Form **990-EZ**

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)

2013

OMB No. 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public
Inspection

A Fort the 2013 calendary year, or tax year, beginning Characteristics Charact			of the Treasury enue Service	▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form	n990.	Inspection
Charte of organization Charte of organizat						thor 31 20 13
Indian NW Counties National Association of Residential Property Managers Tolophone number Number and stroot for P.O. box, if mile not adherent or street address Tolophone number Tolophone num	_		1			·
Number and street Number and street (or P.O. box, if mail is not delivered to street address) Reconvolute E Telephone number 1917 E. Braodway Ave. 101 (509) 922-3942 (509) or now, stake or province, country, and ZIP or foreign postal code P Group Exemption Number Numbe			• •	·	D Limpioy	
Institute each reminished Institute each reminished Institute each reminished Institute each Institute Institute each Institute			-		F Telepho	
City or town, state or provinse, country, and ZiP or foreign poetal code F Group Exemption Number Spokane Valley, WA 99206 F Group Exemption Number Spokane Valley, WA 99206 F Group Exemption Number F Group Exemption F Group Exemption Number F Group Exemption F Group Exemption Number F Group Exemption F Group	I1		-		L Telepho	
Appleation preutry G Accounting Method:		Terminate	ed .			
G Accounting Method: ☑ Cash ☐ Accrusal Other (specify) ☐ H Check ☐ It the organization is not required to attach Schedule B (Formal Schedule B) ☐ Take-exempt status (check only one) ☐ Takes ☐ Model B (Formal Schedule B) ☐ Takes ☐ T	=			· · · · · · · · · · · · · · · · · · ·	•	•
Webster				/		
Tax-exempt status (check only one) 1			•			
K Form of organization:					•	
Part Column (15) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 6774					Form 990,	990-EZ, or 990-PF).
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 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 2 3 Membership dues and assessments 3 3 3 3 3 3 3 3 3						
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Check if the organization used Schedule O to respond to any question in this Part I 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain or (loss) from gaming quents (not including \$ of contributions 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) 6 C Less: cilrect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Gross sales of inventory, less returns and allowances 7 D C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C G Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C G Gross profit or floss) from sales of inventory (Subtract line 7b from line 7a) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Coupancy, rent, utilities, and maintenance 13 Professional fees and other payments to independent contractors 13 Coupancy, rent, utilities, and maintenance 14 Coupancy,	L P	vaa iine	es 50, 60, and	/b, to line 9 to determine gross-receipts. If gross receipts are \$200,000 or more, or if total	assets	
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received						\$ 6774
The program service revenue including government fees and contracts 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 5b 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising event	P	art I				
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Eas Sob 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (and lines 6a and 6b and subtract line 6c) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a Hold Cares profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Cares profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 6774 7b Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 Printing, publications, postage, and shipping 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total revenses (describe in Schedule O) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 9 Revenue of the professional fees and other payments to independent contractors 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 9 Other changes in net assets or fund balances (explain in Schedule O) 19 Other changes in net assets or fund balances (explain in Schedule O)						
3 Membership dues and assessments 3 4 Investment income 4 56 Gross amount from sale of assets other than inventory 5a 5b 5b 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events 6c Gaming and fundraising events (add line 6a Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6c Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gaming					-	
4 Investment income 4		1			[_2	2
Fig. 8 Gross amount from sale of assets other than inventory be best cost or other basis and sales expenses comming and fundraising events and fundraising events and fundraising events and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions 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). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances 7a belies: cost of goods sold. 7b cost of gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c O O O O O O O O O O O O O O O O O O O					📑	3
b Less: cost or other basis and sales expenses .		4				4
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a			1000	
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 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). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Other revenue (describe in Schedule O). 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Grants and similar amounts paid (list in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 6062		b	Less: cost	or other basis and sales expenses		1960 2000 1972
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$		C			5	C 0
\$15,000)		6	-	· · · · · · · · · · · · · · · · · · ·		
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7a 1b 1c 1c 1c 1c 1c 1c 1c 1c 1c	d)	а			ħ#	
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7a 1b 1c 1c 1c 1c 1c 1c 1c 1c 1c	Ž					
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7a 1b 1c 1c 1c 1c 1c 1c 1c 1c 1c	Ş	b			3	
C Less: direct expenses from gaming and fundraising events	æ					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			sum of suc	n gross income and contributions exceeds \$15,000) 6b		
line 6c Gross sales of inventory, less returns and allowances 7a		С			100 mm 10	
Ta Gross sales of inventory, less returns and allowances b. Less: cost of goods sold c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c. B. Other revenue (describe in Schedule O) c. B. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c. B. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c. C. Other cevenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 c. D. Gross profit or gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c. C. Other cevenue (describe in Schedule O) c. D. Sale from the from sales of inventory (Subtract line 7b from line 9) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. Other cevenue (describe in Schedule O) c. C. C. C. C. C. C. C. Other cevenue (describe in Schedule O) c.		d		or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract 📗	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total sand similar amounts paid (list in Schedule O) 7 Benefits paid to or for members 7 Salaries, other compensation, and employee benefits 7 Salaries, other compensation, and employee benefits 7 Professional fees and other payments to independent contractors 7 Salaries, other compensation, and employee benefits 7 Professional fees and other payments to independent contractors 7 Salaries, other compensation, and employee benefits 7 Professional fees and other payments to independent contractors 7 Salaries, other compensation, and employee benefits 7 Professional fees and other payments to independent contractors 7 Salaries, other compensation, and employee benefits 8 Salaries, other compensation, and employee benefits 9 Salaries, oth			line 6c) .		· · 6	d 0
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7a	Gross sales	s of inventory, less returns and allowances	2000.10 2000.10	
8 Other revenue (describe in Schedule O)		b	Less: cost	of goods sold	5000	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		С			7	c 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . ▶ 9 6774 10 Grants and similar amounts paid (list in Schedule O)		8			[8	6774
Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		9			. ▶ 5	
Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Other changes in net assets or fund balances (explain in Schedule O)		10	Grants and	similar amounts paid (list in Schedule O)	1	0
Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Other changes in net assets or fund balances (explain in Schedule O)			•			1
Professional fees and other payments to independent contractors	es	12			1	
Other expenses (describe in Schedule O)	Š	13				3
Other expenses (describe in Schedule O)	ре	14				
Other expenses (describe in Schedule O)	ũ	15	Printing, pu	blications, postage, and shipping	1	
Total expenses. Add lines 10 through 16		16	Other expe	nses (describe in Schedule O)	1	_
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expe	nses. Add lines 10 through 16	. ▶ 1	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)	·s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 1	_
end-of-year figure reported on prior year's return)	šet		Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	0.00 May 1	10.17
20 Other changes in net assets or fund balances (explain in Schedule O)	Ass		end-of-year	figure reported on prior year's return)	1	1
21 Net assets or fund balances at end of year, Combine lines 18 through 20	et,	20				
	Z		Net assets	or fund balances at end of year. Combine lines 18 through 20	. > 2	

