuals or organiza	ations), regardless of amount of compens	ation.

 List all of the organization's current officers, directors, trustees (whether individuals o 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRISTOPHER ROSS	40.00						104 540	0	FCC
	1.00			X			124,548.	0.	566.
(2) KRISTY MAGYAR	40.00						4 410		826
DIRECTOR OF FINANCE (3) MARY STEELE	1.00			X			4,419.	0.	736.
(3) MARY STEELE EXECUTIVE DIRECTOR	40.00			x			70 545	0.	3 375
(4) PAUL HOGLE	1.00 4.80			~			79,545.	0.	3,275.
PRESIDENT	0.20	x		x			0.	0.	0.
(5) DAVID SWARTLING	4.80	~		Δ			0.	0.	0.
SECRETARY	0.20	x		х			0.	0.	0.
(6) LISA APLIN	1.00							••	<u> </u>
TREASURER	0.00	x		x			0.	0.	0.
(7) ADAM KHAN	1.00						·	- •	
BOARD MEMBER	0.00	x					0.	0.	0.
(8) PASTOR KEVIN BATES	1.00								
BOARD MEMBER	0.00	х					0.	0.	0.
(9) PATRICK BRADY	1.00								
BOARD MEMBER	0.00	х					0.	0.	0.
(10) PAUL BUTLER	1.00								
BOARD MEMBER	0.00	х					٥.	0.	0.
(11) PASTOR JULIE HUTSON	1.00								
BOARD MEMBER	0.00	х					٥.	0.	0.
(12) MAGGIE MCKELVY	1.00								
BOARD MEMBER	0.00	х					0.	0.	0.
(13) LYNNE THOMSON	1.00								
BOARD MEMBER	0.00	Х					0.	0.	0.
(14) DOUG LOVE	1.00								
BOARD MEMBER	0.00	Х					٥.	0.	0.
(15) JIM BORROW	1.00								
BOARD MEMBER	0.00	Х					0.	0.	0.
(16) OWEN LARTER	1.00								
BOARD MEMBER	0.00	Х					0.	0.	0.
(17) JON PERRINO	1.00								
BOARD MEMBER	0.00	Х					0.	0.	0.

Form	1 990 (2020) COMPASS HOUS	ING ALLIANC	Е							91-05	7822	9	P	Page <b>8</b>	
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)					
	(A)	(B)				C)			(D)	(E)			(F)		
	Name and title	Average			Pos	-	n		Reportable	Reportable	ľ	E	stimat	ad	
	Name and the	hours per					than o s both		compensation	compensatio					
		week					or/trust		from	from related		amount of other			
		(list any	tor						the	organizations		com	pensa		
		hours for	direct				_		organization	(W-2/1099-MIS			rom th		
		related	e or (	tee			sated		(W-2/1099-MISC)	(** 2/1000 1/10	,0,		aniza		
		organizations	ruste	1 trus		ee	npen		(** 2/1000 10100)		ľ		d relat		
		below	lual t	tiona		l pl oy	st cor yee	L			ľ		anizat		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	in nzai	10113	
(10)	JOON KIM	1.00	-	<u> </u>	ò	ž	E T	Ĕ							
														•	
BOAF	RD MEMBER	0.00	х				<b> </b>		0.		0.			0.	
											ľ				
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											ľ				
											ľ				
							<b> </b>								
											ľ				
1b	Subtotal								208,512.		Ο.		4	,577.	
	Total from continuation sheets to Part VI								0.		0.			٥.	
	Total (add lines 1b and 1c)								208,512.		0.		4	,577.	
2	Total number of individuals (including but n							<b>~</b> ~~	,	000 of roportable					
2			ose	liste	ual	Jove	) wii	016	ceiveu more than \$100,	ooo or reportable	;			1	
	compensation from the organization												V	1	
													Yes	No	
3	Did the organization list any former officer,	director, trust	ee, ł	key e	empl	oye	e, or	hig	hest compensated empl	oyee on	ľ				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X	
4	For any individual listed on line 1a, is the su										ľ				
	and related organizations greater than \$150										ľ	4		x	
5	Did any person listed on line 1a receive or a														
5		-				-			-		ľ	-		x	
6	rendered to the organization? If "Yes." com	plete Schedule	e J f	or sı	ich i	bers	on .					5	L	- 23	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	ensat	tion fr	Sm		
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y	ear.					
	(A)								(B)				C)		
	Name and business	address	NO	NE					Description of s	ervices	С	ompe	nsatic	on	
								-+							
	Total number of independent contract		ot !'	m;+ -	14.	+				we then					
2	Total number of independent contractors (ii	•	ut IIr	IIIteo	1 [0]			rea	above) who received mo	กะเกลก					
	\$100,000 of compensation from the organized	zation 🕨					0								

