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#### EXTENDED THROUGH NOVEMBER 16, 2015

·Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

| Α            | For th                               | e 2014 calendar year, or tax year beginning   | and endin                                      | g            |                             |                                |
|--------------|--------------------------------------|---|--|--------------|-----------------------------|--------------------------------|
| В            | Check if applicat                    | C Name of organization  |  |              | D Employer identifi         | cation number                  |
| C            | Addr                                 | NAIOP WASHINGTON STATE  |  |              |                             |                                |
|              | Name                                 | Doing business as   |  |              | 91-1                        | 176606                         |
|              | Initial<br>returr<br>Final<br>returr | 12131 113TH AVE NE CITTE 101  | Room/  | /suite       | E Telephone numbe           | 382-9121                       |
|              | termi                                |   | <u></u> е                                      |              | G Gross receipts \$         | 886,091.                       |
|              | Amer                                 | ded PTDPTAND 11A 00024 6044   |  |              | H(a) Is this a group re     | eturn                          |
|              | Appli                                | F Name and address of principal officer STIANON COLLEGEN  |  |              | for subordinates            | s? Yes X No                    |
|              | pend                                 | SAME AS C ABOVE   |  |              | H(b) Are all subordinates i | ncluded? Yes No                |
|              |                                      |   | a)(1) or 📖                                     | 527          | If "No," attach a           | list (see instructions)        |
|              |                                      | te: ► WWW.NAIOPWA.ORG   |  |              | H(c) Group exemption        |                                |
|              |                                      | forganization: X Corporation Trust Association Other  | L  | Year of      | f formation: 1976           | M State of legal domicile, WA  |
| LP           | art I                                | Summary   |  |              |                             |                                |
| Governance   | 1                                    | Briefly describe the organization's mission or most significant activities $\frac{TH}{R}$ IMPROVING THE CLIMATE FOR COMMERCIAL R                        | REAL E   | ANIZ<br>STAT | ZATION IS D<br>TE DEVELOPM  | ENT,                           |
| rna          | 2                                    | Check this box If the organization discontinued its operations or d   | disposed of                                    | more t       | than 25% of its net as      |                                |
| Ž            | 3                                    | Number of voting members of the governing body (Part VI, line 1a)   | F  |              | 3                           | 16                             |
| ص<br>ح       | 4                                    | Number of independent voting members of the governing body (Part VI, line   | 1b) 🛴 🖟  | <u> </u>     | 4.                          | 16                             |
| Activities & | 5                                    | Total number of individuals employed in calendar year 2014 (Part V, line 2a)  | (2-4)  |              | , , , , 5                   | 0                              |
| ž            | 6                                    | Total number of volunteers (estimate if necessary)  |  | · ,          | J & U C 3 6                 | 350                            |
| Act          | 7 a                                  | Total unrelated business revenue from Part VIII, column (C), line 12  | 1 =  | <i>i</i> , · | 7á                          | 0.                             |
|              | b                                    | Net unrelated business taxable income from Form 990-T, line 34  |  | 6,000        | 76                          | 0.                             |
|              |                                      | 5 · · · · · · · · · · · · · · · · · · ·   |  | -            | Prior Year 0.               | Current Year 0.                |
| 9            | 8                                    | Contributions and grants (Part VIII, line 1h)   |  | -            | 756,445.                    | 886,091.                       |
| Revenue      | 9                                    | Program service revenue (Part VIII, line 2g)  |  | -            | 730,443.                    | 0.00,001.                      |
| å            |                                      | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |  | -            | 0.                          | 0.                             |
|              | 11                                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line | 10)  |              | 756,445.                    | 886,091.                       |
| _            | 13                                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 12)  |              | 6,845.                      | 9,010.                         |
|              | 14                                   | Benefits paid to or for members (Part IX, column (A), line 4)   |  |              | 0.                          | 0.                             |
| ď            |                                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5   | 5-10)  |              | 0.                          | 0.                             |
| 90           | 16a                                  | Professional fundraising fees (Part IX, column (A), line 11e)   | ,  |              | 0.                          | 0.                             |
| Expenses     | Ь                                    | Total fundraising expenses (Part IX, column (D), line 25)   | 0.   |              |                             |                                |
| ú            | i   <sub>17</sub>                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |  |              | 766,324.                    | 818,723.                       |
|              | 18                                   | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  |  |              | 773,169.                    | 827,733.                       |
|              | 19                                   | Revenue less expenses Subtract line 18 from line 12   |  |              | -16,724.                    | 58,358.                        |
| or           | ces                                  |   |  | Beg          | inning of Current Year      | End of Year                    |
| Net Assets   | 20                                   | Total assets (Part X, line 16)  |  |              | 285,461.                    | 355,792.                       |
| at As        | 21                                   | Total liabilities (Part X, line 26)   |  |              | 65,341.                     | 77,314.                        |
|              |                                      | Net assets or fund balances Subtract line 21 from line 20   |  |              | 220,120.                    | 278,478.                       |
| _            | art II                               | <u> </u>  |  |              |                             |                                |
|              |                                      | alties of perury, declare that I have examined this return, including accompanying sch  |  |              |                             | ly knowleage and beliet, it is |
| tru          | e, corre                             | ct, and complete. Declaration of p epa/er (other than officer) is based on all information  | or which pre                                   | eparer n     | nas any knowledge.          | -110                           |
| ٥:           |                                      | Signature of officer  |  |              | Date /                      | 4/15                           |
|              | gn                                   | SHARON COLEMAN, PRESIDENT   |  |              | •                           | /                              |
| п            | ere                                  | Type or print name and title  |  |              |                             | · · ·                          |
| _            |                                      | Print/Type preparer's name Preparer's signature   | 141 /-   | Da           | ate Check                   | PTIN                           |
| Pa           | id                                   | MATTHEW R. MATSON   | Matro  | 5 11         | 1/11/15 of self-employ      | P00775671                      |
|              | eparer                               | Firm's name PETERSON SULLIVAN LLP, CPA'S  | <u>-                                      </u> |              | Firm's EIN                  | 91-0605875                     |
|              | e Only                               | Firm's address 601 UNION ST, STE 2300   |  |              |                             |                                |
|              | -                                    | SEATTLE, WA 98101-2345  |  |              | Phone no. 20                | 63827777                       |
| М            | ay the                               | RS discuss this return with the preparer shown above? (see instructions)  |  |              |                             | X Yes No                       |
|              | 2001 11-                             | <del> </del>  | ructions.                                      |              |                             | Form <b>990</b> (2014)         |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