Pa	rt II Balance Sheets (see the						
	Check if the organization	used Schedule	O to respond to a	ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				6062	22	5150
23	Land and buildings					23	
24	Other assets (describe in Schedu					24	
25	Total assets				6062	_	5150
26 27	Total liabilities (describe in Sche			L.		26	***************************************
	Net assets or fund balances (lir t III Statement of Program S				6062	27	5150
الناليا	Check if the organization	ervice Accord	n Ω to respond to a	ny question in this	Part III		Expenses
Wha	t is the organization's primary exem				raitin		quired for section (c)(3) and 501(c)(4)
	cribe the organization's program se				Youran conject	orga	anizations and section
as n	neasured by expenses. In a clear ons benefited, and other relevant in	and concise m	nanner, describe the	e services provided	d, the number of		7(a)(1) trusts; optional others.)
28							
	(Grants \$		includes foreign gra	onto abaal baya		00-	
29						28a	
	(Grants \$	If this amount	includes foreign gra	ants, check here		29a	
30							
			includes foreign gra	ints, check here .	▶ □	30a	
31	Other program services (describe in	•					
	(Grants \$	If this amount	includes foreign gra	ints, check here .	<u></u> ▶ 🗌	31a	
32 Par	Total program service expenses	(add lines 28a i	nrough 31a)		▶	32	0
Fai	List of Officers, Directors, Tr Check if the organization L	ustees, and Key Ised Schedule	O to respond to a	one even if not com	pensated—see the ir	struc	tions for Part IV)
	Chock if the digamization t	isca concadic		(c) Reportable	(d) Health benefits,		· · · · L
	(a) Name and title		(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of ther compensation
						-	
						1	
						-	
						-	
						-	
						1	
			*				
						ļ	
						-	
						+-	
						+	7000
					Ī	1	