a	t VII									-
		Check if Schedule O	conta	ains a respo	nse	or note to any line		(D)	(0)	(5)
							(A) Totol revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
							Total revenue		business revenue	from tax unc
										sections 512 -
Jts		Federated campaigns				60,500.				
and Other Similar Amounts		Membership dues								
Am		Fundraising events								
ar	d	Related organizations		1d						
Ē	е	Government grants (cont	ributi	ons) <b>1e</b>		12,229,898.				
ž	f	All other contributions, gifts,	, gran	ts, and						
the		similar amounts not included	d abov	/e <b>1f</b>		3,489,718.				
p	g	Noncash contributions included in	lines <sup>-</sup>	1a-1f <b>1g</b> \$	5	503,002.				
aŭ	h	Total. Add lines 1a-1f				►	15,780,116.			
						Business Code				
	2 a	PROGRAM SERVICE FEE	ES			531390	2,741,008.	2,741,008.		
~	b	MANAGEMENT FEES		531390	4,000.	4,000.				
nue	с									
Revenue	d									
Ř	e									
		All other program service	reve	nue						
		Total. Add lines 2a-2f					2,745,008.			
	3	Investment income (inclu					, , ,			
	5	,	0	,		<i>'</i>	99,494.			99,4
		other similar amounts)					, 19 1.			, 1
	4	Income from investment			•	F				
	5	Royalties		(i) Real		(ii) Personal				
	-	<b>a</b> .								
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c	43,4	72.					
		Net rental income or (loss	·				43,472.		24,583.	18,8
	7 a	Gross amount from sales of		(i) Securit	les	(ii) Other				
		assets other than inventory	7a			1,584,000.				
	b	Less: cost or other basis								
		and sales expenses	7b			1,728,577.				
	С	Gain or (loss)	7c			-144,577.				
	d	Net gain or (loss)			. <u></u>	►	-144,577.			-144,5
5	8 a	Gross income from fundrais	ing ev	ents (not						
5		including \$		of						
		contributions reported on	ı line	1c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			ts					
		Gross income from gamir								
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				<u> </u>				
		Gross sales of inventory,								
	a	and allowances			10a					
	h	Less: cost of goods sold			104					
						<u>ا</u>				
+	С	Net income or (loss) from	sale	s or inventor	у					
						Business Code	17 007			47.0
a		REIMBURSEMENTS	<b>/</b> T			900099	47,807.			47,8
Revenue	b	MISCELLANEOUS INCOM	ч <b>С</b>			900099	38,492.			38,4
3ev	С					├				
	b	All other revenue								
		Total. Add lines 11a-11d				1	86,299.			

COMPASS HOUSING ALLIANCE

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Form 990 (2020) COMPASS HOUSING ALL: 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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations				ł
and domestic governments. See Part IV, line 21	744,682.	744,682.		
<b>2</b> Grants and other assistance to domestic				
individuals. See Part IV, line 22	547,571.	547,571.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	213,089.		213,089.	
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$ ) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,408,801.	4,355,264.	789,525.	264,012.
8 Pension plan accruals and contributions (include		<b></b>		
section 401(k) and 403(b) employer contributions)	53,330.	35,925.	15,246.	2,159.
9 Other employee benefits	698,482.	595,108.	74,398.	28,976.
10 Payroll taxes	527,350.	392,947.	108,496.	25,907.
<b>11</b> Fees for services (nonemployees):				
a Management	121,954.	121,954.		
b Legal	29,088.	15,873.	13,215.	
c Accounting	155,088.	37,758.	117,330.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12.020	10	12.010	
f Investment management fees	13,038.	19.	13,019.	
g Other. (If line 11g amount exceeds 10% of line 25,	0 650 500	0 500 001	FF 200	
column (A) amount, list line 11g expenses on Sch 0.)	2,652,709.	2,580,221.	55,388.	17,100.
12 Advertising and promotion	10,421.	1,427.	7,739.	1,255.
13 Office expenses	119,255.	78,602.	21,093.	19,560.
14 Information technology	43,687.	25,298.	16,332.	2,057.
15 Royalties	755 252	720.022	16 410	
16 Occupancy	755,352.	738,933.	16,419.	<b>502</b>
17 Travel	7,036.	4,669.	1,774.	593.
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	77 247	10.150	1 070	C2 01C
19 Conferences, conventions, and meetings	77,347.	12,159.	1,272.	63,916.
20 Interest	105,172.	105,172.		
21 Payments to affiliates	1 096 667	1 070 049	2 672	2 047
22 Depreciation, depletion, and amortization	1,086,667.	1,079,948.	3,672.	3,047.
23 Insurance	401,333.	401,333.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a MAINTENANCE AND REPAIR	741,561.	683,665.	55,145.	2,751.
b IN KIND	503,002.	503,002.		
c DUES & LICENSES	117,977.	75,555.	31,678.	10,744.
d EMPLOYEE EXPENSE	80,731.	37,729.	39,434.	3,568.
e All other expenses	10,930.	131,988.	-121,892.	834.
25 Total functional expenses. Add lines 1 through 24e	15,225,653.	13,306,802.	1,472,372.	446,479.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2020) COMPASS HOUSING ALLIA	NCE					
Par	tΧ	Balance Sheet						
Check if Schedule O contains a response or note to any line in this Part								
1 Cash - non-interest-bearing								
	2	Savings and temporary cash investments						
3 Pledges and grants receivable, net								
4 Accounts receivable, net								
	5	Loans and other receivables from any current or	forme	r officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%						
		ons						
	6	Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)				
s	7							
Assets	8	Inventories for sale or use						
As	9	Prepaid expenses and deferred charges						
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	38,055,682.				
	b	Less: accumulated depreciation	10b	14,908,872.				