22NE

| Form             | 1990 (2014) NAIOP WASHINGTON STATE 91-1176606 Pag  |
|------------------|--|
|                  | rt III Statement of Program Service Accomplishments  |
|                  | Check if Schedule O contains a response or note to any line in this Part III   |
| 1                | Briefly describe the organization's mission.   |
|                  | THE ORGANIZATION IS DEDICATED TO IMPROVING THE CLIMATE FOR COMMERCIAL  |
|                  | REAL ESTATE DEVELOPMENT, PROVIDING OPPORTUNITIES FOR PROFESSIONAL  |
|                  | DEVELOPMENT AND CREATING A FORUM FOR NETWORKING AND BUSINESS   |
|                  | IMPROVEMENT.   |
| 2                | Did the organization undertake any significant program services during the year which were not listed on                                     |
|                  | the prior Form 990 or 990-EZ?  |
|                  | 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?                                 |
|                  | 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 measured by expenses          |
|                  | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|                  | revenue, if any, for each program service reported   |
| 4a               |  |
|                  | MEETINGS - NAIOP'S MONTHLY BREAKFAST MEETINGS OFFER TIMELY INDUSTRY  |
|                  | INFORMATION AND NETWORKING OPPORTUNITIES. BREAKFAST MEETINGS BRING   |
|                  | TOGETHER MEMBERS FROM ALL DISCIPLINES FOR STRUCTURED PRESENTATIONS AND   |
|                  | NETWORKING OPPORTUNITIES. BREAKFAST MEETING SPEAKERS OFTEN INCLUDE SOM   |
|                  | OF THE REGION'S MOST WELL-KNOWN AND INFLUENTIAL DEVELOPERS OFFERING  |
|                  | INFORMATION MEMBERS CAN USE IN THEIR DAILY BUSINESS PRACTICES. TOPICS  |
|                  | RANGE FROM FINANCING AND LEASING TO GOVERNMENT AND REGULATORY POLICY.  |
|                  | RANGE I ROM FINANCING AND BRADING TO GOVERNMENT AND REGULATOR TOBICI:  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
| 4b               | (Code) (Expenses \$ including grants of \$) (Revenue \$  |
|                  | NIGHT OF THE STARS - EVERY NOVEMBER, NAIOP MEMBERS, THEIR GUESTS AND   |
|                  | INDUSTRY ASSOCIATES DRESS TO IMPRESS AT THE ANNUAL NIGHT OF THE STARS  |
|                  | AWARDS GALA. ARGUABLY THE MOST ANTICIPATED INDUSTRY EVENT OF THE YEAR,   |
|                  | NIGHT OF THE STARS RECOGNIZES LOCAL REAL ESTATE PROJECTS AND COMPANIES   |
|                  | FOR THEIR IMPACT ON THE COMMUNITY, MARKET ADAPTABILITY, INGENUITY, AND   |
|                  | LOCAL CONTRIBUTIONS.   |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
| 4c               | (Code ) (Expenses \$ including grants of \$) (Revenue \$   |
|                  | SUMMER SOCIAL - SUMMER DAYS ARE FILLED WITH SOCIAL EVENTS, BUT NAIOP'S   |
|                  | SUMMER SOCIAL AND GOLF TOURNAMENT IS THE ONE THAT MUST NOT BE MISSED!  |
|                  | IN AUGUST, MEMBERS AND THEIR GUESTS TEE OFF ON ONE OF THE AREA'S BEST  |
|                  | GOLF COURSES AND COMPETE FOR BRAGGING RIGHTS AMONGST THEIR COLLEAGUES  |
|                  | AND PEERS. A POST-TOURNAMENT RECEPTION OFFERS AMPLE OPPORTUNITY FOR  |
|                  | VISITING AND NETWORKING.   |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
| 4d               | Other program services (Describe in Schedule O.)   |
|                  | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| <u>4e</u>        | Total program service expenses   |
| 43200:<br>11-07- |  |
| . 1-01-          | ••   |

| Part IV | Checklist | of Requi | red Sched | lules |
|---------|-----------|----------|-----------|-------|

|     |   |      | 162      | 140             |
|-----|---|------|----------|-----------------|
| 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    |          | X               |
| 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    |          |                 |
| 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    | Х        |                 |
| 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  |      |          |                 |
|     | Schedule D, Part III  | 8    |          | <u> </u>        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |      |          |                 |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   | _    |          | v               |
|     | If "Yes," complete Schedule D, Part IV  | 9    |          | <u> </u>        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent   | 40   |          | Х               |
| 44  | endowments, or 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               |
| ь   | 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  | v        | _ <u>X</u> _    |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e  | <u> </u> |                 |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 446  |          | Х               |
| 120 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f  |          |                 |
| 120 | Schedule D, Parts XI and XII  | 12a  |          | х               |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 120  |          |                 |
| -   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  | х        |                 |
| 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  |      |          |                 |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b  |          | <u> </u>        |
| 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   |      |          | 3,0             |
|     | 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  | 40   |          | v               |
| 17  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |          | X               |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17   |          | х               |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | ••   |          |                 |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   |          | х               |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"  |      |          | _ <del></del> - |
| -   | complete Schedule G, Part III   | 19   |          | Х               |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a  |          | X               |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b  |          |                 |
|     |   | Form | 990      | 2014)           |

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Form 990 (2014) NAIOP WASHINGTON S
Part IV Checklist of Required Schedules (continued)

|          |  |                | Yes | No            |
|----------|--|----------------|-----|---------------|
| 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             |     | X             |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |                |     |               |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22             |     | X             |
| 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   |                |     | v             |
|          | Schedule J   | 23             |     | <u> </u>      |
| 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   |                |     | v             |
|          | Schedule K If "No", go to line 25a   | 24a            |     | X             |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b            | -   |               |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |                |     |               |
|          | any tax-exempt bonds?  | 24c            |     |               |
|          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d            | _   |               |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |                |     |               |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a            |     |               |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |                |     |               |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |                |     |               |
|          | Schedule L, Part I   | 25b            |     |               |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  | i              |     |               |
|          | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   | l              |     | v             |
|          | complete Schedule L, Part II   | 26             |     | Х             |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |                |     |               |
|          | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |                |     | v             |
|          | of any of these persons? If "Yes," complete Schedule L, Part III   | 27             |     | Х             |
| 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)   | 00-            |     | Х             |
| a        | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a            |     | X             |
| b        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b            |     |               |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 28c            |     | х             |
| 00       | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29             |     | X             |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions in res, complete schedule in   | 29             |     |               |
| 30       | contributions? If "Yes," complete Schedule M   | 30             |     | х             |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations?   |                |     |               |
| 31       | If "Yes," complete Schedule N, Part I  | 31             |     | х             |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete   | <del>ٽ</del> ا |     | _ <del></del> |
| U.       | Schedule N, Part II  | 32             |     | х             |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |                |     |               |
| -        | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33             |     | х             |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |                |     |               |
|          | Part V, line 1   | 34             | Х   | i             |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a            |     | X             |
|          | 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  | 35b            |     |               |
| 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             |     | 1             |
| 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             |     | Х             |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |                |     |               |
|          | Note. All Form 990 filers are required to complete Schedule O  | 38             | X   | <u> </u>      |
|          | <del>-</del>   | Form           | 990 | (2014)        |

| Pai    | rt V Statements Regarding Other IRS Filings and Tax Compliance   |      |     |           |
|--------|--|------|-----|-----------|
|        | Check if Schedule O contains a response or note to any line in this Part V   |      |     |           |
|        |  |      | Yes | No        |
| 1a     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17  |      |     |           |
| þ      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |      |     |           |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |      |     |           |
|        | (gambling) winnings to prize winners?  | 1c   | X   |           |
| 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  |      |     |           |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b   |     |           |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |      | į   |           |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a   |     | <u> </u>  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   | 3b   |     |           |
| 4a     | 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   |     | <u> </u>  |
| 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)   |      |     |           |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a   |     | <u> X</u> |
| b      | 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   |     |           |
| 6a     | 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   |           |
| þ      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |      | ٦,  |           |
|        | were not tax deductible?   | 6b   | X   |           |
| 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   |     |           |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b   |     |           |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | _    |     |           |
|        | to file Form 8282?   | 7c   |     |           |
|        | If "Yes," indicate the number of Forms 8282 filed during the year  | ٠.   |     |           |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e   | -   |           |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f   |     |           |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g   |     |           |
|        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h   |     |           |
| 8      | sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 8    |     |           |
| 9      | Sponsoring organizations maintaining donor advised funds.  | •    |     |           |
|        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a   |     |           |
| a<br>b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b   |     |           |
| 10     | Section 501(c)(7) organizations. Enter   | 35   |     |           |
| a      | Initiation fees and capital contributions included on Part VIII, line 12   |      |     |           |
|        | 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  |      |     |           |
|        | 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  |     |           |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |      |     |           |
| 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   |      |     |           |
| C      | Enter the amount of reserves on hand   |      |     |           |
| 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 in Schedule O  | 14b  |     |           |
| _      |  | Form | 990 | (2014)    |

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Form 990 (2014)

