

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)

OMB No. 1545-1150

2018

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

- 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.

A For the 2018 calendar year, or tax year beginning	January 1	, 2018, and ending	December 31
		, 20 18	
B Check if applicable	C Name of organization ??		
<input type="checkbox"/> Address change	Salem Rental Housing Association		
<input type="checkbox"/> Name change	D Employer identification number ??		
<input type="checkbox"/> Initial return	91-183563 8		
<input type="checkbox"/> Final return/terminated	E Telephone number		
<input type="checkbox"/> Amended return	503-370-4020		
<input type="checkbox"/> Application pending	F Group Exemption Number ► ??		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____			
I Website: ► www.salemrha.com			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ?? (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 62,888			

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 10%;">1</td> <td>Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1</td> <td>3,130</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> <td>28,425</td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td style="text-align: right;">3</td> <td>28,355</td> </tr> <tr> <td>4</td> <td>Investment income</td> <td style="text-align: right;">4</td> <td>27</td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> <td>0</td> </tr> <tr> <td>b</td> <td>Less: cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> <td>0</td> </tr> <tr> <td>c</td> <td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c</td> <td>0</td> </tr> <tr> <td>6</td> <td>Gaming and fundraising events.</td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6a</td> <td>0</td> </tr> <tr> <td>b</td> <td>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)</td> <td style="text-align: right;">6b</td> <td>0</td> </tr> <tr> <td>c</td> <td>Less direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6c</td> <td>0</td> </tr> <tr> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d</td> <td>0</td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> <td>4,500</td> </tr> <tr> <td>b</td> <td>Less: cost of goods sold</td> <td style="text-align: right;">7b</td> <td>2,658</td> </tr> <tr> <td>c</td> <td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c</td> <td>1,842</td> </tr> <tr> <td>8</td> <td>Other revenue (describe in Schedule O)</td> <td style="text-align: right;">8</td> <td>3,767</td> </tr> <tr> <td>9</td> <td>Total revenue. 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2

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	49,472	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	49,472	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,472	27
		55,284
		0
		0
		55,284
		0
		55,284

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? 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 practises, and update on landlord/tenant laws. Current membership: 330		
29	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 28a 21,950		
30	Monthly 1 hour membership meetings with speaker and networking Current membership: 330		
31	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a 3.677		
32	Provide up to date rental forms to all of our members and provide members access to a helpline Current membership: 330		
33	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a 6,723		
34	Other program services (describe in Schedule O)		
35	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a 6,567		
36	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/> 32 38,917		

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.

21 (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
Sibylle Beck, President, Delegate to Oregon Rental	15	1,300	0	0
Housing Association, Webmaster, Helpline monitor	15	1,300	0	0
Karen Weibel, Vice-President	2	0	0	0
Maren Winters, Treasurer, Administrator of forms sales	15	6,000	0	0
Julia Jaure, Secretary	3	0	0	0
Kathleen Ashley, Delegate to Oregon Rental Housing	5	0	0	0
Association	5	0	0	0
Violet Wilson, Newsletter Editor, Legislative Committee	5	1,200	0	0
Chair				

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

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 ?1

Yes	No
-----	----

33	✓
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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 ?1

34	✓
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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)? ?1

35a	✓
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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
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 ?1

35b	
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35c	✓
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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 ?1

36	✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

37b	✓
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b Did the organization file Form 1120-POL for this year?
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? ?1

38a	✓
-----	---

b If "Yes," complete Schedule L, Part II and enter the total amount involved ?1

38b	
-----	--

39 Section 501(c)(7) organizations. Enter:

39a	
-----	--

a Initiation fees and capital contributions included on line 9

39b	
-----	--

b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____

40b	
-----	--

b Section 501(c)(3), 501(c)(1), and 501(c)(29) organizations. Did the organization engage in any section 1958 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

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

40e	✓
-----	---

41 List the states with which a copy of this return is filed ► _____

Telephone no. ► 503-370-4020

42a The organization's books are in care of ► Maren Winters Located at ► PO Box 7307, Salem, OR

ZIP + 4 ► 97303

Yes	No
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42b	✓
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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).

42c	✓
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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 ► _____

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
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44a	✓
-----	---

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b	✓
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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

44c	✓
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c Did the organization receive any payments for indoor tanning services during the year?

44d	
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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

45a	✓
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b	✓
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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

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

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

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	YES NO
47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
b	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."	

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

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	 Signature of officer Sibylle Beck, President Type or print name and title	 Date
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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 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization
Salem Rental Housing Association, Inc

Employer identification number
91-183563

Item 8: Other Revenues:

Forms Postage: \$297

Meeting Income \$3,320

Newsletter Ads. \$150

Total. \$3,767

Item 10 Grants and similar amounts paid

Dues paid to Oregon Rental Housing Association \$10,920

Item 16. Other Expenses:

Business Fee \$460

Forms Postage: \$329

Membership Marketing \$5,136

Meeting Expenses \$3,677

Office Supplies \$420

PayPal Fees. \$1,414

Seminar Books \$5,325

Seminar Expenses: \$16,625

Travel Expenses: \$148

Voice Mail: \$142

Website: \$1,271

Total \$26,881

Name of the organization

Salem Rental Housing Association

Employer identification number

91-183563**Item 31: Other Program Services:**

Newsletter Editor: \$1,200

Newsletter Printing: \$3,111

Newsletter Mailing: \$2,256

Total \$6,567