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Form 990-EZ

Department of the Treasury Internal 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 frust 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. 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

Open to Public Inspection

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Individual Process Northwest Housing Association 91-0935278	В	Check if applicab	C Name of organization	mployer identification number					
Investment	Ļ			1.	91-0935278				
Termination 1530 EVERTICEN PARK DT SW (360) 357-5650	Ļ	Name							
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\$50,000 A Form 990-E2 or Form 990 returns not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to hie a return, be sure to file a complete return. L Add lines 50, 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 (8) below) are \$500,000 or more, this Form 990 instead of Form 990-E2. Part J Revenue, Expenses, and Changes in Next Assets or Fund Balances (see the instructions for Part II). 1 Contributions, grits, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gain or (loss) from sale of assets other than inventory. 5 Less cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events. a Gross income from graming (attach Schedule G if greater than \$15,000). b Gross income from graming (attach Schedule G if the sum of such gross income from graming (attach Schedule G if the sum of such gross income and contributions, syspess \$15,000). c Less direct expenses from graming-and fundraising events. d Net income or (loss) from graming and fundraising events. 6 Gross profit or (loss) from graming and fundraising events. 6 Office assets of membratives relaxified and subtract lines 6b. 7 Gross sales of inventority seeds relaxified and subtract lines 6b. 8 Office revenue (describe in Schedule D II), III Seed Schedule O III Benefits paid to or for members. 9 Total revenue, Add lines 10, 34, 35, 60, 67, 67, amor 5 From line 7a). 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members. 11 1 42, 2, 299. 12 Salaries, other compensation, and employee benefits. 13 1, 4, 900. 14 22, 189. 15 24, 38. 16 Excess or of debticit for the year (Subtract line 17 from line 9). 16 Excess or of debticit for lever as (Subtract line 17 from line 9). 17 T									
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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). Ine 25, column (8) below) are \$300,000 or more, the Form 990 instead of Form 990-£2			·	ctions)	But if the	organization chooses to file			
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17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 17 195,586. 18 −25,313. 407,250.		15							
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 407,250. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0.		16	Other expenses (describe in Schedule 0) See Schedule 0)					
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) Other changes in net assets or fund balances (explain in Schedule 0) 19 407,250. 20 0.		17			\rightarrow	195,586.			
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) Other changes in net assets or fund balances (explain in Schedule 0) 19 407,250.	ß	18			18	-25,313.			
(must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule 0) 19 407,250. 20 0ther changes in net assets or fund balances (explain in Schedule 0)	se	19			_	407 252			
20 Other changes in net assets or fund balances (explain in Schedule 0)	t Às	1				407,250.			
201 007	Š	20	· · · · · · · · · · · · · · · · · · ·			201 027			
21 Net assets or fund balances at end of year Combine lines 18 through 20 LHA For Panerwork Reduction Act Notice see the senarate instructions Form 990-EZ (2012)	_				21				

