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Form 990-EZ

epartment of the Treasury

ternal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2011

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning , 2011, and ending		, 20			
•	Check if ap		D Employer identification number				
อี่⊡	Address o	hange LANDLORD ASSOCIATION OF THE INLAND NORTHWEST	9	91-0911217			
ֱ	Name cha	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone n	Telephone number			
- •	Initial retu	T 3 S WASHINGTON STREET	(50	(509) 535-1018			
∵ _	Terminate	City or town, state or country, and ZIP + 4	F Group Exemption				
% -	Amended	return n pending SPOKANE, WA 99201	Number •	· ·			
3 ⊢		,, portoning	Check ▶ 🚺				
	Websit						
			•	990, 990-EZ, or 990-PF)			
K	Check >	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	n and its gros	s receipts are normally			
	not mor	e than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	y be required (see instructions) But if			
	_	inization chooses to file a return, be sure to file a complete return					
L	Add lines	55b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II,				
	lıne 25, c	olumn (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	<u> </u>	<u> 🗸</u>			
	1	Contributions, gifts, grants, and similar amounts received	1				
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3	72,324			
	4	Investment income	4				
	5a	Gross amount from sala of assets other than inventory 5a	• • •				
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5с				
	6	Gaming and Mindraising Wehits 9					
_	a	Gross income from gaming (attach Schedule G if greater than					
9	}	\$15,000) .OCDEN 11T 6a	, ,, -,				
Aevenie	b	Gross income from fundraising events (not including \$of contributions	s i				
ď	2	from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such gross income and contributions exceeds \$15,000) 6b	ا مهر ``				
	С	Less: direct expenses from gaming and fundraising events 6c	. * .				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract				
		line 6c)	· · 6d				
	7a	Gross sales of inventory, less returns and allowances	***				
12	b	Less: cost of goods sold					
٤ ء'	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule O)	8	2,007			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ 9	74,331			
. -	10	Grants and similar amounts paid (list in Schedule O)	10				
	11	Benefits paid to or for members	11				
	ខ្ល 12	Salaries, other compensation, and employee benefits	12	5,790			
Expenses	13	Professional fees and other payments to independent contractors	13				
	14	Occupancy, rent, utilities, and maintenance	14	6,976			
ú	ີ້ 15	Printing, publications, postage, and shipping	15	13,911			
-	16	Other expenses (describe in Schedule O)	16	17,528			
Net Assets	17	Total expenses. Add lines 10 through 16	. ▶ 17	44,205			
	, 18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,126			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree					
V	ž	end-of-year figure reported on prior year's return)	19	0			
et	20	Other changes in net assets or fund balances (explain in Schedule O)		-30,126			
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20		0			

Pai	rt II	Balance Sheets. (see the instructions					
		Check if the organization used Schedule	O to respond to ar	ny question in this		<u> </u>	<u> </u>
					(A) Beginning of year		(B) End of year
22 Cash, savings, and investments				Г	26,767	22	26,599
23	Land	and buildings			0	23	0
24	Othe	er assets (describe in Schedule O)		[-25,230	24	-18,678
25	Tota	al assets		[1,537	25	7,921
26	Tota	Il liabilities (describe in Schedule O)		[1,537	26	7,921
27	Net	assets or fund balances (line 27 of column	(B) must agree with	n line 21) [0	27	0
Par	t III	Statement of Program Service Accom	plishments (see th	e instructions for f	Part III.)		Evpondes
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III . 🗌	(Re	Expenses guired for section
Wha	t is the	organization's primary exempt purpose?	Trade association of	rental property owr	ers & managers		(c)(3) and 501(c)(4)
Desc	ribe th	e organization's program service accompli	shments for each of	f its three largest p	rogram services.	_	anizations and section 7(a)(1) trusts, optional
as m	neasure	ed by expenses. In a clear and concise manefited, and other relevant information for ea	nanner, describe the				others)
28	Trade	association of rental property owners and ma	nagers formed to dist	ribute information a	nd keep more		T
		00 members apprised of current regulations a				İ	1
	(Grant	s\$) If this amount	ıncludes foreign gra	ints, check here .	▶ □	28	a
29	<u> </u>						
						Ì	1
	(Grant	s \$) If this amount	includes foreign gra	ints, check here .	▶ □	298	a
30	<u> </u>						
						Ì	}
	(Grant	s\$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30	a
31		program services (describe in Schedule O)					1
	(Grant	· -	includes foreign gra			316	a
32	Total	program service expenses (add lines 28a	through 31a)		>	32	
Par	t IV	List of Officers, Directors, Trustees, and Key	Employees. List eac	h one even if not con	pensated. (see the	nstru	ictions for Part IV.)
		Check if the organization used Schedule					🗀
			(b) Title and average	(c) Reportable	(d) Health benefits,	٦.	
(a) Name and address		hours per week devoted to position (Forms W-2/1099-MIS		contributions to emplo SC) benefit plans, and		other compensation	
			devoted to position	(if not paid, enter -0-)	deferred compensatio	n _	
KEV	IN MCK	EE	PRESIDENT				
926	W SPO	FFORD, SPOKANE, WA 99205	0.0		·	0	0
ANN	WICK		VICE PRESIDENT				
2910	E FRA	NCIS, SPOKANE, WA 99208	0.0	(ı	0	0
VICH	Y ROS	IER	TREASURER				
PO E	3OX 14	1315, SPOKANE VALLEY, WA 99214	0.0	(0	0
BEV	ERLY F	REILLO	SECRETARY			T	
221	W RAIN	ER WAY, SPOKANE, WA 99208	0.0		1	0	0
ROG	ER TR	AINOR	DIRECTOR				
PO E	3OX 33	6, NEWMAN LAKE, WA 99025	0.0)	0	0
JAC	CI ARO	NOW	DIRECTOR				
2332	3 E KA	MIAKIN, LIBERTY LAKE, WA 99019	0.0			0	0
RAN	DY HEI	NDRICKS	DIRECTOR			\top	
111	N BERN	IARD, SPOKANE, WA 99201	0.0	()	0	0
JON	WHIPP	LE	DIRECTOR			T	
PO E	3OX 68	19, SPOKANE, WA 99217	0.0	C		0	0
ED C	USHM	AN	DIRECTOR				
620 I	E NORT	H FOOTHILLS DR, SPOKANE, WA 99207	0.0			0	0
JOY	PECK		EXEC. DIR.			\top	
807	S WRIG	HT BLVD., LIBERTY LAKE, WA 99019	40.00	25,390	1	0	0
						\top	
]	1		-	
						\top	
			1	i	1	- 1	