	-	J , ,					
	3	Pledges and grants receivable, net			93,433.	3	0.
	4	Accounts receivable, net			1,165,827.	4	1,803,653.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	ontributor, or 35%				
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ion 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net			6,062,450.	7	5,602,924.
Assets	8	Inventories for sale or use				8	
As	9				865,686.	9	718,703.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	38,055,682.			
	b	Less: accumulated depreciation		14,908,872.	23,026,746.	10c	23,146,810.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			802,962.	13	802,907.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,677,363.	15	5,216,308.
	16	Total assets. Add lines 1 through 15 (must equ		36,958,936.	16	39,504,636.	
	17	Accounts payable and accrued expenses		1,013,925.	17	2,479,913.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	467,732.	21	575,055.		
ω	22	Loans and other payables to any current or form					
E		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	ns		22		
Ĭ	23	Secured mortgages and notes payable to unrela		17,793,511.	23	15,382,903.	
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	Complete Part X				
		of Schedule D				25	
	26			19,275,168.	26	18,437,871.	
		Organizations that follow FASB ASC 958, che					
ŝ		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			16,885,471.	27	20,276,194.
Balances	28	Net assets with donor restrictions			798,297.	28	790,571.
_		Organizations that do not follow FASB ASC 9					
n L		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
ΨL	32	Total net assets or fund balances			17,683,768.	32	21,066,765.
	33	Total liabilities and net assets/fund balances		36,958,936.	33	39,504,636.	

**(A)** Beginning of year

1,251,935.

12,534.

1

2

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**(B)** End of year

2,126,204.

87,127.

Form	990 (2020) COMPASS HOUSING ALLIANCE	91-0578229	)	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				2
	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	18,	609,	812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,	225,	653.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	384,	159.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,	683,	768.
5	Net unrealized gains (losses) on investments	5		-1,	162.
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 on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,	066,	765.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 0	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a 🛛			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?	·····	3a	Х	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2020)

SCHEDULE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **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
2020
Open to Public

	Inspection
Employer	identification number

#### Name of the organization

			S HOUSING ALLIA						91-0578229	
Pa	nrt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The 1 2 3 4 5	organ	nization 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 <b>section 170(b)(1)(A)(i)</b> . A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> . A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . 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								
6 7 8 9	X X	<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>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 university:</li> </ul>								
10 11 12 a		<ul> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.</li> </ul>								
c		<ul> <li>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.</li> <li>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.</li> <li>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</li> </ul>								
e f g	Ente	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. inter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (described on support) (v) Amount of monetary (v) support (see instructions) (v) Amount of monetary (v) support (see instructions) (v) Support (see instru								
				above (see instructions))						
Tota	al									

## Schedule A (Form 990 or 990-EZ) 2020 COMPASS HOUSING ALLIANCE

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 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	12,017,696.	11,515,206.	10,262,371.	9,240,997.	15,780,116.	58,816,386.			
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	12,017,696.	11,515,206.	10,262,371.	9,240,997.	15,780,116.	58,816,386.			
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)									
6	Public support. Subtract line 5 from line 4.						58,816,386.			
	tion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	12,017,696.	11,515,206.	10,262,371.	9,240,997.	15,780,116.	58,816,386.			
	Gross income from interest,	12,017,050.	11,010,200.	10,202,0,11	5,210,557.	10,700,110.				
0	,									
	dividends, payments received on									
	securities loans, rents, royalties,	110 000	125 000	200 400	222.266	220 700	000 644			
	and income from similar sources	112,990.	135,092.	200,496.	222,366.	228,700.	899,644.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on					24,583.	24,583.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	12,314.	13,264.	12,970.	15,458.	86,299.	140,305.			
11	Total support. Add lines 7 through 10						59,880,918.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	17,930,232.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stor									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	98.22 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.37 %			
	33 1/3% support test - 2020. If the c					ore, check this bo	k and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X			
b	<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion						
17a										
	<b>7a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te			-	-					
h	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is	10% or			
~	more, and if the organization meets the	-					, • •.			
	organization meets the facts-and-circu									
18	Private foundation. If the organization		•		• •					
10	i mate roundation. It the organizatio	an alu not uncon a l		, 100, 17a, 01 170	, oncor and box a		· 🚩 📖			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COMPASS HOUSING ALLIANCE
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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

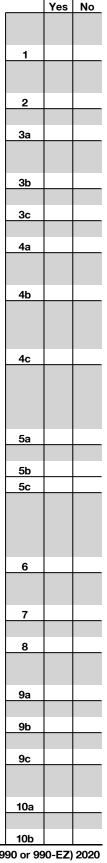
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	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						
	, and the second s						
78	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
L.	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		1	1	
	ndar year (or fiscal year beginning in) 🕨 📘	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	L	1 501(c)(3) organi	zation
17	-	•					·
Sec	check this box and stop here	c Support Per	centage				
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019			.,,		16	%
	ction D. Computation of Invest						70
	•			no 10. oolumn (f))		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
198	<b>33 1/3% support tests - 2020.</b> If the						
	more than 33 1/3%, check this box an						►
b	<b>33 1/3% support tests - 2019.</b> If the	-					
	line 18 is not more than 33 1/3%, chec						. —
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	<b>&gt;</b>

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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 line 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.)



