

Form **990EZ**


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

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

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

OMB No. 1545-1150

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Landlord Association of the Inland Northwest
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
225 E 3rd Avenue Ste
City or town, state or province, country, and ZIP or foreign postal code
Spokane, WA 99202

D Employer identification number
91-0911217
E Telephone number
(509) 535-1018
F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶
H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.landlordassoc.org
J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 102,929

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	109
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	84,557
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	13,563
	b	Less: cost of goods sold	7b	3,034
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	10,529
	8	Other revenue (describe in Schedule O)	8	4,700
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	99,895
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	59,473
	13	Professional fees and other payments to independent contractors	13	5,628
	14	Occupancy, rent, utilities, and maintenance	14	13,446
	15	Printing, publications, postage, and shipping	15	1,384
	16	Other expenses (describe in Schedule O)	16	23,458
	17	Total expenses. Add lines 10 through 16 ▶	17	103,389
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,494
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,422
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,928

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	49,496	22	48,283
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	5,555	24	5,483
25 Total assets	55,051	25	53,766
26 Total liabilities (describe in Schedule O).	20,629	26	22,838
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,422	27	30,928

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐
What is the organization's primary exempt purpose?
TRADE ASSOCIATION OF RENTAL PROPERTY OWNERS AND MANAGERS
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.
28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐
29

(Grants \$) If this amount includes foreign grants, check here ☐
30

(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Corker	0	0		
President				
ANN WICK	0	0		
Vice President				
VICKY ROSIER	0	0		
Treasurer				
Mark Visintainer	0	0		
Secretary				
CHRIS BOURASSA	0	0		
Director				
Daniel Klemme	0	0		
Director				
Ron Olson	0	0		
Director				
Roger Trainor	28.00	45,291		
Executive Dir.				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed. ▶		

42a The organization's books are in care of ▶ LANDLORD ASSOC OF INLAND NW Telephone no. ▶ (509) 535-1018
Located at ▶ 225 E 3rd Avenue Ste 2 Spokane , WA ZIP + 4 ▶ 99202

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country: ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ☐ **Yes** ☐ **No**

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

Sign Here	*****	2020-11-12
	Signature of officer	Date
	Roger Trainor Executive Director	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Christopher Bourassa	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00223180
	Firm's name ► OMLIN GUNNING & ASSOCIATES P S			Firm's EIN ► 91-1496404	
	Firm's address ► 9515 N DIVISION ST Suite 200 SPOKANE, WA 99218			Phone no. (509) 467-2000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 91-0911217
Name: Landlord Association of the Inland Northwest

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TRADE ASSOCIATION OF RENTAL PROPERTY OWNERS AND MANAGERS FORMED TO DISTRIBUTE INFORMATION AND KEEP MORE THAN 700 MEMBERS APPRISED OF CURRENT REGULATIONS AND BEST PRACTICES. (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
Landlord Association of the Inland Northwest

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

91-0911217

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.1	\$4700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1001	Advertising and Promotion \$331

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance \$1616

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	RENTAL REVIEW \$9979

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	COPIER/PRINTER LEASE \$2604

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	TRAVEL/MEETINGS \$2189

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	TELEPHONE \$2149

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	BANK FEES \$1865

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	OFFICE SUPPLIES \$1369

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.8	COMPUTER SOFTWARE/ MAINTENANCE \$949

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.9	OFFICE EQUIPMENT \$146

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.10	DUES AND SUBSCRIPTIONS \$130

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.11	LICENSE AND PERMITS \$80

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.12	TAXES \$26

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.13	REPAIRS & MAINTENANCE \$25

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1010	Inventories - Beginning \$3870 Inventories - Ending \$3741

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1011	Prepaid Expenses and Deferred Charges - Beginning \$672 Prepaid Expenses and Deferred Charges - Ending \$729

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1	SECURITY DEPOSIT - Beginning \$1013 SECURITY DEPOSIT - Ending \$1013

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1001	Accounts Payable and Accrued Expenses - Beginning \$1291 Accounts Payable and Accrued Expenses - Ending \$4558

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1003	Deferred Revenue - Beginning \$17923 Deferred Revenue - Ending \$16926

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	PAYROLL LIABILITIES - Beginning \$151 PAYROLL LIABILITIES - Ending \$156

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.2	SALES TAX PAYABLE - Beginning \$1147 SALES TAX PAYABLE - Ending \$1198

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.3	DUE TO OTHERS - Beginning \$117 DUE TO OTHERS - Ending \$0