NAIOP WASHINGTON STATE

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

|          | to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  |         |  |                  |
|----------|--|---------|--|------------------|
|          | 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 16  |         |  |                  |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |         | ļ  |                  |
|          | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  |         | İ  |                  |
| b        | Enter the number of voting members included in line 1a, above, who are independent  1b 16  |         |  |                  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         | ŀ  | ₩.               |
|          | officer, director, trustee, or key employee?   | 2       |  | X                |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision  | _       |  |                  |
|          | of officers, directors, or 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 990 was filed?   | 4       |  | v                |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       | v  | Х                |
| 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 appoint one or   |         | .,   |                  |
|          | more members of the governing body?  | 7a      | Х  |                  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |  | ١,,              |
|          | persons other than the governing body?   | 7b      |  | Х                |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         | .,   |                  |
| а        | The governing body?  | 8a      | X  |                  |
| Ь        | 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 reached at the   |         |  | ٠,               |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |  | X                |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  |         |  | ١                |
|          |  | 40      | Yes  | No<br>X          |
|          | Did the organization have local chapters, branches, or affiliates?   | 10a     |  | ^                |
| D        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 405     |  |                  |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     | Х  |                  |
| _        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | ^  |                  |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |         | х  |                  |
|          | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | X  |                  |
| ь        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     |  |                  |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |         |  | х                |
|          | in Schedule O how this was done  | 12c     |  | X                |
| 13       | Did the organization have a written whistleblower policy?  | 13      | Х  |                  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14      |  |                  |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent   |         |  |                  |
| _        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 45-     |  | х                |
|          | The organization's CEO, Executive Director, or top management official   | 15a     |  | X                |
| D        | Other officers or key employees of the organization  | 15b     |  | <del>  ^``</del> |
| 16-      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a |         |  |                  |
| iva      | taxable entity during the year?  | 16-     | l  | х                |
| <b>L</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | 16a     | <del>                                     </del> | <del>  **</del>  |
| b        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |  |                  |
|          | exempt status with respect to such arrangements?   | 16b     |  |                  |
| Sec      | tion C. Disclosure   | 100     | <u> </u>   |                  |
| 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a   | vailah  | ıle  |                  |
|          | for public inspection. Indicate how you made these available. Check all that apply   | unal    |  |                  |
|          | Own website Another's website X Upon request Other (explain in Schedule O)   |         |  |                  |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | l finan | cial   |                  |
|          | statements available to the public during the tax year   |         | J-161  |                  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records:  |         |  |                  |
|          | COMMERCIAL BROKERS ASSOCIATION - 425-952-2737  |         |  |                  |
|          | 12131 113TH AVE NE, SUITE 101, KIRKLAND, WA 98034  |         |  |                  |
| 43200    | 6 11-07-14   | Form    | 990  | (2014)           |

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

| (A)  | (B)               |                                |                       |                | C)           |                                 |             | (D)             | (E)                        | (F)                |
|--|-------------------|--------------------------------|-----------------------|----------------|--------------|---------------------------------|-------------|-----------------|----------------------------|--------------------|
| Name and Title                               | Average           | (do                            | not c                 | Pos<br>heck    | more         | than                            | one         | Reportable      | Reportable                 | Estimated          |
|  | hours per         | box                            | , unle:<br>cer an     | ss pe<br>d a d | rson         | is bot<br>or/trus               | han<br>tee) | compensation    | compensation               | amount of          |
|  | week<br>(list any | ├                              |                       |                |              |                                 |             | from<br>the     | from related organizations | other compensation |
|  | hours for         | direct                         |                       |                |              | L.                              |             | organization    | (W-2/1099-MISC)            | from the           |
|  | related           | ee or                          | stee                  |                |              | nsate                           |             | (W-2/1099-MISC) | (1.12) (000 111100)        | organization       |
|  | organizations     | trust                          | al tru                |                | )yee         | эшс                             |             | ,               |                            | and related        |
|  | below             | Individual frustee or director | Institutional trustee | Je.            | Key employee | Highest compensated<br>emptoyee | Former      |                 |                            | organizations      |
|  | line)             | ID III                         | Inst                  | Officer        | Key          | 풀                               | Forr        |                 |                            |                    |
| (1) A-P HURD                                 | 2.00              | x                              |                       | х              |              |                                 |             | 0.              | _                          | 0                  |
| PRESIDENT (2) SHARON COLEMAN                 | 2.00              | ^                              | $\vdash$              | Λ.             | _            | ⊢                               |             | 0.              | 0.                         | 0.                 |
| (2) SHARON COLEMAN INCOMING PRESIDENT        | 2.00              | х                              |                       |                |              |                                 |             | 0.              | 0.                         | ^                  |
| (3) GLENN AMSTER                             | 2.00              | ^                              |                       |                |              | -                               |             | 0.              | 0.                         | 0.                 |
|  | 2.00              | х                              |                       |                |              |                                 |             | 0.              | 0.                         | 0                  |
| IMMEDIATE PAST PRESIDENT  (4) KRISTIN JENSEN | 2.00              | ^                              | _                     |                | ┝            | $\vdash$                        | Н           | 0.              | U •                        | 0.                 |
| TREASURER                                    | 2.00              | x                              |                       | x              |              |                                 |             | 0.              | 0.                         | 0.                 |
| (5) CHARLIE HAFENBRACK                       | 2.00              | Λ                              | _                     | ^              | -            |                                 |             | 0.              | 0.                         |                    |
| SECRETARY                                    | 2.00              | х                              |                       | х              |              |                                 |             | 0.              | 0.                         | 0.                 |
| (6) JOSEPH BLATTNER                          | 2.00              | -                              | Н                     | =              | $\vdash$     | ┝                               |             |                 |                            |                    |
| DIRECTOR CORPORATE BOARD                     |                   | x                              |                       |                |              |                                 |             | 0.              | 0.                         | 0.                 |
| (7) JACK RADER                               | 2.00              |                                |                       | _              |              | <del> </del>                    |             |                 | •                          |                    |
| DIRECTOR CORPORATE BOARD                     | -                 | Х                              |                       |                | ŀ            |                                 |             | 0.              | 0.                         | 0.                 |
| (8) TONY STEWART                             | 2.00              |                                |                       |                |              |                                 |             |                 |                            |                    |
| DIRECTOR CORPORATE BOARD                     |                   | Х                              |                       |                |              |                                 |             | 0.              | 0.                         | 0.                 |
| (9) LAYNE ALFONSO                            | 2.00              |                                |                       |                |              |                                 |             |                 |                            |                    |
| DIRECTOR                                     |                   | X                              |                       |                |              |                                 |             | 0.              | 0.                         | 0.                 |
| (10) C.J. BOWLES                             | 2.00              |                                |                       |                |              |                                 |             |                 |                            |                    |
| DIRECTOR                                     |                   | X                              |                       |                |              |                                 |             | 0.              | 0.                         | 0.                 |
| (11) JEFF DAVIS                              | 2.00              |                                |                       |                |              |                                 |             | ·-              |                            |                    |
| DIRECTOR                                     |                   | X                              |                       |                |              |                                 |             | 0.              | 0.                         | 0.                 |
| (12) MIA MARSHALL                            | 2.00              |                                |                       |                |              |                                 |             |                 |                            |                    |
| DIRECTOR                                     |                   | Х                              |                       |                |              |                                 |             | 0.              | 0.                         | 0.                 |
| (13) SCOTT MATTHEWS                          | 2.00              |                                |                       |                |              |                                 |             |                 |                            | _                  |
| DIRECTOR                                     |                   | Х                              |                       |                | _            | Щ                               |             | 0.              | 0.                         | 0.                 |
| (14) TINA PAPPAS                             | 2.00              |                                |                       |                |              |                                 |             |                 | _                          | _                  |
| DIRECTOR                                     |                   | Х                              |                       |                | _            |                                 |             | 0.              | 0.                         | 0.                 |
| (15) JOHN TEUTSCH                            | 2.00              |                                |                       |                |              |                                 |             | _               |                            | _                  |
| DIRECTOR                                     | 1 2 22            | X                              | Ш                     | Щ              | <u> </u>     | <u> </u>                        | Ш           | 0.              | 0.                         | 0.                 |
| (16) TONY TOPPENBERG                         | 2.00              | ,                              |                       |                |              |                                 |             | ^               | _                          | _                  |
| DIRECTOR                                     |                   | Х                              |                       |                | <u> </u>     | ├                               |             | 0.              | 0.                         | 0.                 |
| (17) BRIAN TOY                               | 2.00              | х                              |                       |                |              |                                 |             | 0.              | _                          | ^                  |
| DIRECTOR                                     |                   | Δ                              |                       |                |              |                                 |             |                 | 0.                         | 0.000              |