2

No

No

No

Yes

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	[	
Sec	tion B. Type I Supporting Organizations			

			Yes	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
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, supported or controlled the supporting organization

			ILI OIIEU LITE SUDI		
Section	י C. מ	Type II	Supporting	Organiza	tions

 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

Section 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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- **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	governmental entity	(see instructions).
---	--	---------------------------------------------------	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections 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		
	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 0.015 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 0.035.	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 0.85 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-functionally	integra	ted Type III supporting orga	- inization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 COMPASS HOUSING ALLIANCE

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

Schedule A (Form 990 or 990-EZ) 2020 COMPASS HOUSING ALLIANCE

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018 Excess from 2019				
	Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS	
2016 AMOUNT: \$ 12,314.	
2017 AMOUNT: \$ 13,264.	
2018 AMOUNT: \$ 12,970.	
2019 AMOUNT: \$ 15,458.	
2020 AMOUNT: \$ 38,492.	
REIMBURSEMENTS	
2020 AMOUNT: \$ 47,807.	
2020 AMOUNT: \$ 47,807.	

## **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## **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

2020

Employer identification number

COMPASS	HOUSING	ALLIANCE

<b>o </b> <i>n</i> <b></b> (	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

raye

COMPASS HOUSING ALLIANCE

Employer identification number

91-0578229

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$8,667,397.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           .           \$1,051,359.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$441,681.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           -           -           \$1,501,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$386,314.	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
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990	, 990-EZ,	or 990-PF)	(2020)
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Name of organization

COMPASS HOUSING ALLIANCE

Employer identification number

91-0578229

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 4

ganization		Employer identification number
HOUSING ALLIANCE		91-0578229
from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	<ul> <li>h) through (e) and the following line en charitable, etc., contributions of \$1,000 or</li> </ul>	try For organizations
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	 t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from (b) Purpose of gift (c) Use		(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	e) Transfer of gif	t l
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	AUUSING ALLIANCE         Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional         (b) Purpose of gift	OUSING ALLIANCE         Exclusively religious, charitable, etc., contributions to organizations described in set from any one contributor. Complete columns (a) through (a) and the following line en completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed.         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (e) Transferee's name, address, and ZIP + 4

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.



Nam	of the organization			Employer identification number	
Der	COMPASS HOUSING ALLIANCE	ad Funda av Othav Similar Funda		91-0578229	
Par			or Acc	Complete if the	
	organization answered "Yes" on Form 990, Part IV, I	(a) Donor advised funds	(b	) Funds and other accounts	
4	Total number at and of year		(5		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3 4	Aggregate value of grants from (during year) Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		od funde	<u> </u>	
5	are the organization's property, subject to the organization'	-			
6	Did the organization inform all grantees, donors, and donor				
Ū	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?			·	
Par	t II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, I	Part IV, li	ine 7.	
1	Purpose(s) of conservation easements held by the organiza				
	Preservation of land for public use (for example, recre	ation or education)	f a histor	ically important land area	
	Protection of natural habitat	Preservation of	f a certifi	ed historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a cons	servation easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements		L	2b	
с	Number of conservation easements on a certified historic si	ructure included in (a)	L	<u>2c</u>	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre		
	listed in the National Register		L	2d	
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	organiza	ation during the tax	
	year 🕨				
4	Number of states where property subject to conservation e	asement is located			
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements	it holds?		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation	easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserva	tion ease	ements during the year	
•			Έ) ( 4) ( <b>Γ</b> ) (;)		
8	Does each conservation easement reported on line 2(d) abo				
۵	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva				
5					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.				
Par		of Art, Historical Treasures, or Ot	her Sir	nilar Assets.	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement a	ind balar	nce sheet works	
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in fu	urtheranc	e of public	
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these item	ıs.		
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	nerance o	of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financia	l gain, pr		
	the following amounts required to be reported under FASB	-			
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X			► \$	
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Schedule D (Form 990) 2020	

Sche	chedule D (Form 990) 2020 COMPASS HOUSING ALLIANCE 91-0578229 Page 2									
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	Similar	Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that	make sigr	nificant u	se of its		,	
	collection items (check all that apply):									
а	Public exhibition	c	Loan or exe	change progra	m					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization	n's exemp	t purpos	e in Part 2	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other	r similar as	ssets		_		
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "`	Yes" on Fe	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributior	ns or other asse	ets not inc	luded		_		
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		
	Did the organization include an amount on F				•	?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.								X	
Par	<b>t V</b> Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years	s back (d	) Three ye	ears back	<b>(e)</b> Four y	/ears b	ack
1a	Beginning of year balance									
b	Contributions									
C.	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses			_						
g	End of year balance			-))   -						
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	a)) neid as:						
a L	Board designated or quasi-endowment		%							
b	Permanent endowment	% %								
C		· -								
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that are hold a	and administers	d for the	oraonizat	tion			
Ja			allon that are new a			organiza	lion		/es	No
	by: (i) Unrelated organizations							3a(i)		NU
	(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)									
h	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the									
<u> </u>	t VI   Land, Buildings, and Equipm									
	Complete if the organization answere		). Part IV. line 11a. :	See Form 990.	Part X. lin	ie 10.				
	Description of property	(a) Cost or c		st or other		umulate	h	(d) Book	value	
		basis (investr	• •	s (other)	• •	eciation		(u) Doon	value	
1a	Land		,	4,535,490.				4,5	35,4	90.
	Buildings			0,209,489.	1:	2,390,5	515.		, 18,9	
	Leasehold improvements			1,335,198.		990,2		,	, 44,9	
	Equipment			1,871,154.	:	, 1,489,1			, 81,9	
	Other			104,351.		38,9			, 65,4	
	Add lines 1a through 1e. (Column (d) must e		X. column (B) line	10c.)				23,1	.46,8	10.
		,								