232171 01-11-13

Pa	art II	Balance Sheets (see the instructions for Part II)				•	L==1
		Check if the organization used Schedule O to res	pond to any que		·		X
			-	(A) Beginning of year	+		nd of year
22		savings, and investments	-	140,661			$\frac{122,310}{262,700}$
23		and buildings	_	268,161	+ +		262,799.
24		assets (describe in Schedule O)	-	400 022	24		20E 100
25		assets	408,822		·	385,109.	
26		liabilities (describe in Schedule O) See Schedule O	}	1,572 407,250			3,172. 381,937.
27		ssets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishmen	te (coo the instri		• 27		
1	ert III	•	•	-			penses for section
14/5-		Check if the organization used Schedule O to resorganization's primary exempt purpose? See Schedule O	portu to arry que	SUOIT III IIIIS FAIT III		501(c)(3)	and 501(c)(4)
		 					ons and section trusts, optional
		rganization's program service accomplishments for each of its three largest program s be the services provided, the number of persons benefited, and other relevant informa		penses. In a clear and concise		for others	
		cated the public & public offici		he quality		- [
		the manufactured homes, about the					
		istry and promoted the industry.	<u> </u>	irou noubring			
	(Grants		rants check here			8a	
29	Cianta) if this amount molecus foreign g	ranto, encon noro				
LJ					_		
					_		
	(Grants) If this amount includes foreign g	rants, check here	>		!9a	
30	1						
	(Grants) If this amount includes foreign g	rants, check here	>		0a	
31	Other	program services (describe in Schedule O)					
	(Grants	s \$) If this amount includes foreign g	rants, check here	<u> </u>		11a	
32	Total	program service expenses (add lines 28a through 31a)				32	
P	art IV					structions f	or Part IV)
		Check if the organization used Schedule O to res					
			(b) Average hours per week devoted t	1 11 1 - 1	contrib	th benefits, outlons to	(e) Estimated amount of other
		(a) Name and title	position	W-2/1099-MISC) (if not paid, enter -0-)	plans, at	ee benefit nd deferred	compensation
<u> </u>	vri d	Pearson		, , , , , , , , , , , , , , , , , , ,	comp	ensation	
	rect	··	0.50	0.		0.	0.
_		eTray	0.30				•
	rec		0.50	0.		0.	0.
		Tibesar					
	rec		0.50	0.		0.	0.
		. Nelsen					1, 1
	rec		0.50	0.		0.	0.
_		Wolf					
	rec		0.50	0.		0.	0.
		mith					
Di	rec	tor	0.50	0.		0.	0.
Ğa	ary	Stoskopf					
	rec		0.50	0.		0.	0.
		Brown					
_		tive Director	40.00	83,985.	4	,740.	0.
		Padgett				_	_
	irec		0.50	0.		0.	0.
		rine Wendell				_	_
_	rec		0.50	0.	ļ	0.	0.
		Leedom				_	
	rec	·- · · · · · · · · · · · · · · · · · ·	0.50	0.		0.	0.
_		Pierce	0.50			^	
Di	irec	tor	0.50	0.		0.	990-FZ (2012

	instructions for Part V) Check if the organization used Sch. O to respond to any question in th	s Par	t V	X
			Yes	
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		Х
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		Х
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			
55 a	on lines 2, 6a, and 7a, among others)?	35a	1	Х
h	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	N/	+
	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	100		
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c	ĺ	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	-		
30	complete applicable parts of Schedule N	36		X
270	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			1
	Did the organization file Form 1120-POL for this year?	37b	İ	x
	Did the organization hier birth 1725-7 or this year. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	000		<u> </u>
	Section 501(c)(7) organizations Enter	1		
39	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
40 a	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
U	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?		1	1
	If "Yes," complete Schedule L, Part I	40b	N/	A
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	100	1	<u> </u>
G	or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
u	organization N/A			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
٠	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
	The organization's books are in care of ► Executive Director of NWHA Telephone no ► (360)	357	-56	50
	Located at ▶ 1530 Evergreen Park DR SW, Olympia, WA ZIP+4 ▶ 9	850	2-5	903
h	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
•	If "Yes," enter the name of the foreign country			
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	N/A	<u> </u>	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44a		X
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		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
_	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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-EZ (see instructions)	45b		
		Form	990-E2	(2012)