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Form **990** (2014)

| Part VII Section A. Officers, Directors, Trus   | stees, Key Em                                  | ploy             | /ees                  | , an              | d H                  | ghe                    | st (     | Compensated Employe        | es (continued)                                       |         |                  |   |                   |
|---|--|------------------|-----------------------|-------------------|----------------------|------------------------|----------|----------------------------|--|---------|------------------|---|-------------------|
| (A)<br>Name and title   | (B) Average hours per                          | (do              | not c                 | (C<br>Pos<br>heck | C)<br>sition<br>more | 1<br>than              | one      | ( <b>D)</b><br>Reportable  | ( <b>E)</b><br>Reportable                            |         |                  | (F)   | -                 |
|   | week (list any hours for related organizations | itee or director | cer an                |                   | irecto               |                        | stee)    |                            | compensation from related organization (W-2/1099-Mis | d<br>IS | com<br>fr<br>org | nount of the control | ition<br>e<br>ion |
|   | below<br>line)                                 | Individual       | Institutional trustee | Officer           | Key employee         | Highest co<br>emptoyee | Former   |                            |  |         | ı                | anızatı   |                   |
| (18) DIANE UNDI-HAGA DIRECTOR   | 2.00   | х                |                       |                   |                      |                        |          | 0.                         |  | 0.      |                  |   | 0.                |
| (19) SUSAN WAGNER<br>DIRECTOR   | 2.00   | x                |                       |                   |                      |                        |          | 0.                         |  | 0.      |                  |   | 0.                |
| (20) PEGGI LEWIS FU EXECUTIVE DIRECTOR  | 40.00  |                  |                       | х                 |                      |                        |          | 0.                         | ,  | 0.      |                  |   | 0.                |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
|   |  | <u> </u>         |                       |                   |                      |                        |          |                            |  |         |                  | <u> </u>  |                   |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
| -   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
| 1b Sub-total  |  |                  |                       |                   |                      |                        | <b>•</b> | 0.                         |  | 0.      |                  |   | 0.                |
| c Total from continuation sheets to Part V d Total (add lines 1b and 1c)  | II, Section A                                  |                  |                       |                   |                      |                        | <b>▶</b> | 0.                         |  | 0.      |                  |   | 0.                |
| <ul> <li>Total number of individuals (including but necessary)</li> <li>compensation from the organization</li> </ul> | ot limited to th                               | ose              | liste                 | ed al             | bove                 | e) wh                  | no r     | eceived more than \$100    | 0,000 of reportab                                    | le      |                  |   | C                 |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  | Yes   | No                |
| 3 Did the organization list any former officer,<br>line 1a? If "Yes," complete Schedule J for s                       | uch individual                                 |                  |                       | •                 | •                    |                        |          | ,                          | . ,  |         | 3                |   | х                 |
| 4 For any individual listed on line 1a, is the su<br>and related organizations greater than \$15                      |  |                  |                       |                   |                      |                        |          |                            | the organization                                     |         | 4                |   | х                 |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com                           | •  |                  |                       |                   | •                    |                        | elat     | ted organization or indivi | idual for services                                   | 1       | 5                |   | х                 |
| Section B. Independent Contractors  | _  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
| Complete this table for your five highest co<br>the organization. Report compensation for                             | •  | •                |                       |                   |                      |                        |          |                            |  | npens   | ation f          | rom   |                   |
| (A) Name and business   | address  |                  |                       |                   |                      |                        |          | (B)<br>Description of s    | ervices  | C       | (C<br>ompe       |   | า                 |
| MELBY CAMERON & ANDERSON 23607 HWY 99, SUITE 2C, 1  | EDMONDS,                                       | , V              | ٧A                    | 98                | 302                  | 26                     |          | MANAGEMENT                 |  |         | 15               | 0,0   | 99.               |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
|   |  |                  |                       |                   |                      |                        |          |                            |  | -       | •                |   |                   |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
|   |  |                  |                       |                   |                      |                        |          |                            |  |         |                  |   |                   |
| Total number of independent contractors (i<br>\$100,000 of compensation from the organi                               | _  | ot lii           | mite                  | d to              | _                    | se lis<br>L            | stec     | d above) who received in   | nore than  |         |                  |   |                   |
|   |  |                  |                       |                   |                      |                        |          | - <del></del>              |  |         |                  | 000 /c  | 04.4              |

| . Pa   | rt V     | Ш         | Statement of Rever                                  | nue                 |                    |                      |  | <u></u>                                 |   |
|--|----------|-----------|---|---------------------|--------------------|----------------------|--|---|---|
|  |          |           | Check if Schedule O cont                            | ains a response     | or note to any lin |                      |  |   |   |
|  |          |           |   |                     |                    | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a      | а         | Federated campaigns                                 | 1a                  |                    |                      |  |   |   |
| ig a   | t        | b         | Membership dues                                     | 1b                  |                    |                      |  |   |   |
| AT (   | •        | С         | Fundraising events                                  | 1c                  |                    |                      |  |   |   |
|  | •        | d         | Related organizations                               | 1d                  |                    |                      |  |   |   |
| S.E  | •        |           | Government grants (contribut                        |                     |                    |                      |  |   |   |
| Ē  | f        | f         | All other contributions, gifts, gran                | ts, and             |                    |                      |  |   |   |
| 혈美   |          |           | similar amounts not included above                  | ve 1f               |                    |                      |  |   |   |
| 들  | ę        | 9         | Noncash contributions included in lines             | 1a-1f \$            |                    |                      |  |   |   |
| <u>3 g</u>   | <u> </u> | <u>h_</u> | Total. Add lines 1a-1f                              |                     | <u> </u>           |                      |  |   |   |
|  |          |           | anovaon autra                                       |                     | Business Code      | 245 670              | 045 670                                |   |   |
| <u>.</u> 2   | 2 8      |           | SPONSORSHIPS  | <del> </del>        | 900099             | 245,670.             | 245,670.                               |   |   |
| <u> </u>   | t        |           | MEMBERSHIP DUES                                     |                     | 900099             | 203,263.             | 203,263.                               |   |   |
| E S  |          |           | NIGHT OF THE ST                                     | ARS                 | 900099             | 194,080.             | 194,080.                               |   |   |
| B.a.   | •        | _         | MEETINGS  |                     | 900099             | 178,217.<br>64,861.  | 178,217.                               |   |   |
| Program Service<br>Revenue                             | •        |           | SUMMER SOCIAL                                       | <del></del>         | 900099             | 04,001.              | 64,861.                                |   |   |
| _  |          |           | All other program service reve                      | enue                |                    | 886,091.             |  |   |   |
| _  | 3        | _         | Total. Add lines 2a-2f Investment income (including | dividends intere    | et and             | 000,031.             |  | <del></del>                             |   |
|  | 3        |           | other similar amounts)                              | dividends, intere   | .s., and           |                      |  |   |   |
|  | 4        |           | Income from investment of ta                        | x-exempt bond o     | roceeds            |                      |  |   |   |
|  | 5        |           | Royalties   | . c.cpt 20.14 p     |                    |                      |  |   |   |
|  | •        |           | · · · · · · · · · · · · · · · · · · ·               | (ı) Real            | (II) Personal      |                      |  |   |   |
|  | 6 a      | а         | Gross rents   | (7.155)             | (7)                |                      |  |   |   |
|  |          |           | Less: rental expenses                               |                     |                    |                      |  |   |   |
|  |          |           | Rental income or (loss)                             |                     |                    |                      |  |   |   |
|  |          |           | Net rental income or (loss)                         |                     | <b>&gt;</b>        |                      |  |   | ĺ   |
|  | 7 8      | а         | Gross amount from sales of                          | (i) Securities      | (II) Other         |                      |  |   |   |
|  |          |           | assets other than inventory                         |                     |                    |                      |  |   |   |
|  | i        | b         | Less cost or other basis                            |                     | "                  |                      |  |   |   |
|  |          |           | and sales expenses                                  |                     |                    |                      |  |   |   |
|  |          | С         | Gain or (loss)                                      |                     |                    |                      |  |   |   |
|  | •        | d         | Net gain or (loss)                                  |                     |                    |                      |  |   |   |
| enne   | 8 8      |           | Gross income from fundraisin including \$           | g events (not<br>of |                    |                      |  |   |   |
| 3eV  |          |           | contributions reported on line                      | 1c) See             |                    |                      |  |   |   |
| Other Reve   |          |           | Part IV, line 18                                    | а                   |                    |                      |  |   |   |
| ફ  |          |           | Less direct expenses                                | b                   |                    |                      |  |   |   |
|  |          |           | Net income or (loss) from fund                      | -                   | <b></b>            |                      |  |   |   |
|  | 9 8      |           | Gross income from gaming ac                         |                     |                    |                      |  |   |   |
|  |          |           | Part IV, line 19                                    | a                   |                    |                      |  |   |   |
|  |          |           | Less direct expenses                                | <b>b</b>            |                    |                      |  |   |   |
|  |          |           | Net income or (loss) from gam                       | _                   |                    |                      |  |   | ļ   |
|  | 10 a     | а         | Gross sales of inventory, less                      |                     |                    |                      |  |   |   |
|  |          | L         | and allowances                                      | a<br>b              |                    |                      |  |   |   |
|  |          |           | Less. cost of goods sold                            | _                   |                    |                      |  |   |   |
|  | _        | <u>c</u>  | Net income or (loss) from sale Miscellaneous Revenu |                     | Business Code      |                      |  |   | <del> </del>  |
|  | 11 :     | _         |   |                     | Dusiliess Code     |                      |  |   |   |
|  |          | a<br>b    |   |                     |                    |                      |  |   | 1   |
|  |          | c         |   |                     |                    |                      |  |   |   |
|  |          |           | All other revenue                                   | -                   |                    |                      |  |   |   |
|  | ,        |           | Total. Add lines 11a-11d                            |                     | <b>•</b>           |                      |  |   |   |
|  | 12       |           | Total revenue. See instructions.                    |                     | <b>&gt;</b>        | 886,091.             | 886,091.                               | 0.                                      |   |
| 43200<br>11-07   | 9<br>-14 |           |   |                     |                    |                      |  |   | Form <b>990</b> (2014)                                      |

