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Answer Options Text

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10pt

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National Association of Residential Property Managers  
SACRAMENTO AREA CHAPTER

**Sac NARPM - Election Survey** [Edit title](#)**Questions/Layout:**

**This survey is Published and only limited editing is available.**

You may still edit question and answer text. However, you can no longer move/add/delete questions or answer options.



Below you will find the slate for the NARPM Sacramento Area Chapter 2019 Executive Board.

If you have not done so already, please take a moment to submit your vote for the 2019 Executive Board.

Your vote must be received by 1:00pm on November 2nd, 2018.

The National Association of Residential Property Managers (NARPM®) Sacramento Chapter has nominated the organization's 2019 Board of Directors:





☐ No



2. Chapter Vice President [or President-elect]: Rod Lumen

☐ Yes

☐ No



3. Chapter Secretary: Desiree White

☐ Yes

☐ No



4. Chapter Treasurer: Nick Maionchi

☐ Yes

☐ No

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## National Association of Residential Property Managers

### Year: 2019 Chapter Planning Outline

#### 1. Chapter Leadership

- a. President: Katy Drack- kdrack@sacdelta.net 916-429-0245
- b. Vice President: Rod Luman- rod@keyrealttyventer.com 916-335-8100
- c. Secretary: Desiree White – dwhite@sacdelta.net 916-972-7891
- d. Treasurer: Nick Maionchi – nmaionchi@homeriver.com 916-920-0561
- e. Educational Chair Kesha Jenkins-kjenkins@sacdelta.net 916-484-4353  
Educational Vice Chair Charissa Graham – cgraham@sacdelta.net 916-486-7733  
Kelli Dodson-kelli.dodson@kts-law.com
- f. Membership Chair Kim Prindle – kim@ktbpropertymgmt.com 916-666-3421  
Membership Vice Chair Jason Pickens – jpickens@sacdelta.net 916-486-7742
- g. Legislative Chair Bob Thomas – bob@ktbpropertymgmt.com 916-217-9180
- h. Affiliate Program Chair Yana Carpenter – yana@waterheateronly.com 530-274-3001  
Affiliate Vice Chair Nate Moran – nate@waterheateronly.com  
Puneet Singh – puneet@pks-lawgroup.com
- i. Vendor Fair Coordinator Jason Thompson– jasonthompson@sgcarpet.com 916-709-3019
- j. SocialMedia/Marketing Chair Shelby Challberg - schallberg@homeriver.com
- k. Admin Courtney Pettenger- sacnarpm@gmail.com 209-745-5100
- l. Directors Alejandro White – awhite@sacdelta.net 916-395-7703  
Cheryl Muzinich- cherylmuzinich@gmail.com 916-548-4282  
Michelle Wight – mwight@homeriver.com 916-206-5901  
Rita Gordon – rita@dhfirerestoration.com 916-407-7704  
Bev Hoeft – bhoeft@ovcb.com 916-260-5812
- m. Past President/ Legislative  
Vice Chair Jeff Slodowitz – jeff@garciarealestate.com 916-202-7436

#### 2. Planning Retreat Outline

- 1. Meeting Day/Time: October 10, 2018 9 AM – 1 PM

# SacNARPM

## PROFIT AND LOSS

January - December 2018

	TOTAL
Income	
2019 Gold Sponsorship	775.00
2019 Silver Sponsorship	450.00
Advertising income	1,400.00
Affiliate dues income	
2018 Affiliate Dues	3,975.00
2018 Online Directory Advertising	100.00
Online Directory Advertising	75.00
<b>Total 2018 Affiliate Dues</b>	<b>4,150.00</b>
2018 Platinum Affiliate Member	1,100.00
2018 Silver Sponsor Membership	1,350.00
2019 Affiliate Dues	450.00
2019 Platinum Affiliate Member	2,200.00
<b>Total Affiliate dues income</b>	<b>9,250.00</b>
Education income	810.00
2018 Eviction Class	489.31
2018 Legal Update	426.06
April 2018 Fair Housing Class	2,300.00
December 2017 Legal Forum	270.00
February 2018 Code Enforcement	597.93
June 2018 SHRA Class	150.00
Rent Control Class	1,155.00
<b>Total Education income</b>	<b>6,198.30</b>
January 2018 Luncheon	75.00
Luncheon income	525.00
2018 Affiliate Pre-Paid Lunch Package	250.00
2018 July Luncheon	1,271.00
2018 March Luncheon Sponsor	175.00
2018 November Luncheon	235.00
2018 November Luncheon Sponsor	175.00
2019 Affiliate Lunch Pass	250.00
January 2019 Lunch Sponsor	175.00
January 2018 Luncheon	745.00
March 2018 Luncheon	730.00
March 2019 Lunch Sponsor	175.00
November 2017 Luncheon	100.00
September 2018 Luncheon	890.00
September Luncheon	50.00
<b>Total Luncheon income</b>	<b>5,746.00</b>
Sales	1,745.00
Special Events	
2018 Vendor Fair	4,923.61
2018 Blues Sponsor	350.00