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П		
	mistractions for Fart V.) Check if the organization used Schedule O to respond to any question in this	<u> </u>	Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1		
34	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 change on Schedule O (see instructions)	34		1		
35 _a	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)?		,	<u> </u>		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b				
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	 	1		
36	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		1		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			_		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	1		
30a	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? .	200	· .	1		
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	ļ.,	 		
39	Section 501(c)(7) organizations. Enter:	┧ ,	\;	١ .		
а	Initiation fees and capital contributions included on line 9] .		, '		
b	Gross receipts, included on line 9, for public use of club facilities] :	ļ.,	, ,		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			,		
b	Section 501(c)(3) and 501(c)(4) 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	ř	:		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		45. 2		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1		
41	List the states with which a copy of this return is filed. ▶					
42a	The organization's books are in care of ▶ LANDLORD ASSOC. OF THE INLAND NW Telephone no. ▶			18		
c	Located at ► 3 S WASHINGTON STREET, SPOKANE, WA ZIP + 4 ►					
b	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)?	42b	Yes	No ./		
	If "Yes," enter the name of the foreign country: ▶	720	13.72	V		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	176	10,10	Taring T		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1		
43	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	-		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	11	*************************************		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1		
	Did the organization receive any payments for indoor tanning services during the year?	44c		1		
	explanation in Schedule O	44d	<u> </u>			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1		
45b	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 Form 990 E7 (see instructions)	والمراكزين	33 (§) 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 4 ,		
	Form 990-EZ (see instructions)	45b	1	ı √		

Form 99	0-EZ (20	011)						P	age 4	
46	Did th	ne organization engage, directly or in	idirectly, in political ca	ampaign activities or	n behalf of	or in opposit	ion	Yes	No	
Part	VI	Section 501(c)(3) organizations 501(c)(3) organizations and sections and sections and 52, and complete the tables	and section 4947 on 4947(a)(1) nonex	(a)(1) nonexempt cempt charitable tri	charitable	trusts on	y. All se		b	
		Check if the organization used Sci			this Part VI				П	
		Chook it the organization door co	100010 0 10 10000110	4,000,000				Yes	No	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election	on in effect	during the	tax 47		1	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule								1	
49a	Did th	ne organization make any transfers t	o an exempt non-cha	rıtable related organı	zation? .		. 49a		✓	
b	If "Yes," was the related organization a section 527 organization?								<u></u>	
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."								
	emple	byees) who each received more than	\$100,000 of comper	nsation from the orga			e, enter "f	None.		
	(a) Na	ame 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)	contribution benefit plans			ed amo npensa		
					 					
					 					
					 					
				i					•	
f 51	Com	number of other employees paid over plete this table for the organization ,000 of compensation from the organization	s five highest compe	ensated independent	t contracto	rs who each	received	l more	e than	
(a)	Name a	nd address of each independent contractor pa	ud more than \$100,000	(b) Type of service		(c) Compensation				
										
							<u> </u>			
					<u> </u>		·			
d	Total	number of other independent contri	actors each receives	Over \$100 000		1				
52		number of other independent contri ne organization complete Schedule i	_	·	e and 4047	(a)(1)				
32		xempt charitable trusts must attach			5 and 4547		► ☐ Ye	s İ∀	No	
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other tha		ying schedules and statem	nents, and to t	ne best of my kr	nowledge ar	nd belie	f, it is	
	\Box	Jack & Pook			<u>-</u>	Q DAS	1 10		70/	
Sign Here		Signature of officer Type or print name and title	, EXECUTIVE	DIRECTO	_	ate				
Paid Prep	arer	Print/Type preparer's name	Preparer's signature	D	ate	Check self-emplo				
Use		Firm's name			Fi	rm's EIN ▶				
		Firm's address >	shows observed Con-		Р	hone no				
iviay ti	ne IHS	discuss this return with the prepare	r snown above? See i	instructions	<u>.</u>	<u>· · · · · · · · · · · · · · · · · · · </u>	Ye:	s 📋	No	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 91-0911217 LANDLORD ASSOICATION OF THE INLAND NORTHWEST