Schedule D (Form 990) 2020

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	RESTRICTED RESERVES & CONSTRUCTION FUNDS	1,732,717.
(2)	RELATED PARTY RECEIVABLE	3,424,394.
(3)	SECURITY DEPOSITS	59,197.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)	5,216,308.
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		

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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Sche	dule D (Form 990) 2020 COMPASS HOUSING ALLIANCE			91-05	78229 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	24,196,630.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,162.		
b	Donated services and use of facilities		144,000.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		5,242,110.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	5,384,948.
3	Subtract line 2e from line 1			3	18,811,682.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,019.		
b	Other (Describe in Part XIII.)	4b	-214,889.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-201,870.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	18,609,812.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	23,610,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	144,000.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		8,254,260.		
е	Add lines 2a through 2d			2e	8,398,260.
3	Subtract line 2e from line 1			3	15,212,634.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,019.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	13,019.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	15,225,653.
Pa	rt XIII Supplemental Information.	•			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inform	ation.		

PART IV, LINE 2B:

COMPASS HOUSING ALLIANCE HOLDS CASH ON BEHALF OF INDIVIDUALS THAT

PARTICIPATE IN ITS PROGRAMS. THESE INDIVIDUALS WOULD NORMALLY FACE

DIFFICULTIES IN OBTAINING THEIR OWN BANK ACCOUNTS SO COMPASS HOUSING

ALLIANCE ACTS AS AN AGENT ON THEIR BEHALF. SEPARATE ACCOUNTING IS KEPT FOR

THESE FUNDS AND AMOUNTS ARE HELD IN A SEPARATE BANK ACCOUNT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY ELIMINATIONS	-957,828.	
REVENUE FROM AFFILIATES	6,199,938.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,242,110.	

Schedule D (Form 990) 2020 COMPASS HOUSING ALLIANCE		91-0578229	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
MANAGEMENT FEES REPORTED ON PART VIII	4,000.		
RENTAL EXPENSE REPORTED ON PART VIII	-85,734.		
REIMBURSED REVENUE REPORT ON PART VIII	47,807.		
CAPITAL LOSS REPORTED ON PART VIII	-180,962.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-214,889.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FRATATI, HINE 2D - OTHER ADDOSTMENTS:			
INTERCOMPANY ELIMINATIONS	-957,883.		
EXPENSES FROM AFFILIATES	8,997,254.		
MANAGEMENT FEES REPORTED ON PART VIII	-4,000.		
RENTAL EXPENSE REPORTED ON PART VIII	85,734.		
CAPITAL LOSS REPORTED ON PART VIII	180,962.		
REIMBURSED REVENUE REPORT ON PART VIII	-47,807.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	8,254,260.		

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Gov	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2020
Department of the Treasury		Comple	ete if the organization	Attach to For		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization	ON COMPASS HOUSI	NG ALLIANCE						Employer identification number 91-0578229
Part I General In	formation on Grants a	nd Assistance						
	ation maintain records t ward the grants or assis							
	IV the organization's pro							
Part II Grants and	d Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
recipient th	nat received more than \$	5,000. Part II can I	pe duplicated if addition	onal space is need	ed.			
.,	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LATCH-SEATAC LIMI 77 S WASHINGTON S SEATTLE, WA 98104	TREET	91-2059986		744,682.	0.			SUBSIDIZE LOW INCOME HOUSING OPERATIONS
2 Enter total numb	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	•		•	0.
	er of other organizations			·····				1.
LHA For Paperwork	Reduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020

THE HOUSING UNITS.

FORM OF TRANSPORTATION, RELOCATION AND OTHER ASSISTANCE REQUIRED TO ENABLE

#### INDIVIDUAL, CASE MANAGER AND\OR COUNSELORS. THESE GRANTS TYPICALLY TAKE THE

ORGANIZATIONS TO PROVIDE THE SERVICE NECESSARY TO SUPPORT THE POPULATION IN

#### GRANTS MADE TO INDIVIDUALS ARE BASED ON NEED. AS DETERMINED BY THE

#### HOUSING AND ARE MADE TO SUBSIDIZE THE OPERATIONS OF THE RELATED

### ALL GRANTS ARE MADE TO RELATED ORGANIZATIONS THAT OPERATE AFFORDABLE

## PART I, LINE 2:

Schedule I (Form 990) 2020

CLIENT FOOD	198000	0.	472,428.	COST	FOOD
CLIENT TRANSPORTATION	1300	0.	2,541.	соят	TRANSPORTATION
CLIENT RELOCATION	186	0.	65,852.	COST	RELOCATION
CLIENT SERVICES	5200	0.	4,928.	COST	SERVICES
CLIENT ACTIVITIES	1066	0.	1,822.	COST	ACTIVITIES
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance

COMPASS HOUSING ALLIANCE

Page 2

(f) Description of noncash assistance

91-0578229

Schedule I		COMPASS	E
Part IV	Supplemental	Information	

THEM TO LEAD STABLE LIVES.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2020 Open to Public Inspection