Form 990-EZ ((2012)	Northwest	Housin	g Associ	ation			91-0935	278		Page 4
	-	n engage, directly or ind schedule C, Part I	irectly, in politic	al campaign activi	ties on behalf of	or in opposition	on to candidates for pi	ublic office?	46	Yes	No X
Part VI		n 501(c)(3) orgal	nizations o	nly					40		
		on 501(c)(3) organizat			7-49b and 52,	and comple	te the tables for line	s 50 and 51			
	Check If	the organization used	d Schedule O	to respond to ar	ny question in	this Part VI					
							04404 # 44	0.1.0.0.1.11		Yes	No
		n engage in lobbying ac					/ear? if "Yes," completi	Sch C, Part II	47		
	•	a school as described in				dule E			48		\vdash
	•	n make any transfers to			organization				49a 49b		
		ated organization a sect for the organization's fi			ac (other than o	fficare directo	re truetage and kay ar	nninvees) who e		hewer	more
•		ompensation from the c	_				ro, trootooo and noy or			,,,,,,	
		a) Name and title of eac				age hours	(C) Reportable	(d) Health benefit) Estim	nated
	,	paid more than \$10	00,000			devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	t am	ount of	
			N/A		po	sition	11 27 1000 77.1007	plans, and deferre compensation	×d co	mpens	ation
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					_						
							<u> </u>	ļ	+		
					4						
									-		
					_		İ				
f Total nu	mher of ot	her employees paid ove	r \$100 000			•		1			
		for the organization's f		pensated independ	dent contractors	who each rec	eived more than \$100.	.000 of compens	sation 1	rom th	е
		re is none, enter "None "		pomoutou muopom				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		of each independent co		ore than \$100,000)	(b) Type	of service	(c)	Comp	ensatio	n
				· · · ·							
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		. 		<u> </u>							
		-				-					
						-					
			·			1					
d Total nu	mher of ot	her independent contrac	ctors each recei	ving over \$100 000	0	l	•	L			
		n complete Schedule A				47(a)(1) none:	xempt				
charitah	ile trusts m	ust affach a completed :	Schedule A					▶ [Y	es 🗆	□ No
Under penalties	of perjury, I o	declare that I have examined than officer is pased on all	this return, includ	ing accompanying sc ch preparer has any k	hedules and staten	nents, and to the	best of my knowledge and	belief, it is true, co	orrect, a	nd comp	lete
		Lian	A~	Les C	500			3-25	5 =	13	
Sign J	Signatur	e of officer						Date	_		
		cutive Dir	ector	<u></u>							
	Type or	print name and title									
	1 .	ype preparer's name		Preparer's signatur	re	Date	Check	if PTIN			
Paid	1	a A. Ichiy	ama, 🗼	2000	Na la una	CPA	self- emplo		70-	. 1 4 4	
Preparer	<u> </u>		<u> </u>	naria (i.	echyano	<u>い 03/1</u>				140	<u></u>
Use Only	<u> </u>	name ▶ Frost			<u> </u>		Firm's Elf	(200)	364		2000
	Firm's	address ► P O B			.00		Phone no	(360)	/ 8	6-d	3080
				98507-76	109	_			⊽ 1		
May the IRS o	discuss this	return with the prepare	er shown above	See instructions						es L	No
									rorm	39U-EZ	(2012)

SCHEDULE O (Form 990 or 990-EZ)

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Northwest Housing Association	91-0	935278
Form 990-EZ, Part I, Line 4, Other Investment Inc	come:	
Description of Property:		Amount:
Interest Income		375.
Form 990-EZ, Part I, Line 8, Other Revenue:		
Description of Other Revenue:		Amount:
Form Sales		20.
Miscellaneous Income		397.
Total to Form 990-EZ, line 8		417.
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:	·····	Amount:
Dues and Subscriptions		2,823.
Office Expenses		6,508.
Conventions and Meetings		1,773.
Insurance		1,343.
Public Relations/Education/Advertising		3,723.
Other Taxes		1,006.
Telephone		5,217.
Travel		3,367.
Total to Form 990-EZ, line 16		25,760.
Form 990-EZ, Part II, Line 26, Other Liabilities	:	_
Description	Beg. of Year	End of Year
Taxes Payable	1,572.	3,172.

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

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O (Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Northwest Housing Association

Employer identification number 91-0935278

Form 990-EZ, Part III, Primary Exempt Purpose - Serving to improve public
awareness and opinion of manufactured homes.
awareness and opinion of managed nemes
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.