Par		s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	168	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	4	V//ii-1	***********
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
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)?	35a		1
b	provide all explanation in Confeder C	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	• • • • • • • • • • • • • • • • • • •	37b	in-subjects	✓
Jua	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? .	00-		,
b	1 1	38a		V
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		7	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		./
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	105		v T
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a	Located at N. 2424 C. David Customer With 00000	509) 45	6-608	8
b	Located at ► 3124 S. Regal, Spokane, WA 99223 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	./
	If "Yes," enter the name of the foreign country: ▶			v Estati
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	210 m		
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
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		. •	→ □
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	Yes	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		<u>,</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u>√</u> ✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>,</u>
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		,
		400		V

Page	4

								-	
46	Did the organization engage, directly or						Yes	No	
Part \	to candidates for public office? If "Yes," Section 501(c)(3) organization		, Part I	· · · ·		. 46		✓	
THE STATE OF	All section 501(c)(3) organization		estions 47–49b and	d 52, and c	omplete_th	e tables t	or lin	ies	
	50 and 51.								
	Check if the organization used S	chedule O to respond	d to any question in	this Part V	1			\Box	
47	Did the committee arrays in labely in		anation EO1/h) aloot	lan la affac	مملة ممالات الما	tau -	Yes	No	
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa	art II	· · · · · · · · · · · · · · · · · · ·			. 47		1	
48	Is the organization a school as described							1	
49a	Did the organization make any transfers If "Yes," was the related organization a							1	
b 50	Complete this table for the organization							nd kev	
00	employees) who each received more that								
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plan	Ith benefits, ns to employee is, and deferred bensation		(e) Estimated amount of other compensation		
		1		Court	Jensation				
 									
