Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2018 calend		2018 calenda	r year, or tax year beginning , 2018, a	ind ending		.2	0
B Check if applicable:			C Name of organization		D Employ	er identification nun	nber 🔢
	Address d	ddress charge Homes On Wheels Alliance, Inc					
Name change		nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/sulte	E Telepho	ne number	
Initial retu			1970 N Leslie St	297		(775) 764-8115	
_		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
Amended return			Pahrump, Nevada, USA 89060		Numbe	er 🕨 🔽	
G /	Account	ting Method:	✓ Cash	н	Check ►	✓ if the organizat	ion is not
ı١	Website	https:	//homesonwheelsalliance.org/			attach Schedule	
J T	ах-ехеп	, 990-EZ, or 990-P	F).				
K	Form of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m		assets		
(Pa	rt II, coli	5 17	500,000 or more, file Form 990 instead of Form 990-EZ			\$	16,598
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instructi	ons for Part I)	*
		Check if	the organization used Schedule O to respond to any question in	n this Part I		<u></u>	
*	1		ns, gifts, grants, and similar amounts received		_	1	16,598
7	2		ervice revenue including government fees and contracts			2	
7	3	Membersh	🗀	3			
7	_	Investment				4	
	5a		unt from sale of assets other than inventory 5a				
en	ь		or other basis and sales expenses				
	c		s) from sale of assets other than inventory (Subtract line 5b from lines)	ne 5a)	🝱	ic	
	6		d fundraising events:				
	а	\$15,000) .	ome from gaming (attach Schedule G if greater than				
Revenue	b			contribution	s		
Œ			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b				
	١.		t expenses from gaming and fundraising events 6c		_		
			or (loss) from gaming and fundraising events	6h and sub	tract		
	<u> </u>	line 6c) .	or (loss) from garring and fundationing events (and lines od and	ob and out		id	
	7a		s of inventory, less returns and allowances			SG .	
	b		of goods sold		-		
			t or (loss) from sales of inventory (Subtract line 7b from line 7a) .		7	'c	
	8		nue (describe in Schedule O)			8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. •	9	16,598
	10		similar amounts paid (list in Schedule O)			10	
	11	Benefits pa	id to or for members		1	11	
90	12	Salaries, of	her compensation, and employee benefits 🛛		1	12	
xpenses	13	Profession	al fees and other payments to independent contractors 💶		🖪	13	3,611
	14		rent, utilities, and maintenance		1	14	
ŵ	15	Printing, pu	ublications, postage, and shipping			15	32
_	16		nses (describe in Schedule O) 🛛			16	
	17	Total expe	nses. Add lines 10 through 16			17	3,643
Net Assets	18		deficit) for the year (Subtract line 17 from line 9)			18	13,955
	19		or fund balances at beginning of year (from line 27, column (A))				
			r figure reported on prior year's return)			19	
	20		ges in net assets or fund balances (explain in Schedule O)			20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .		. 🕨 2	21	13,955

Form 990-FZ (2018) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II. (A) Beginning of year (B) End of year 22 22 Cash, savings, and investments . . . 23 Land and buildings 23 24 Other assets (describe in Schedule O) . 24 25 25 16,598 Total liabilities (describe in Schedule O) 26 3,643 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 13,955 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Expenses Required for section What is the organization's primary exempt purpose? Alternative Housing for At Risk Population 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 * (Grants \$) If this amount includes foreign grants, check here . 28a 29 Grants \$ If this amount includes foreign grants, check here . . . 29a 30 Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable compensation (d) Health benefits, contributions to employe (b) Average (e) Estimated amount of hours per week (a) Name and title Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position deferred compensation (If not paid, enter -0-) Robert Wells, President 40 0 Keegan Colter, Secretary Jane Brown, Treasurer 0 10 0 Suanne Carlson, Executive Director 40 п

Form 990-EZ (2018) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Were any significant changes made to the organizing or governing documents? If "Yes." attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37ь Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . 38a * If "Yes," complete Schedule L, Part II and enter the total amount involved . 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities . . . Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 ► 0 ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b **√** □ c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e List the states with which a copy of this return is filed > 42a The organization's books are in care of ➤ Suanne Carlson Telephone no. 🕨 (425) 223-8444 Located at Pahrump, Nevanda 89060 ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over No Yes a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42h If "Yes," enter the name of the foreign country > See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country > Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? . 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d

Did the organization have a controlled entity within the meaning of section 512/bl(13)?

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," Form 990 and Schedule R may need to be completed instead of

45a

45b

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46 Part	to candidates for public office? If "Yes," complete Schedule C, Part I							
rant	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.							
	Check if the organization used Schedule O to respond to any question in this Part VI							
47	Uid 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							
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization?						. 49a ✓		
50	Complete th	"Yes," was the related organization a section 527 organization?						
		d title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee honefit plans, and delerred		(e) Estimated amount of	
f Total number of other employees paid over \$100,000							h received more than	
	(a) realise and occurrence additions of water interpretations community					,,		
d 52	Total number of other independent contractors each receiving over \$100,000 ▶						_	
		y, I declare that I have examined this te. Declaration of preparer (other tha					nowledge and bellef, it is	
e:	Signature of officer					-		
Sign Here		or print name and title		Dat	.e			
Paid	Detection	pe preparer's name	Preparer's signature	De	ste	Check	If PTIN	
Prep	arer					self-emplo		
Use						n's EIN ► one no.		
May the IRS discuss this return with the preparer shown above? See instructions							► Yes No	