Name	of the	organization

COMPASS HOUSING ALLIANCE

ployer	identification	numbe
ployer	identification	numbe

Employer identification numb
91-0578229

Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	n	( Method of oncash contri			s
1	Art - Works of art				U					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X			350.	FAIR	MARKET VAL	JUE		
5	Clothing and household goods	X		1	63,307.	FAIR	MARKET VAL	JUE		
6	Cars and other vehicles				,					
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
••										
12										
13	Qualified conservation contribution -									
10										
14	Augustic Structures Qualified conservation contribution - Other									
15										
16	Real estate - Residential									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	x	54	2	22 016.	FAIR	MARKET VAL	JUE		
20	Drugs and medical supplies				,	[				
21										
22										
22										
23 24	Scientific specimens Archeological artifacts									
24 25	Archeological artifactsOther (SUPPLIES)	X	18		84 140	FATR	MARKET VAL	UE		
25 26	Other (GIFT CARDS)	x	42		,		MARKET VAL			
	Other (MISCELLANEOUS)	x	2		,		MARKET VAL			
27	· · · · · · · · · · · · · · · · · · ·		2		405.					
<u>28</u> 29	Other  () Number of Forms 8283 received by the organi	I zation during	l a tha tax year for a	ontributions						
25	for which the organization completed Form 82				29				0	
	for which the organization completed form of	00, 1 art v, L			23				Yes	No
30a	During the year, did the organization receive b	v contributic	n any property rep	orted in Part I line	s 1 throug	nh 28 -	that it		103	
000	must hold for at least three years from the date	-				-				
	exempt purposes for the entire holding period			•				30a		x
h	If "Yes," describe the arrangement in Part II.	•				•••••		504		
31	Does the organization have a gift acceptance	oolicy that re	auires the review (	of any nonstandar	l contribu	tions?		31	х	
	Does the organization hire or use third parties	•	-	-						
02d			•	· · ·				32a		x
h	contributions? If "Yes," describe in Part II.							520		
33	If the organization didn't report an amount in c	olumn (a) fa	r a type of proport	for which column	(a) is obe	akad				
00	describe in Part II.		a type of property			uneu,				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	<u></u>			Schedule	M (Form	n 900)	2020
	i of a uper work frequencin Act Notice, see		10110111 390	<i>.</i>			ocheudle			

Schedule M (Form 990) 2020 COMPASS HOUSING ALLIANCE	91-0578229	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a co this part for any additional information.	33, and whether the organi mbination of both. Also co	zation mplete
CHEDULE M, PART I, COLUMN (B):		
HE VALUE IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS		
ECEIVED.		
32142 11-23-20	Schedule M (For	m 990) 202

SCHEDULE O

Internal Revenue Service

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

Name of the organization

### 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.



Employer identification number 91-0578229

COMPASS HOUSING ALLIANCE

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

PERSONS, INCLUDING SHELTER AND TRANSITIONAL HOUSING, MEALS, MAIL AND

PAYEE SERVICES, COUNSELING, AND HYGIENE FACILITIES.

FORM 990, PART I, LINE 6:

107 VOLUNTEERS PARTICIPATE IN GROUP SERVICE PROJECTS INCLUDING PROPERTY

IMPROVEMENT (E.G. LANDSCAPING, DEEP CLEANING), COMMUNITY-BUILDING

ACTIVITIES (HOLIDAY CELEBRATIONS, CLASSES/TRAININGS), MEAL SERVICE,

MAIL ORGANIZATION, ONE-ON-ONE TUTORING, SUPPORTIVE RESOURCE

DISTRIBUTIONS, ADMINISTRATIVE SUPPORT, AND BASIC NEEDS ITEM COLLECTION,

ORGANIZATION, AND DISTRIBUTIONS, BOARD SERVICE, AND COMMITTEE SERVICE.

THESE NUMBERS WERE CALCULATED USING VOLUNTEER APPLICATIONS RECORDS,

VOLUNTEER SIGN-IN LOGS, SCHEDULING RECORDS, AND MORE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRANSITIONAL HOUSING: COMPASS HOUSING ALLIANCE PROVIDES TRANSITIONAL