# Form 990 (2014) NAIOP WASHING Part IX Statement of Functional Expenses

|          | on 501(c)(3) and 501(c)(4) organizations must com   |                    |  | omplete column (A)              | · · · · · · · · · · · · · · · · · · · |
|----------|---|--------------------|--|---------------------------------|---------------------------------------|
|          | Check if Schedule O contains a respon   |                    |  | (C)                             |                                       |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                            | (A) Total expenses | ( <b>B)</b><br>Program service<br>expenses | Management and general expenses | Fundraising<br>expenses               |
| 1        | Grants and other assistance to domestic organizations   |                    |  |                                 |                                       |
|          | and domestic governments. See Part IV, line 21  | 9,010.             |  |                                 |                                       |
| 2        | Grants and other assistance to domestic   |                    |  |                                 |                                       |
|          | individuals See Part IV, line 22  | . == =             |  |                                 |                                       |
| 3        | 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   |                    |  |                                 |                                       |
| 5        | Compensation of current officers, directors,  |                    |  |                                 |                                       |
| •        | trustees, and key employees Compensation not included above, to disqualified                          |                    |  |                                 | <del>-</del>                          |
| 6        | persons (as defined under section 4958(f)(1)) and   |                    |  |                                 |                                       |
|          | persons described in section 4958(c)(3)(B)  |                    |  |                                 |                                       |
| 7        | Other salaries and wages  |                    |  |                                 |                                       |
| 8        | Pension plan accruals and contributions (include  |                    |  |                                 | <u> </u>                              |
| Ū        | section 401(k) and 403(b) employer contributions)   |                    |  |                                 |                                       |
| 9        | Other employee benefits   |                    |  |                                 |                                       |
| 10       | Payroll taxes   |                    |  |                                 |                                       |
| 11       | Fees for services (non-employees)   |                    |  |                                 |                                       |
| а        | Management  | 155,159.           |  |                                 |                                       |
| ь        | Legal   |                    |  |                                 |                                       |
| С        | Accounting  |                    |  |                                 |                                       |
| d        | Lobbying  | 79,079.            |  |                                 |                                       |
| е        | Professional fundraising services See Part IV, line 17  |                    |  |                                 |                                       |
| f        | Investment management fees  |                    |  |                                 |                                       |
| g        | Other. (If line 11g amount exceeds 10% of line 25,  |                    |  |                                 |                                       |
|          | column (A) amount, list line 11g expenses on Sch 0.)  |                    |  |                                 |                                       |
| 12       | Advertising and promotion   | F 102              |  |                                 |                                       |
| 13       | Office expenses   | 5,183.<br>4,022.   |  |                                 |                                       |
| 14       | Information technology  | 4,022.             |  |                                 |                                       |
| 15       | Royalties   |                    |  |                                 |                                       |
| 16<br>17 | Occupancy<br>Travel   |                    | · · · · · · · · · · · · · · · · · · ·      |                                 |                                       |
| 18       | Payments of travel or entertainment expenses  |                    |  |                                 |                                       |
| .0       | for any federal, state, or local public officials   |                    |  |                                 |                                       |
| 19       | Conferences, conventions, and meetings  | 215,332.           |  |                                 |                                       |
| 20       | Interest  | -                  | - · ·                                      |                                 |                                       |
| 21       | Payments to affiliates  |                    |  |                                 |                                       |
| 22       | Depreciation, depletion, and amortization   | 598.               |  |                                 |                                       |
| 23       | Insurance   | 3,852.             |  |                                 |                                       |
| 24       | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line |                    |  |                                 |                                       |
|          | 24e amount exceeds 10% of line 25, column (A)   |                    |  |                                 |                                       |
|          | amount, list line 24e expenses on Schedule O.)  | 102 206            |  |                                 |                                       |
|          | NIGHT OF THE STARS  | 193,306.           |  |                                 |                                       |
| b        | SUMMER SOCIAL<br>GOVERNMENT AFFAIRS   | 73,875.            |  |                                 |                                       |
| C        | MISCELLANEOUS   | 67,882.<br>20,435. |  | <del></del>                     |                                       |
| d        |   | 20,433.            |  | -                               |                                       |
| e<br>25  | All other expenses  | 827,733.           |  |                                 |                                       |
| 26       | Joint costs. Complete this line only if the organization  | 327,7331           |  | <del>-</del>                    |                                       |
|          | reported in column (B) joint costs from a combined  | İ                  |  |                                 |                                       |
|          | educational campaign and fundraising solicitation.  |                    |  |                                 |                                       |
|          | Check hereif following SOP 98-2 (ASC 958-720)   |                    |  |                                 |                                       |

