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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2011**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

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**A** For the 2011 calendar year, or tax year beginning **2011**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LANDLORD ASSOCIATION OF THE INLAND NORTHWEST</b>		<b>D</b> Employer identification number <b>91-0911217</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>(509) 535-1018</b>
	<b>3 S WASHINGTON STREET</b>		<b>F</b> Group Exemption Number ▶
	City or town, state or country, and ZIP + 4 <b>SPOKANE, WA 99201</b>		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ <http://www.landlordassoc.org/>

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( 6 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **74,331**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																											
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																72,324											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost of other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
	6c	Less: direct expenses from gaming and fundraising events																											
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
	7a	Gross sales of inventory, less returns and allowances																											
	7b	Less: cost of goods sold																											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8	Other revenue (describe in Schedule O)																2,007											
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																74,331											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																5,790											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																6,976											
	15	Printing, publications, postage, and shipping																13,911											
	16	Other expenses (describe in Schedule O)																17,528											
17	<b>Total expenses.</b> Add lines 10 through 16 ▶																44,205												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																30,126											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																0											
	20	Other changes in net assets or fund balances (explain in Schedule O)																-30,126											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																0											

P 2A NO

**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 Cash, savings, and investments	26,767	26,599
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	-25,230	-18,678
25 Total assets	1,537	7,921
26 Total liabilities (describe in Schedule O)	1,537	7,921
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	0

**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 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Trade association of rental property owners & managers

Describe the organization's program service accomplishments for each of its three largest program services, 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 Trade association of rental property owners and managers formed to distribute information and keep more than 700 members apprised of current regulations and best practices.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

**Part IV 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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KEVIN MCKEE 926 W SPOFFORD, SPOKANE, WA 99205	PRESIDENT 0.0	0	0	0
ANN WICK 2910 E FRANCIS, SPOKANE, WA 99208	VICE PRESIDENT 0.0	0	0	0
VICKY ROSIER PO BOX 141315, SPOKANE VALLEY, WA 99214	TREASURER 0.0	0	0	0
BEVERLY REILLO 221 W RAINIER WAY, SPOKANE, WA 99208	SECRETARY 0.0	0	0	0
ROGER TRAINOR PO BOX 336, NEWMAN LAKE, WA 99025	DIRECTOR 0.0	0	0	0
JACCI ARONOW 23323 E KAMIAKIN, LIBERTY LAKE, WA 99019	DIRECTOR 0.0	0	0	0
RANDY HENDRICKS 111 N BERNARD, SPOKANE, WA 99201	DIRECTOR 0.0	0	0	0
JON WHIPPLE PO BOX 6819, SPOKANE, WA 99217	DIRECTOR 0.0	0	0	0
ED CUSHMAN 620 E NORTH FOOTHILLS DR, SPOKANE, WA 99207	DIRECTOR 0.0	0	0	0
JOY PECK 807 S WRIGHT BLVD., LIBERTY LAKE, WA 99019	EXEC. DIR. 40.00	25,390	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 Yes No ✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 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 . . . . . 47 Yes No ✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 Yes No ✓

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No ✓

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No ✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

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

Sign Here Signature of officer: JOY L. PECK, EXECUTIVE DIRECTOR Date: April 12, 2012

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

LANDLORD ASSOCIATION OF THE INLAND NORTHWEST

Employer identification number

91-0911217

Area with horizontal dashed lines for supplemental information.