	TOTAL
2018 Booth Sponsor	2,000.00
Brew Sponsor	500.00
Future NARPM Member Booth Sponsor	2,150.00
<b>Total 2018 Vendor Fair</b>	<b>9,923.61</b>
<b>Total Special Events</b>	<b>9,923.61</b>
Sponsorship Income	
2018 July Mixer	60.00
2018 Lunch Sponsor (July)	175.00
2018 March Mixer	240.00
January 2018 Mixer	90.00
September 2018 Mixer Sponsor	210.00
<b>Total Sponsorship Income</b>	<b>775.00</b>
<b>Total Income</b>	<b>\$36,337.91</b>
<b>GROSS PROFIT</b>	<b>\$36,337.91</b>
Expenses	
Admin Expenses	8,806.79
Advertising / Marketing	455.38
Bank Charges	349.32
Charity/Donations	1,400.00
Education expenses	238.00
2019 Gift Cards	380.41
<b>Total Education expenses</b>	<b>618.41</b>
Events	
Member Appreciation Dinner	3,724.38
<b>Total Events</b>	<b>3,724.38</b>
Legal & Professional Fees	374.00
Luncheon Meeting expenses	951.74
Catering	4,675.55
Room rental	3,447.42
Speaker Gifts or Fees	533.20
<b>Total Luncheon Meeting expenses</b>	<b>9,607.91</b>
Meals and Entertainment	1,467.45
Membership Dinner	50.00
Printing, awards, badges	321.06
Promotional	228.20
Speaker Gifts or Feesft	50.00
Taxes & Licenses	585.00
Uncategorized Expense	1,417.52
Web Hosting	123.85
<b>Total Expenses</b>	<b>\$29,579.27</b>
<b>NET OPERATING INCOME</b>	<b>\$6,758.64</b>
<b>NET INCOME</b>	<b>\$6,758.64</b>



National Association of Residential Property Managers  
SACRAMENTO AREA CHAPTER

Sacramento Chapter  
Board of Directors Meeting Agenda  
July 11, 2018

CALL MEETING TO ORDER

The meeting is called to order at 9:31

MEMBERS

President:	Jeff Slodowitz
Past President:	Alejandro White **
President Elect:	Katy Drack
Secretary:	Desiree White
Treasurer:	Nick Maionchi
Directors:	Michelle Wight
	<u>Shawn Collins</u>
	<u>Cheryl Muzinich</u>
Affiliate Chair:	<u>Yana Carpenter/Gina Fazil/Donovan Flores/</u> **
	<u>Jason Thompson</u>
Education Chair	<u>Rod Luman</u>
Events Coordinator:	<u>Bev Hoeft / Michelle Wight</u>
Membership Chair:	Kesha Jenkins and Kim Prindle
Legislative Chair:	Bob Thomas

MINUTES – A Motion to Approve June Board of Directors Minutes was made by  
Katy with a second by Nick

Presidents Report: Jeff 9:40

- 1) August 16th Rent control class - Jim and Preet are all confirmed
  - a) We Will be charging non members and not charging members?? Charging \$25 as usual
- 2) Nominations: Al and Katy Email going out this week
- 3) Building members is the key drive for NARPM National
- 4) National coming up in October
- 5) New Flood Law -Went into effect on July 1st, includes renewals

**WEBMASTERS UPDATE/ Courtney /not attending**  
Starting E Blasts for rent control -Fianlize today  
Will continue e blasts for July Lunch

**LEGISLATIVE REPORT/ Bob Thomas 9:55**

There were not enough signatures. Will not be on ballot in November. Still need to fight Costa Hawkins

**TREASURER'S REPORT – Nick Maionchi 10:05**

1. Treasurer's report: \$21,274.58 as of end of June. There is a \$200 dispute with Paypal.  
-Writing a check for \$900 to Homeaide

**PRESIDENT ELECT REPORT: Katy/10:15**

- 1) November Luncheon?? -Neal is confirmed
- 2) July lunch - 30 + registered
- A) Sponsor is Gina and she has a video to play instead of speaking

**Education Report- Rod/10:20**

- 1) We need Oct 25 class

**Membership Report/ Katy Drack, Keisha Jenkins Kim Prindle/10:25**

Still doing mentor program. Katy will sign up for grant to do membership drive at legal update.

**AFFILIATE REPORT- Yana/10:30**

- 1) Update Mixer- Coin op on the 19th. 3 vendor sponsors, 19 signed up.

**NEW BUSINESS- (10:40)**

- 1) Open discussion -Katy made a motion and Kesha second, will charge the fee for the rent control class, will take out expenses and donate the rest to CAA to fight rent control

***NARPM® Professional Members shall not knowingly or recklessly make false or misleading statements about other property managers or their business practices, or otherwise attempt to take business from other property managers by deceptive means.***

**STANDARDS OF PROFESSIONALISM**

- 9-1 The Property Manager shall treat all property managers in an honest and professional manner and shall not knowingly engage in any practice or take any action against a property manager in an un-businesslike manner.