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization from	n's five highest comp ganization, If there is no	ensated independer one, enter "None."					e than	
	(a) Name and business address of each indepe	ndent contractor	(b) Type of se	(C) Compensat	ion			
			-						
			-						
•									
d	Total number of other independent cont	-		.▶					
52	Did the organization complete Schedule					.			
	nonexempt charitable trusts must attacl					► ✓ Yes		No	
true, cor	enalties of perjury, I declare that I have examined thi rrect, and complete. Declaration of preparer (other th	s return, including accompan an officer) is based on all info	lying schedules and stater ormation of which prepare	nents, and to t r has any know	he best of my ki /ledge.	nowledge and	d belief	, it is	
	Early Sals	ALPANALE PROPERTY.			1/30/19	/			
Sign	Signature of officer			D	ate				
Here	Eric J. Bessett, President								
	Type or print name and title	Dronguesta atematica		Doto		DTN			
Paid	Print/Type preparer's name	Preparer's signature	1	Date		If PTIN			
Prepa	I		self-employed			yeu			
Use (Only Firm's name Firm's address F				irm's EIN ► hone no.				
May th	ne IRS discuss this return with the prepar	er shown above? See	instructions .		HOHE HO.	▶ □ Ves	П	No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name	of the organization	-B Benevice of States (AB - Paul Betting A Book of Agents Are Paul	enterativa enteres enteres por enteres enteres entre enteres enteres enteres enteres enteres enteres enteres e					Employer i	identificati	on number	variation in a resident
Inlan	d NW Counties Na	tional Associatio	n of Residential Proper	ty Manag	ers				81-0	617283	
	rt I Reason	for Public Cha	arity Status (All org	anizatio	ns must	complet	te this pa	art.) See	instructi	ions.	
Ine (organization is no	t a private found	ation because it is: (F	or lines 1	through	11, chec	k only on	e box.)			
	A church, co	nvention of chur	ches, or association o	f church	es descril	oed in se	ction 170)(b)(1)(A)((i) .		
2	☐ A school des	cribea in sectio i	n 170(b)(1)(A)(ii). (Atta	ich Sche	dule E.)						
3 4	☐ A modical re	a cooperative no	ospital service organiz	ation de	scribed ir	section	170(b)(1))(A)(iii). 			
4	hospital's na	me, city, and sta	ion operated in conjur	nction wi	tn a nosp	ital desci	ribed in s e	ection 17	'0(b)(1)(A	()(iii). Enter the	€
5			the benefit of a colle					-1 f-			
Ū	section 170	b)(1)(A)(iv). (Con	ine benent of a cont inlete Part II)	ege or u	iiversity (owned or	operate	a by a go	overnmer	ntal unit desc	ribed in
6			rnment or governmen	tal unit d	oporibod	in acetic	n 170/h\/	41/41/41			
7	☐ An organizati	ion that normally	receives a substanti	al nart o	f ite eunn	ort from	n novern	ij(A)(V).	nit or fro	m the general	[
-	described in	section 170(b)(1)(A)(vi). (Complete Pa	arparto int IL)	i ita supp	ort nom	a govern	imental u	THE OF ITO	m the genera	public
8			in section 170(b)(1)(A		mploto D	ort II \					
9			receives: (1) more th								
	receipts from	activities relate	d to its exempt func	tione—ei	thiest to	certain e	voontion	nbutions,	member	snip tees, an	d gross
	support from	gross investme	ent income and unre	elated bu	usiness ta	exable in	come (le	s, and (2 iss sectio	n 511 t	e than 55787	inaceae
	acquired by t	he organization a	after June 30, 1975. S	ee secti	on 509(a)	(2). (Com	nplete Pai	rt III.)	,,, 011 (any ironi bas	1103303
10									(4).		
11	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 										
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section										
	509(a)(3). Che	eck the box that	describes the type of	supporti	ng organ	ization ar	nd comple	ete lines 1	1e throu	ıgh 11h.	
	a 🗌 Type i			II–Functio	onally inte	egrated	d 🗌	Type III-1	Non-func	tionally integr	ated
е	By checking t	this box, I certify	that the organization	is not co	ontrolled a	directly o	r indirect	lv bv one	or more	disqualified r	ersons
	other than for	undation manag	ers and other than on	e or mor	e publicly	y support	ted organ	izations o	described	d in section 5	09(a)(1)
_	or section 509	9(a)(2).									
f	If the organiz	zation received	a written determinatio	on from	the IRS	that it is	з а Туре	I, Type	ll, or Typ	pe III suppor	ting
g	following pers	17, 2006, nas t	he organization acce	pted any	gift or c	ontribution	on from a	any of the	•		
	- '		ndiractly controls -:	la a 1							
	(iii) below	the governing b	ndirectly controls, eit ody of the supported	ner alone organiza	e or toge tion?	tner with	persons	describe	d in (ii) a		No No
										1.30	+
	(ii) A 35% co	ntrolled entity of	on described in (i) abo a person described ir)VE?	, , , , , , , , , , , , , , , , , , ,					11g(ii)	+
h	Provide the fo	llowing informat	on about the support	i (i) Or (ii) ed organ	above? . (e)hotion					11g(iii)	
(1)	Name of supported	(ii) EIN	(iii) Type of organization		organization	T	ou notify	6.31	- 11	(-10 A	
٠.	organization	(7, =	(described on lines 1-9	in col. (i) li	sted in your	the orga	nization in	organizat	s the ion in col.	(vii) Amount of n	•
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S.?	1	
			(See mendenting)	Yes	No	Yes	No	Yes	No	-	
(A)											
,						-					
B)											
C)											
- ,											
D)											
E)											
			gay Cultural Tyryrasasasas II.	2-73 211 C-92-	T. Kennergon en	Was to a second	100000000000000000000000000000000000000		***************************************		
	i										