HOUSING FOR HOMELESS SINGLE ADULTS IN 21 UNITS SITED IN PROGRAMS WITHIN

THE GREATER SEATTLE AREA. 100 PEOPLE (UNDUPLICATED COUNT) WERE PROVIDED

TRANSITIONAL HOUSING. COMPASS HOUSING ALLIANCE PROVIDES INTENSIVE CASE

MANAGEMENT SERVICES TO ALL CLIENTS PARTICIPATING IN OUR TRANSITIONAL

HOUSING PROGRAMS. CASE MANAGEMENT GOALS ARE INDIVIDUALLY TAILORED TO

EACH CLIENT UTILIZING A CLIENT CENTERED STRENGTH-BASED APPROACH AND

FOCUS ON ALL AREAS OF NEED IDENTIFIED BY THE CLIENT. THESE AREAS

INCLUDE MENTAL HEALTH, CHEMICAL DEPENDENCY, PHYSICAL HEALTH, INCOME

EMPLOYMENT, EDUCATION AND AFFORDABLE PERMANENT HOUSING. ELIGIBILITY

CRITERIA ARE SET PURPOSEFULLY LOW TO ALLOW COMPASS HOUSING ALLIANCE TO

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

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization COMPASS HOUSING ALLIANCE	Employer identification number 91-0578229
PROVIDE TRANSITIONAL HOUSING AND SERVICES TO THOSE MOST IN NEED IN OUR	
COMMUNITY.	
EXPENSES \$ 613,976. INCLUDING GRANTS OF \$ 0. REVENUE \$ 126,655.	
FORM 990, PART VI, SECTION A, LINE 6:	
A MEMBER SHALL BE ANY CHURCH THAT (A) SUPPORTS THE MISSION OF BUILDING SAFE	
AND NURTURING COMMUNITIES THAT RECOGNIZE THE RIGHT TO AFFORDABLE HOUSING,	
THE IMPORTANCE OF SELF-DETERMINATION, THE VALUE OF MUTUAL RESPECT, AND (B)	
COMMITS TO SUPPORT THE CORPORATION FINANCIALLY AND IN OTHER WAYS. CHURCHES	
MAY APPLY FOR MEMBERSHIP IN THE CORPORATION AT ANY TIME. MEMBERS MAY HAVE	
SUCH OTHER QUALIFICATIONS AS THE BOARD MAY PRESCRIBE BY AMENDMENT TO THESE	
BYLAWS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
EACH MEMBER IS ENTITLED TO DESIGNATE ONE (1) REPRESENTATIVE TO SERVE AS ITS	
DELEGATE TO CAST ITS VOTE ON MATTERS FOR WHICH SUCH MEMBER IS ENTITLED TO	
VOTE (EACH SUCH PERSON, A "DELEGATE"). EXCEPT FOR THE SOLE RIGHT TO ELECT	
DIRECTORS, MEMBERS SHALL HAVE NO OTHER VOTING RIGHTS, INCLUDING, WITHOUT	_
LIMITATION, NO VOTING RIGHTS TO (A) AMEND THE ARTICLES OF INCORPORATION, OR	
THE BYLAWS OR (B) APPROVE MERGERS, CONSOLIDATIONS, ACQUISITIONS,	
REORGANIZATIONS OR LIQUIDATIONS OR SALES, LEASES, EXCHANGES OR OTHER	
DISPOSITIONS OF ASSETS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED IN DETAIL BY THE EXECUTIVE DIRECTOR AND THE	
COMPASS FINANCE LEADERSHIP PRIOR TO FILING. THE BOARD RECEIVES A COPY OF	
THE RETURN PRIOR TO FILING WITH THE IRS.	

Name of the organization COMPASS HOUSING ALLIANCE	Employer identification numbe 91-0578229
	51 0570225
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANYTHING THAT MA	Y GIVE
RISE TO A CONFLICT OF INTEREST ANNUALLY. THE DEVELOPMENT ASSISTANT R	EVIEWS
THE DISCLOSURES AND WOULD DETERMINE IF A CONFLICT EXISTS AND SHOULD B	E
REVIEWED. IF A CONFLICT IS FOUND, IT IS REVIEWED BY THE SENIOR MANAG	ER WHO
DETERMINES HOW TO MOVE FORWARD. IF A BOARD MEMBER HAS A CONFLICT OF	
INTEREST, THE MEMBER MUST RECUSE HIM/HERSELF FROM VOTING AND DISCUSSION	ON.
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE	
COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF DIRECTORS, WHO CONSIDER	
COMPENSATION DATA AND THE SUCCESSION PLANNING NEEDS OF THE ORGANIZATION	UN TO
MAKE THEIR DECISION.	
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES:	7 831.
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: ADMINISTRATIVE OPERATIONS: PROGRAM SERVICE EXPENSES 2,54	7,831.
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: ADMINISTRATIVE OPERATIONS: PROGRAM SERVICE EXPENSES 2,54 MANAGEMENT AND GENERAL EXPENSES	0.
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: ADMINISTRATIVE OPERATIONS: PROGRAM SERVICE EXPENSES 2,54 MANAGEMENT AND GENERAL EXPENSES	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: ADMINISTRATIVE OPERATIONS: PROGRAM SERVICE EXPENSES 2,54 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	0.
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: ADMINISTRATIVE OPERATIONS: PROGRAM SERVICE EXPENSES 2,54 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	0.
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. CORM 990, PART IX, LINE 11G, OTHER FEES: DMINISTRATIVE OPERATIONS: PROGRAM SERVICE EXPENSES 2,54 EANAGEMENT AND GENERAL EXPENSES 2,54 EVOTAL EXPENSES 2,54 EXPENS	0.

Schedule O (Form 990 or 990-EZ) 2020 Jame of the organization COMPASS HOUSING ALLIANCE		Page Employer identification numbe 91-0578229
		51 0070225
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	3,840.	
THER PROFESSIONAL:		
ROGRAM SERVICE EXPENSES	28,550.	
ANAGEMENT AND GENERAL EXPENSES	55,388.	
UNDRAISING EXPENSES	17,100.	
OTAL EXPENSES	101,038.	
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,652,709.	