| Pai                         | tΧ       | Balance Sheet   |                          |     |                            |
|-----------------------------|----------|---|--------------------------|-----|----------------------------|
|                             |          | Check if Schedule O contains a response or note to any line in this Part X                          |                          |     |                            |
|                             |          |   | (A)<br>Beginning of year |     | ( <b>B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing   | 30,733.                  | 1   | 80,991                     |
| - 1                         | 2        | Savings and temporary cash investments  | 230,587.                 | 2   | 230,469                    |
|                             | 3        | Pledges and grants receivable, net  |                          | 3   |                            |
|                             | 4        | Accounts receivable, net  | 941.                     | 4   | 2,500                      |
|                             | 5        | Loans and other receivables from current and former officers, directors,                            |                          |     |                            |
|                             |          | trustees, key employees, and highest compensated employees. Complete                                |                          |     |                            |
|                             |          | Part II of Schedule L   |                          | 5   |                            |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under                       |                          |     |                            |
|                             |          | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing                   |                          |     |                            |
|                             |          | employers and sponsoring organizations of section 501(c)(9) voluntary                               |                          |     |                            |
| s.                          |          | employees' beneficiary organizations (see instr) Complete Part II of Sch L                          |                          | 6   |                            |
| Assets                      | 7        | Notes and loans receivable, net   |                          | 7   |                            |
| ¥                           | 8        | Inventories for sale or use   |                          | 8   |                            |
|                             | 9        | Prepaid expenses and deferred charges   | 22,601.                  | 9   | 41,832                     |
|                             |          | Land, buildings, and equipment cost or other  |                          |     | <u> </u>                   |
|                             |          | basis Complete Part VI of Schedule D 10a 0.   |                          |     |                            |
| - 1                         | ь        | Less accumulated depreciation 10b 0.  | 599.                     | 10c | 0                          |
|                             | 11       | Investments - publicly traded securities  |                          | 11  |                            |
| 1                           | 12       | Investments - other securities. See Part IV, line 11  |                          | 12  |                            |
| -                           | 13       | Investments · program-related See Part IV, line 11  |                          | 13  |                            |
| - 1                         | 14       | Intangible assets   |                          | 14  |                            |
|                             | 15       | Other assets See Part IV, line 11   |                          | 15  |                            |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 34)   | 285,461.                 | 16  | 355,792                    |
| $\neg$                      | 17       | Accounts payable and accrued expenses   | 34,606.                  | 17  | 6,083                      |
| - 1                         | 18       | Grants payable  | •                        | 18  |                            |
|                             | 19       | Deferred revenue  | 30,735.                  | 19  | 64,231                     |
|                             | 20       | Tax-exempt bond liabilities   | •                        | 20  | •                          |
|                             | 21       | Escrow or custodial account liability Complete Part IV of Schedule D                                |                          | 21  |                            |
| ູ                           | 22       | Loans and other payables to current and former officers, directors, trustees,                       |                          |     | _                          |
| Liabilities                 |          | key employees, highest compensated employees, and disqualified persons                              |                          |     |                            |
| ᅙ                           |          | Complete Part II of Schedule L  |                          | 22  |                            |
| ן בֿ                        | 23       | Secured mortgages and notes payable to unrelated third parties                                      |                          | 23  |                            |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties  |                          | 24  |                            |
| - 1                         | 25       | Other liabilities (including federal income tax, payables to related third                          |                          |     |                            |
|                             |          | parties, and other liabilities not included on lines 17-24) Complete Part X of                      |                          |     |                            |
|                             |          | Schedule D  | 0.                       | 25  | 7,000                      |
|                             | 26       | Total liabilities. Add lines 17 through 25  | 65,341.                  | 26  | 77,314                     |
|                             |          | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                                    | •                        |     |                            |
| ္အ                          |          | complete lines 27 through 29, and lines 33 and 34.  |                          |     |                            |
| ဦ                           | 27       | Unrestricted net assets   | 220,120.                 | 27  | 278,478                    |
| <u>a</u>                    | 28       | Temporarily restricted net assets   | •                        | 28  |                            |
| ו מ<br>פ                    | 29       | Permanently restricted net assets   |                          | 29  |                            |
| 5                           |          | Organizations that do not follow SFAS 117 (ASC 958), check here                                     |                          |     |                            |
| <u> </u>                    |          | and complete lines 30 through 34.   |                          |     |                            |
| <u>ş</u>                    | 30       | Capital stock or trust principal, or current funds  |                          | 30  |                            |
| χ, I                        | 31       | Paid-in or capital surplus, or land, building, or equipment fund                                    |                          | 31  |                            |
| ις i                        |          | · · · · · · · · · · · · · · · · · · ·   |                          | 32  | · ·                        |
| I AS                        | 32       | Betained earnings, endowment, accumulated income, or other funds                                    |                          |     |                            |
| Net Assets or Fund Balances | 32<br>33 | Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances | 220,120.                 | 33  | 278,478                    |

Form **990** (2014)

Form 990 (2014)

#### **SCHEDULE C**

· (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.lrs.gov/form990">www.lrs.gov/form990</a>.

2014
Open to Public

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| •             | Section 501(c)(4), (5), or (6) organiz  | ations Complete Part III               |                          |   |  |
|---------------|---|--|--------------------------|---|--|
| Nan           | ne of organization  |  |                          | Empl  | oyer identification number   |
|               |   | VASHINGTON STATE                       |                          |   | 91-1176606   |
| Pa            | rt I-A Complete if the or   | ganization is exempt und               | er section 501(c)        | or is a section 527 o   | rganization.   |
| 2             | Provide a description of the organ<br>Political expenditures<br>Volunteer hours | ızatıon's direct and indirect politic  | al campaign activities i |   |  |
| Pa            | rt I-B Complete if the or   | ganization is exempt und               | er section 501(c)        | (3)   | · , ,  |
| $\overline{}$ | Enter the amount of any excise ta   |  |                          | <u>▶</u> \$   |  |
|               | Enter the amount of any excise ta   |  |                          | s <b>▶</b> \$   |  |
| 3             | If the organization incurred a secti  |  |                          | •   | Yes No   |
| _             | Was a correction made?  | 5// 1000 tax, ala it iii0 / 5/// // 20 | ioi ano you              |   | Yes No   |
|               | If "Yes," describe in Part IV   |  |                          |   |  |
| Pa            | rt I-C Complete if the or   | ganization is exempt und               | er section 501(c),       | , except section 501(   | c)(3).   |
| 1             | Enter the amount directly expende   | ed by the filing organization for se   | ction 527 exempt func    | tion activities > \$  |  |
| 2             | Enter the amount of the filing orga   | nization's funds contributed to ot     | her organizations for se | ection 527  |  |
|               | exempt function activities  |  |                          | <b>▶</b> \$   |  |
| 3             | Total exempt function expenditure   | es Add lines 1 and 2 Enter here a      | nd on Form 1120-POL      |   |  |
|               | line 17b  |  |                          | ▶\$   |  |
| 4             | Did the filing organization file Form   | 1120-POL for this year?                |                          |   | Yes No   |
| 5             | Enter the names, addresses and e  | mployer identification number (El      | N) of all section 527 pc | olitical organizations to whic  | h the filing organization  |
|               | made payments For each organiz  | •                                      |                          |   | •  |
|               | contributions received that were p  |  |                          |   | te segregated fund or a  |
|               | political action committee (PAC)  | f additional space is needed, prov     | ide information in Part  | IV  |  |
|               | <b>(a)</b> Name   | (b) Address                            | (c) EIN                  | (d) Amount paid from<br>filing organization's<br>funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|               |   |  |                          |   |  |
|               |   |  |                          |   |  |
|               |   |  |                          |   |  |
|               |   |  |                          |   |  |
|               | -   |  |                          |   |  |
|               |   |  |                          |   |  |

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

| Schedule C (Form 990 or 990-EZ) 2014 N         | AIOP WASH                            | INGTON STATE                        |                           | 91-1                                   | .176606 Page 2                                   |
|--|--------------------------------------|-------------------------------------|---------------------------|--|--|
| Part II-A   Complete if the orga               | nization is exe                      | empt under section                  | n 501(c)(3) and fil       | ed Form 5768(e                         | election under                                   |
| section 501(h)).                               |                                      |                                     |                           |  |  |
| A Check If the filing organization             | on belongs to an af                  | filiated group (and list in         | n Part IV each affiliated | group member's nan                     | ne, address, EIN,                                |
| expenses, and share                            | of excess lobbying                   | expenditures).                      |                           |  |  |
| B Check ▶ ☐ If the filing organization         | on checked box A a                   | and "limited control" pro           | ovisions apply            |  |  |
|  | on Lobbying Expe<br>tures" means amo | enditures<br>unts paid or incurred. | )                         | (a) Filing<br>organization's<br>totals | (b) Affiliated group totals                      |
| 1a Total lobbying expenditures to influe       | nce public opinion                   | (grass roots lobbying)              |                           |  | <del> </del>                                     |
| b Total lobbying expenditures to influe        | •                                    |                                     |                           |  |  |
| c Total lobbying expenditures (add line        | •                                    | dy (direct lobbying)                |                           |  |  |
| d Other exempt purpose expenditures            | *                                    |                                     |                           |  |  |
| e Total exempt purpose expenditures            |                                      | d)                                  |                           |  |  |
| f Lobbying nontaxable amount Enter             | •                                    | •                                   | h columns                 |  |  |
| If the amount on line 1e, column (a) or        |                                      | bbying nontaxable am                |                           |  |  |
| Not over \$500,000                             |                                      | f the amount on line 1e             |                           |  |  |
| Over \$500,000 but not over \$1,000,           |                                      | 00 plus 15% of the exc              |                           |  |  |
| Over \$1,000,000 but not over \$1,000,         |                                      | 00 plus 10% of the exc              |                           |  |  |
| Over \$1,500,000 but not over \$1,300          | <del></del>                          | 00 plus 5% of the exce              |                           |  |  |
| Over \$17,000,000                              | \$1,000                              |                                     | .33 CVCI \$1,000,000.     |  |  |
| Over \$17,000,000                              |                                      | ,,000                               |                           |  |  |
| g Grassroots nontaxable amount (ente           | er 25% of line 1f)                   |                                     |                           | , . <u>.</u>                           |  |
| h Subtract line 1g from line 1a If zero        | •                                    |                                     |                           |  |  |
| i Subtract line 1f from line 1c If zero c      |                                      |                                     |                           |  |  |
| j If there is an amount other than zero        |                                      | r line 1: did the organiz           | ation file Form 4720      |  |  |
| reporting section 4911 tax for this ye         |                                      | i iii o ri, did trio organiz        |                           |  | Yes No   |
| roporting ocotion for the view of              |                                      | eraging Period Under                | section 501(h)            |  |  |
| (Some organizations that                       | t made a section                     | • •                                 | have to complete all      | of the five columns l                  | pelow.   |
|  | Lobbying Expe                        | enditures During 4-Ye               | ar Averaging Period       |  |  |
| Calendar year<br>(or fiscal year beginning in) | (a) 2011                             | <b>(b)</b> 2012                     | (c) 2013                  | (d) 2014                               | (e) Total  |
| 2a Lobbying nontaxable amount                  | <u> </u>                             |                                     |                           |  |  |
| <b>b</b> Lobbying ceiling amount               |                                      |                                     |                           |  |  |
| (150% of line 2a, column(e))                   |                                      |                                     |                           |  |  |
| c Total lobbying expenditures                  |                                      |                                     |                           |  |  |
| d Grassroots nontaxable amount                 |                                      |                                     |                           |  |  |
| e Grassroots ceiling amount                    |                                      |                                     |                           |  | <del>†</del>                                     |
| (150% of line 2d, column (e))                  |                                      |                                     |                           |  |  |
| (1567) Of mile 2d, coldini (e))                |                                      | <del> </del>                        | 1                         |  | <del>                                     </del> |
| f Grassroots lobbying expenditures             |                                      |                                     |                           |  |  |