0

Part II
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	— (b) -2010—	(c)-2011	(d)-201 2	(e)-2013	(f)-Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.	TO LEGISTRE					0
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	ı's first, secon		•	12 ear as a sectio	
Secti	on C. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2013 (line 6			1, column (f))		14	0.00 %
15 16a	Public support percentage from 2012 Sch 331/3% support test—2013. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹		
b	331/3% support test—2012. If the organicheck this box and stop here. The organi					9 15 is 33 ¹ /3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	nd stop here. E as a publicly su	xplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci- and-circums-	rcumstances" tances" test. T	test, check th he organizatio	nis box and st o n qualifies as a	op here. publicly
18	Private foundation. If the organization di						
10	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a)-2009	(b) 2010	(c)-2011	(d)-2012	(e)-2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")					[0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					!	
	organization's tax-exempt purpose						0-
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						0
	furnished by a governmental unit to the						Į.
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0			0
7a	Amounts included on lines 1, 2, and 3	- 0		U	0	0	0
	received from disqualified persons .						_
b	Amounts included on lines 2 and 3						0
-	received from other than disqualified					l	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						_
С	Add lines 7a and 7b	0	0				0
8	Public support (Subtract line 7c from	0	U	0	0	0	0
	line 6.)					E-25-05-05-05-05-05-05-05-05-05-05-05-05-05	
Secti	ion B. Total Support						0
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	/f) Total
9	Amounts from line 6	0	(6) 2010	0	(u) 2012 0		(f) Total
10a	Gross income from interest, dividends,		<u>U</u>	U	U	. 0	0
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						0
	section 511 taxes) from businesses						
	acquired after June 30, 1975						_
С	Add lines 10a and 10b	0	0	0			0
11	Net income from unrelated business	0		U	0	0	0
• •	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on				Į		
12	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.)	0	_	_			
14	First five years. If the Form 990 is for th	e organization'	's first, second	0 1. third fourth	or fifth tay yo	ar as a section	0 501(0)(3)
	organization, check this box and stop her	re			or militax ye		1 30 1(c)(3)
Section	on C. Computation of Public Suppor		<u> </u>				
15	Public support percentage for 2013 (line 8			3. column (fl)		15	0.00 %
16	Public support percentage from 2012 Sch	edule A. Part II	L line 15	5, 00iaiiii (i))		16	
	on D. Computation of Investment Inc	ome Percen	tage			1101	0.00 %
17	Investment income percentage for 2013 (I			/ line 13, colum	nn (fl)	17	0.00 %
18	Investment income percentage from 2012	Schedule A. P.	art III. line 17			18	0.00 %
19a	331/3% support tests - 2013. If the organia	zation did not d	check the box	on line 14, and	 d line 15 is ma	ore than 331,60%	
	17 is not more than 331/3%, check this box a	and stop here.	The organization	n qualifies as a	publicly sunno	rted organizatio	on . \blacktriangleright
b	331/3% support tests - 2012. If the organization	ation did not ch	eck a box on ii	ine 14 or line 19	a and line 16	is more than 95	, - □ 31,2% and
	line 18 is not more than 331/3%, check this b	ox and stop he	re. The organiz	zation qualifies	as a publicly su	pported organic	zation ▶ □
20	Private foundation. If the organization did	not check a h	ox on line 14	19a, or 19b, of	neck this hox a	and see instruc	tions > 🗸
				4, 4, 100, 01	.con and box a	and occurrent	110110 P