SCH	IEDULE R	

(Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Open to Public Inspection Employer identification number

91-0578229

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service Name of the organization

COMPASS HOUSING ALLIANCE

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

		-			-
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
COMPASS ROXBURY LLC - 81-2117840					
210 ALASKAN WAY S					COMPASS HOUSING
SEATTLE, WA 98104	LOW INCOME HOUSING	WASHINGTON	17,883.	4,153,481.	ALLIANCE
ANGLE LAKE LP INTEREST, LLC - 91-0578229					
220 DEXTER AVE NORTH					COMPASS HOUSING
SEATTLE, WA 98109	LOW INCOME HOUSING	WASHINGTON	-52,972.	4,592,353.	ALLIANCE

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>3)</b> 12(b)(13) olled ity?
				501(c)(3))		Yes	No
COMPASS CENTER HOUSING DEVELOPMENT -							
91-1459445, 210 ALASKAN WAY S, SEATTLE, WA	TRANSITIONAL HOUSING FOR				COMPASS HOUSING		
98104	HOMELESS MEN AND WOMEN	WASHINGTON	501(C)(3)	LINE 10	ALLIANCE	x	
	-						

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

Schedule R (Form 990) 2020

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

		, 			(2)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of		ortionate	Code V-UBI amount in box	General managir	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	tions?	20 of Schedule	partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
LATCH-ROXBURY LP - 91-1977568	HOUSING FOR LOW										
210 ALASKAN WAY S	INCOME SINGLES										
SEATTLE, WA 98104	AND FAMILIES	WA	N/A	RELATED	2.	276,323.		x	N/A	х	.01%
LATCH-SEATAC LP - 91-2059986	HOUSING FOR										
210 ALASKAN WAY S	LOW-INCOME										
SEATTLE, WA 98104	ELDERLY PEOPLE	WA	N/A	RELATED	-11.	1,087,140.		x	N/A	х	.01%
COMPASS CENTER - PIONEER											
SQUARE LLC - 91-2190483, 210	1										
ALASKAN WAY S, SEATTLE, WA	LOW INCOME										
98104	HOUSING	WA	N/A	RELATED	-41,984.	0.		x	N/A	x	.01%
9TH & STEWART LLC -	]										
26-1726684, 210 ALASKAN WAY	LOW INCOME										
S, SEATTLE, WA 98104	HOUSING	WA	N/A	RELATED	-35.	176,398.		x	N/A	х	.01%

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ction (b)(13) rolled tity?
		country)		,				Yes	No
COMPASS RENTON CONDOMINIUM ASSOCIATON -									
27-3958708, 210 ALASKAN WAY S, SEATTLE, WA	MAINTENANCE OF RENTON								
98104	PROPERTY	WA	N/A	C CORP	63,197.	17,621.	85.00%	х	
GETHSEMANE CONDO ASSOCIATION - 27-4763686									
210 ALASKAN WAY S	MAINTENANCE OF 9TH &								
SEATTLE, WA 98104	STEWART PROPERTY	WA	N/A	C CORP	250,566.	133,089.	54.00%	х	
RONALD COMMONS A CONDOMINIUM - 46-2775516									
210 ALASKAN WAY S	MAINTENANCE OF RONALD								
SEATTLE, WA 98104	COMMONS PROPERTY	WA	N/A	C CORP	17,187.	56,737.	50.00%		х
	-								
	_								
	-								

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Disprop ate alloc <b>Yes</b>	oortion- cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	
				,			100		, ,		
COMPASS CENTER BALLARD LLC -											
27-1968398, 210 ALASKAN WAY	LOW INCOME										
S, SEATTLE, WA 98104	HOUSING	WA	N/A	RELATED	-92.	1,324,823.		x	N/A	х	.01%
	4										
COMPASS ON DEXTER LLC -	_										
46-0768397, 210 ALASKAN WAY	LOW INCOME										
S, SEATTLE, WA 98104	HOUSING	WA	N/A	RELATED	-43.	503,051.		x	N/A	X	.01%
COMPASS AT RONALD COMMONS -	-										
46-2775516, 210 ALASKAN WAY	LOW INCOME										
S, SEATTLE, WA 98104	HOUSING	WA	N/A	RELATED	-116.	1,207,643.		x	N/A	x	.01%
<u>, statilie, wa solo</u>	noosing	WZ	N/A	REDATED	110.	1,207,043.		~	N/A		.010
COMPASS BROADVIEW LLC -	-										
81-4959354, 210 ALASKAN WAY	LOW INCOME										
S. SEATTLE, WA 98104	HOUSING	WA	N/A	RELATED	-26.	759,568.		x	N/A	x	.01%
_, ,						,					
	1										
	1										
	4										
	4										

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
Dividends from related organization(s)	1f		
sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	Ŧ
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			╉
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Other transfer of cash or property from related organization(s)	1s		

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) LATCH-SEATAC LP	В	744,682.	воок
(2) COMPASS CENTER PIONEER SQUARE, LLC	А	68,419.	воок
(3) GETHSEMANE CONDO ASSOCIATION	A	6,661.	воок
(4) RONALD COMMONS, LLC	А	21,715.	воок
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2020 COMPASS HOUSING ALLIANCE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(0)	<u> </u>	<b>F</b>	(d)	1-	、	(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	Are a partners 501(c orgs	all	(f)	<b>(g)</b> Share of		ר) החסיי-	(i) Code V URI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec. )(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
												<b> </b>
												<u> </u>
	-									l		

Schedule R (Form 990) 2020

# Schedule R (Form 990) 2020 COMPAS

Provide additional information for responses to questions on Schedule R. See instructions.