Schedule C (Form 990 or 990-EZ) 2014

## Schedule C (Form 990 or 990-EZ) 2014 NAIOP WASHINGTON STATE 91-1176606 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description  | (a)                 |              | (E        | )                                       |
|---|---------------------|--------------|-----------|---|
| of the lobbying activity  | Yes                 | No           | Amo       | ount                                    |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or   |                     |              |           |   |
| local legislation, including any attempt to influence public opinion on a legislative matter  | 1                   |              |           |   |
| or referendum, through the use of:  |                     |              |           |   |
| a Volunteers?   |                     |              |           |   |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                     |              |           |   |
| c Media advertisements?   |                     |              |           |   |
| d Mailings to members, legislators, or the public?  |                     |              |           |   |
| e Publications, or published or broadcast statements?   |                     |              |           |   |
| f Grants to other organizations for lobbying purposes?  |                     |              |           |   |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |                     |              |           |   |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                     |              |           |   |
| i Other activities?   |                     |              |           |   |
| j Total Add lines 1c through 1i   |                     |              |           |   |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                     |              |           |   |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |                     |              |           |   |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |                     |              |           |   |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |                     |              |           |   |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).  | tion 501(c)(        | 5), or se    | ction     |   |
|   |                     |              | Yes       | No                                      |
| 1 Were substantially all (90% or more) dues received nondeductible by members?  |                     | 1            |           | X                                       |
| 2 Did the organization make only in house lobbying expenditures of \$2,000 or less?   |                     | 2            |           | Х                                       |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?   |                     | 3            |           | Х                                       |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."   | d "No," OR          |              |           | ne 3, is                                |
| 1 Dues, assessments and similar amounts from members 2 Section 163(a) pendeductible lebbying and political expanditures (de not include amounts of notification). | tinal               | 1            |           | ,,205.                                  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli  | ucai                |              |           |   |
| expenses for which the section 527(f) tax was paid).  |                     | 0.           | 6.6       | 5,321.                                  |
| a Current year  |                     | 2a<br>2b     |           | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| b Carryover from last year c Total  |                     | 20<br>2c     | 6.6       | 5,321.                                  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   |                     | 3            |           | 7,109.                                  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e  | V0000               | 3            |           | ,100.                                   |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and   |                     |              |           |   |
| expenditure next year?  | political           | 4            |           |   |
| 5 Taxable amount of lobbying and political expenditures (see instructions)  |                     | 5            | -2        | 2,788.                                  |
| Part IV   Supplemental Information  |                     |              |           | .,                                      |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grounds)  | up list). Part II-/ | A. lines 1 a | nd 2 (see |   |
| instructions), and Part II-B, line 1. Also, complete this part for any additional information   | - p,, ·             | ,            | (000      |   |
| FORM 990, SCHEDULE C, PART III-B, LINE 2A:  |                     |              |           |   |
| CURRENT YEAR LOBBYING AND POLITCAL EXPENDITURES   | \$79,079            |              |           |   |
| LESS: P/Y CARROVER OF EXCESS 6033(E)(1)(A) DUES NOTI  | CES                 |              | \$12,     | 758                                     |
| NET LOBBYING AND POLITICAL EXPENDITURES FOR CURRENT   | YEAR                |              | \$66,3    | 321                                     |
|   |                     |              |           |   |

Schedule C (Form 990 or 990-EZ) 2014

#### **SCHEDULE D**

'(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NAIOP WASHINGTON STATE

Employer identification number 91-1176606

| Pai        | rt I Organizations Maintaining Donor Advise                          | ed Funds or Other Similar Funds                | or Accounts. Complete if the                  |
|------------|--|--|---|
|            | organization answered "Yes" to Form 990, Part IV, lin                |  |   |
|            |  | (a) Donor advised funds                        | (b) Funds and other accounts                  |
| 1          | Total number at end of year  |  |   |
| 2          | Aggregate value of contributions to (during year)                    |  |   |
| 3          | Aggregate value of grants from (during year)                         |  |   |
| 4          | Aggregate value at end of year                                       |  |   |
| 5          | Did the organization inform all donors and donor advisors in         | writing that the assets held in donor advise   | ed funds                                      |
|            | are the organization's property, subject to the organization's       | exclusive legal control?                       | Yes No  |
| 6          | Did the organization inform all grantees, donors, and donor a        | advisors in writing that grant funds can be u  | used only                                     |
|            | for charitable purposes and not for the benefit of the donor         | or donor advisor, or for any other purpose o   | conferring                                    |
|            | impermissible private benefit?                                       |  | Yes No  |
| Pai        | rt II Conservation Easements. Complete if the or                     | ganization answered "Yes" to Form 990, Pa      | art IV, line 7                                |
| 1          | Purpose(s) of conservation easements held by the organizat           |  |   |
|            | Preservation of land for public use (e.g., recreation or             | education) Preservation of a histor            | rically important land area                   |
|            | Protection of natural habitat  | Preservation of a certif                       |   |
|            | Preservation of open space   |  |   |
| 2          | Complete lines 2a through 2d if the organization held a quali        | ified conservation contribution in the form o  | of a conservation easement on the last        |
|            | day of the tax year  |  | in a someon various successions on the last   |
|            | day of the tax year  |  | Held at the End of the Tax Year               |
| •          | Total number of conservation easements                               |  | 2a  |
| ,<br>h     | Total acreage restricted by conservation easements                   |  | 2b  |
| b          | Number of conservation easements on a certified historic sti         | ructure included in (a)                        | 2c  |
| C          |  | * *  | } <del></del>                                 |
| ū          | Number of conservation easements included in (c) acquired            | after 6/17/06, and not on a historic structur  | 2d  |
| _          | listed in the National Register                                      |  | L   |
| 3          | Number of conservation easements modified, transferred, re           | eleased, extinguished, or terminated by the    | organization during the tax                   |
|            | year   |  |   |
| 4          | Number of states where property subject to conservation ea           |  |   |
| 5          | Does the organization have a written policy regarding the pe         |  | Yes No  |
| _          | violations, and enforcement of the conservation easements            |  |   |
| 6          | Staff and volunteer hours devoted to monitoring, inspecting,         | _  |   |
| 7          | Amount of expenses incurred in monitoring, inspecting, and           | -  |   |
| 8          | Does each conservation easement reported on line 2(d) abo            | ve satisfy the requirements of section 170(I   |   |
|            | and section 170(h)(4)(B)(ii)?  |  | └ Yes └ No                                    |
| 9          | In Part XIII, describe how the organization reports conservat        | -  |   |
|            | include, if applicable, the text of the footnote to the organization | ition's financial statements that describes t  | he organization's accounting for              |
| <b>D</b> - | conservation easements   | 6 Aut. Historical Transvers. or Ot             | har Cimilar Accets                            |
| Pa         | rt III Organizations Maintaining Collections o                       |  | ner Similar Assets.                           |
|            | Complete if the organization answered "Yes" to Form                  |  |   |
| 1a         | If the organization elected, as permitted under SFAS 116 (AS         | •  |   |
|            | historical treasures, or other similar assets held for public ex     | hibition, education, or research in furtheran  | ice of public service, provide, in Part XIII, |
|            | the text of the footnote to its financial statements that descri     | ribes these items.                             |   |
| þ          | If the organization elected, as permitted under SFAS 116 (AS         | •  |   |
|            | treasures, or other similar assets held for public exhibition, e     | education, or research in furtherance of pub   | ilic service, provide the following amounts   |
|            | relating to these items  |  |   |
|            | (i) Revenue included in Form 990, Part VIII, line 1                  |  | <b>&gt;</b> \$                                |
|            | (ii) Assets included in Form 990, Part X                             |  | • \$<br>• \$                                  |
| 2          | If the organization received or held works of art, historical tre    | easures, or other similar assets for financial |   |
|            | the following amounts required to be reported under SFAS 1           | •  |   |
| а          | Revenue included in Form 990, Part VIII, line 1                      |  | <b>▶</b> \$                                   |
| b          | Assets included in Form 990, Part X                                  |  | ► \$<br>► \$                                  |
|            | •  |  |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Part VIII Investments - Program Related.