Schedule A	Schedule A (Form 990 or 990-EZ) 2013							
Part IV		ormation. Provide the o complete this part f	e explanations requ or any additional in	ired by Part II, line 1 Iformation. (See instr	O; Part II, line 17a or auctions).	17b; and		
		·						

					·	•••••		
						,		

*******				***************************************				

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	NW Counties Nation	al Association o	f Residential P	ropert	y Manage	ers				81-	06172	83		
	Excess Bene	efit Transactio	ns (section 50	1(c)(3)	and sec	tion 501(c)	(4) org	janizations only)			.,	, , , , , , , , , , , , , , , , , , , ,		
	Complete if t						line 2	5a or 25b, or Fo	rm 99	0-EZ,	Part	V, lin	e 40b	
1	(a) Name of disqualified	person	(b) Relationship b			d person and		(c) Description	n of tro	noootio			(d) Cor	rected?
				organiz	zation			(o) Description	m or ua	iisactio	11 1		Yes	No
(1)														
(2)		-												
(3)										*			-	
(4)								****						
(5)														
(6)														
2	Enter the amount	of tax incurred	by the orga	nizatio	n manag	gers or dis	squalif	ied persons du	ring t	he ve	ar			I
	under section 4958	3									<u> </u>	3		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	oursed by	the organ	nizatio	n . <i>.</i>			▶ §	<u> </u>		
					•	J					,			
Part	Loans to and	l/or From Inter	ested Person	ıs.										
	Complete if the	ne organization	answered "Ye	es" on	Form 99	0-EZ, Part	V, line	e 38a or Form 99	90. Pa	ırt IV.	line 2	6: or i	f the	
	organization r	eported an am	ount on Form	990, P	art X, line	e 5, 6, or 2	2.		,	,		o, o.		
(a) No	me of interested person	(h) Doletionskin	(-) D	/					T		l			
(a) Na	ine or interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Origi principal ar		(f) Balance due	(g) In c	default?		proved pard or	(i) W	
					nization?	printerpara.	nount					nittee?	agree	nentr
				То	From				Yes	No	V		14	
(1)				1	110111				res	No	Yes	No	Yes	No
(2)				<u> </u>					 	-	-			
(3)					+				-	-				
(4)					-									
(5)						***		70	<u> </u>					
(6)														
(7)									-					
(8)									-		-			
(9)									ļ	-				
(10)					-									
rotal								Λ.	12-4-12-20-5	375,476,868	Crist Visionini	Compressor		er Villiagens
Part		sistance Benef				• • •	, ▶ 3	\$ <u>o</u>						
- CI C	Complete if th	e organization	answered "Yes	s" on f	Form 990) Part IV I	ina 27							
/a) h							T***	•						
(a) N	lame of interested person		hip between intere nd the organizatio	ested ((c) Amount	of assistance	(0	d) Type of assistance	•	(e)	Purpos	se of as	sistanc	e
(1)			are organizatio	-										
(2)														
(3)														
(4)														
(5)														
(6)														
(7)				$-\!\!\!\!+$										
(7) (8)					*****									
(0) (9)		-												
(9) 10)														

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
					Yes	No
(1)						
(2)						
(4)				The state of the s		
(3) (4) (5) (6) (7) (8) (9) (10)						
(6)						
(7)						
(8) (9)						
(10)						
Part V	Supplemental Information Provide additional information fo					