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Form 990-EZ

## Short Form

OMB No. 1545-1150

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

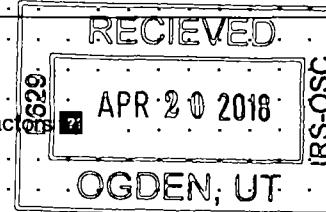
A For the 2017 calendar year, or tax year beginning		January	, 2017, and ending	December	, 2017
B Check if applicable		C Name of organization <b>Salem Rental Housing Association Inc</b>		D Employer identification number <b>91-1835639</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Number and street (or P O box, if mail is not delivered to street address) <b>PO Box 7307</b>		Room/suite <b>6</b>	E Telephone number <b>503-370-4020</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>Salem, OR 97303</b>		F Group Exemption Number ► <b>6</b>	

G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► <b>      </b>	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) <b>      </b>
I Website: ► <a href="http://www.salemrha.com">www.salemrha.com</a>	

J Tax-exempt status (check only one) —  501(c)(3)  501(c) (6) **(6)** (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  OtherL 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. ► **\$**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 . . . . .	2 Program service revenue including government fees and contracts . . . . .	3 Membership dues and assessments . . . . .	4 Investment income . . . . .	1	2,253	
					2	24,374	
	5a Gross amount from sale of assets other than inventory . . . . .	5b Less: cost or other basis and sales expenses . . . . .	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5d	3	40,020	
	6 Gaming and fundraising events . . . . .	6a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6b 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) . . . . .	6c Less: direct expenses from gaming and fundraising events . . . . .	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	4	19
	7a Gross sales of inventory, less returns and allowances . . . . .	7b Less: cost of goods sold . . . . .	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7d	5		
	8 Other revenue (describe in Schedule O) . . . . .	8	516				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	64,666				
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	15,005				
	11 Benefits paid to or for members . . . . .	11					
	12 Salaries, other compensation, and employee benefits <b>71</b> . . . . .	12	4,383				
	13 Professional fees and other payments to independent contractors <b>71</b> . . . . .	13					
	14 Occupancy, rent, utilities, and maintenance . . . . .	14					
	15 Printing, publications, postage, and shipping . . . . .	15	5,691				
	16 Other expenses (describe in Schedule O) <b>7</b> . . . . .	16	27,795				
	17 Total expenses. Add lines 10 through 16 . . . . .	17	52,274				
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	12,392				
	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	37,080				
Net Assets	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	49,472				

For Paperwork Reduction Act Notice, see the separate instructions.



Cat. No. 106421

Form 990-EZ (2017)

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
<b>22</b>	Cash, savings, and investments . . . . .	37,080	<b>22</b> 49,472
<b>23</b>	Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b>	Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25</b>	<b>Total assets</b> . . . . .	<b>37,080</b>	<b>25</b> 49,472
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>37,080</b>	<b>27</b> 49,472

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule Q to respond to any question in this Part III

What is the organization's primary exempt purpose? Member Education

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 Monthly 3-4 hour seminars, teaching good landlord practices and update on landlord/tenant laws

My 3 week seminar, featuring 9 different presenters and speakers, and a different topic

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21 (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶  28a

## **29 Monthly 1 hour meeting with speaker and networking**

28a

29. Provide up-to-date rental forms to all of our members and access to helpline.

(Grants \$ ) If this amount includes to  
22 Total amount of grants \$ 111,000.00

30a

32 Total program service expenses (add lines 28a through 31a) ► 32

**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

**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	33	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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?	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations. Enter.	39b	
a	Initiation fees and capital contributions included on line 9	40a	Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ►
b	Gross receipts, included on line 9, for public use of club facilities	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
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 ►	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 ►
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►
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	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
41	List the states with which a copy of this return is filed ► Oregon	40b	
42a	The organization's books are in care of ► Maren Winters	Telephone no. ► 503-370-4020	
	Located at ► PO Box 7307, Salem, Oregon	ZIP + 4 ► 97303-0063	
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)? 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).	42b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ►	42c	<input checked="" type="checkbox"/>
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	43	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	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	<input checked="" type="checkbox"/>

		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	<input checked="" type="checkbox"/> <input type="checkbox"/>

**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	<input type="checkbox"/> <input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input type="checkbox"/> <input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>
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 ► None

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 <input checked="" type="checkbox"/>	Signature of officer Sibylle Beck, President	Date 4-9-2018
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

Salem Rental Housing Association, Inc

Employer identification number

91-183563

**Item 8: Other Revenues**

**Forms Postage \$516**

**Newsletter Ads \$0**

**Total \$516**

**Item 10. Grants and similar amounts paid**

**Dues paid to Oregon Rental Housing Association \$15,005**

**Item 16: Other Expenses:**

**Business Fee \$488**

**Marketing \$3,788**

**Office Supplies \$657**

**Paypal Fees \$1,283**

**Seminar Books \$2,473**

**Seminar Expenses \$16,970**

**Travel Expenses \$886**

**Voice Mail \$120**

**Donation to ORHA Education Fund (501 (c) 3 \$500**

**Website \$30**

**Total \$27,195**