| Complete if the organization answered "Yes"                     | to 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.) |                            | }  |

Part IX Other Assets.

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  | ·              |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>&gt;</b>    |

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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)    | INTERCOMPANY PAYABLE                                      | 7,000.         |
| (3)    |   |                |
| (4)    |   |                |
| (5)    |   |                |
| (6)    |   |                |
| (7)    |   |                |
| (8)    |   |                |
| (9)    |   |                |
| Total. | (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 7,000.       |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

### **SCHEDULE 0**

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. (Form 990 or 990-EZ) ► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NAIOP WASHINGTON STATE

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 91-1176606

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

| Name of th | e organization<br><b>N</b> Z | AIOP    | WASHINGTON STATE        | Employer identification numbe 91-1176606 |
|------------|------------------------------|---------|-------------------------|--|
| THESE      |                              |         | AVAILABLE UPON REQUEST. |  |
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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.

2014 Open to Public Inspection

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www. Its. gov/form990.

Employer identification number 91-1176606

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. NAIOP WASHINGTON STATE Part |

Direct controlling entity 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. End-of-year assets **e** Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

| (g)<br>Section 5 (2/hV13) | controlled               | entity?                 | No         |   |                        | ×                        |  |  |  |  | 990) 2014  |
|---------------------------|--------------------------|-------------------------|------------|---|------------------------|--------------------------|--|--|--|--|--|
| j                         | 8                        |                         | Yes        |   |                        |                          |  |  |  |  | Form   |
| €                         | Direct controlling       | entity                  |            | NAIOP -                                     | WASHINGTON             | CHAPTER                  |  |  |  |  | Schedule R (Form 990) 2014   |
| <b>(e)</b>                | Public charity           | status (if section      | 501(c)(3)) |   |                        | LINE 9                   |  |  |  |  |  |
| <u>(</u>                  | Exempt Code              | section                 |            |   |                        | 501(C)(3)                |  |  |  |  |  |
| (၁)                       | Legal domicile (state or | foreign country)        | •          |   |                        | WASHINGTON               |  |  |  |  |  |
| (q)                       | Primary activity         |                         |            | TO ALLOW NAIOP TO ENGAGE                    | IN SERVICE PROJECTS TO | BENEFIT OTHER NONPROFITS |  |  |  |  | s for Form 990.  |
| (a)                       | Name, address, and EIN   | of related organization |            | NAIOP FOUNDATION OF WASHINGTON - 51-0445981 | 23607 HWY 99, SUITE 2C | EDMONDS, WA 98026        |  |  |  |  | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |

432161 08-14-14 LHA

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91-1176606

Page 2

Schedule R (Form 990) 2014 NAIOP WASHINGTON STATE

Part III regarizations treated as a partnership during the tax year

| (a) Name, address, and EIN of related organization   | (b) Primary activity  | Legal<br>domicile<br>(state or<br>foreign<br>country) | (d) Direct controlling entity | Predomin<br>(related,<br>excluded fr          | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets      | <u> </u>                        | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or<br>managing<br>partner? | General or Percentage managing ownership |
|--|-----------------------|---|-------------------------------|---|---|---------------------------------|---|---------------------------------|-----------------------------------|---|------------------------------------|--|
|  |                       |   |                               |   |   |                                 |   |                                 |                                   |   |                                    |  |
|  |                       |   |                               |   |   |                                 |   |                                 |                                   |   |                                    |  |
|  |                       |   |                               |   |   |                                 |   |                                 |                                   |   |                                    |  |
|  |                       |   |                               |   |   |                                 |   |                                 |                                   |   |                                    |  |
| 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 | ganizations Taxable a | as a Corporting the tax                               | oration or Trust Co           | mplete if th                                  | e organizatior  | answered "Y                     | es" on Form                                   | 990, Part I                     | V, line 34                        | because it had  | one or mo                          | re related                               |
| (a)<br>Name, address, and EIN<br>of related organization   | Z. c                  | Prim  | (b) Primary activity          | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity   |                                 | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income |                                   | (g) Share of Pend-of-year of assets                         | (h)<br>Percentage<br>ownership     | Section 512(b)(13) controlled entity?    |
|  |                       |   |                               |   |   |                                 |   |                                 |                                   |   |                                    |  |
|  |                       |   |                               |   |   |                                 |   |                                 |                                   |   |                                    |  |
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| 432162 08-14-14  |                       |   | •                             | 23  |   |                                 |   |                                 |                                   | Schedu  | le R (Forn                         | Schedule R (Form 990) 2014               |

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

| Schedule R (Form 990) 2014                | 24   | 432163 08-14-14  |
|---|--|--|
|   |  | (9)  |
|   |  | (5)  |
|   |  | (4)  |
|   |  | (6)  |
|   |  | (2)  |
|   |  | (1)  |
| (d) Method of determining amount involved | (b) (c) Transaction Amount involved type (a·s) | (a) Name of related organization   |
| elationships and transaction thresholds   | must complete this line, including covered r   | 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  |
| 11 X 11 X                                 |  | <ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>   |
| T dt X X                                  |  | <ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>   |
| 10 X                                      | <u> </u>                                       | <ul> <li>sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>Sharing of paid employees with related organization(s)</li> </ul>  |
| 11 X 1m X                                 | ation(s)<br>ation(s)                           |  |
| X X                                       |  | J Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)   |
|   |  | Furchase of assets from related organization(s)     Exchange of assets with related organization(s)  |
| 19 X X                                    |  |  |
| 1f X                                      |  | f Dividends from related organization(s)   |
| 1d X                                      |  | <ul> <li>d Loans or loan guarantees to or for related organization(s)</li> <li>e Loans or loan guarantees by related organization(s)</li> </ul>  |
| Z of                                      |  | <ul> <li>c Gift, grant, or capital contribution from related organization(s)</li> <li>c Gift, grant, or capital contribution from related organization(s)</li> </ul>   |
|   |  |  |
| Parts II:IV?                              | ith one or more related organizations listed i | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 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? |
| -   |  |  |

Page 4

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

|  | (state or foreign country) | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | parthers sec 501(c)(3) orgs? | Share of total income | (9)<br>Share of<br>end-of-year<br>assets | Dispropor-<br>tionate<br>allocations? | Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) | General or managing partner? | Percentage<br>ownership |
|--|----------------------------|--|------------------------------|-----------------------|--|---------------------------------------|---|------------------------------|-------------------------|
|  |                            |  |                              |                       |  |                                       |   |                              |                         |
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432164 08-14-14

| Schedule F | R (Form 990) 2014                  | NAIOP           | WASHINGTON             | STATE                                 | 91-1176 <u>606</u> | Page 5    |
|------------|------------------------------------|-----------------|------------------------|---------------------------------------|--------------------|-----------|
| Part VII   | (Form 990) 2014  Supplemental Info | rmation         |                        | <del></del>                           |                    |           |
|            | Provide additional inform          | nation for resp | onses to allestions or | Schedule R (see instructions).        |                    |           |
|            | T TOVIGO AGGINOTIAI II TOTI        | nation for roop | to quoditorio or       | r correction in (ode mandenerie).     |                    |           |
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