- 9-2 The Property Manager shall not knowingly interfere with other property managers' contract rights, including by taking actions inconsistent with exclusive agreements that other property managers have with clients. This does not preclude the Property Manager from otherwise soliciting clients or making general announcements about their own services. For purposes of this code, a general announcement may be defined as a general telephone canvass or a general mailing or distribution addressed to all prospects in a given geographical area or in a specific profession, business, club, organization, or other classification or group. This code does not restrict fair and reasonable competition among property managers.
- 9-3 In the event of a controversy between Property Managers with different firms, the Property Managers/owner of firm shall submit the dispute to mediation prior to litigation.
- 9-4 Property Managers shall not use the work of competing management firms that are considered proprietary without the expressed written permission of the management firm.

■ NARPM® Antitrust Policy

## NARPM® Antitrust Statement:

It is the policy of the NARPM® to comply fully with all antitrust laws. The antitrust laws prohibit, among other things, any joint conduct among competitors that could lessen competition in the marketplace. NARPM®'s membership is composed of competitors; they must refrain from discussing competitively sensitive topics, including those related to pricing (such as rates, fees, or costs), individual competitors or specific business transactions, or controlling or allocating markets. NARPM® shall not restrict members' ability to solicit competitors' clients. NARPM® shall not restrict members' ability to advertise for business, provided the advertising is not false, deceptive or otherwise illegal.

## Article 9: RELATIONS WITH OTHER PROPERTY MANAGERS

*The Property Manager shall not knowingly or recklessly make false or misleading statements about the competence or professionalism of other property managers or*



*about their business practices, or otherwise attempt to take business from other property managers by deceptive means.*

## STANDARDS OF PROFESSIONALISM

- 9-1 The Property Manager shall conduct business dealings with other property managers in an honest and professional manner and shall not knowingly engage in any practice or take any action against a property manager in an un-businesslike manner.
- 9-2 The Property Manager shall not knowingly interfere with other property managers' contract rights, including by taking actions inconsistent with exclusive agreements that other property managers have with their clients. This does not preclude the Property Manager from otherwise soliciting potential Clients or making general announcements about his or her own services. For purposes of this Code, a general announcement may be defined as a general telephone canvass or a general mailing or distribution addressed to all prospects in a given geographical area or in a specific profession, business, club, organization, or other classification or group. This Code does not restrict fair and reasonable competition among property managers.
- 9-3 In the event of a controversy between Property Managers with different Firms, the Property Manager of the Firm shall use best efforts to resolve the dispute prior to litigation.
- 9-4 The Property Manager shall not obtain or use the proprietary materials or work of a competing management Firm without the express written permission of that Firm.
- 9-5 The Property Manager shall cooperate with other property managers when it is in the best interests of the Client or Tenant to do so.
- *Note: The Federal Trade Commission (the "FTC") has conducted an investigation concerning certain provisions in the NARPM® Code of Ethics and Standards of Professionalism ("Code of Ethics"). The provisions of the Code of Ethics that were addressed by the FTC are those that stated: "NARPM® Professional Members shall refrain from criticizing other property managers or their business practices" and "The Property Manager shall not knowingly solicit competitor's clients." The FTC has alleged that these provisions in the Code of Ethics restrict members of NARPM® from competing for clients, thereby depriving clients of the benefits of competition among property managers, in violation of the Federal Trade Commission Act. Without admitting a violation of the law, NARPM® has agreed to the entry of a Consent Agreement and a Decision and Order by the FTC in this matter (the "Order"). The Order requires NARPM® to amend the Code of Ethics by deleting these two provisions; please note that such restrictions on solicitation or advertising by NARPM® members no longer apply.*



National Association of Residential Property Managers  
SACRAMENTO AREA CHAPTER

Sacramento Chapter  
Board of Directors Meeting ~~Agenda~~ Minutes  
Aug 8, 2018

CALL MEETING TO ORDER

The meeting is called to order at 9:34

MEMBERS

President:	Jeff Slodowitz
Past President:	Alejandro White**
President Elect:	Katy Drack
Secretary:	Desiree White
Treasurer:	Nick Maionchi
Directors:	Michelle Wight
	<u>Shawn Collins</u>
	<u>Cheryl Muzinich</u>
Affiliate Chair:	Yana Carpenter/ <u>Gina Fazil</u> /Donovan Flores/ <u>Jason Thompson</u>
Education Chair:	Rod Luman
Events Coordinator:	Bev Hoeft / Michelle Wight
Membership Chair:	Kesha Jenkins and <u>Kim Prindle</u>
Legislative Chair:	Bob Thomas

\*\* Names were late, underlined names were not present

MINUTES – A Motion to Approve July Board of Directors Minutes was made by  
Katy with a second by Kesha

Presidents Report: Jeff 9:40

- 1) August 16th Rent control class
  - A) Food?? Jeff to get food and forks from Cotco, SAR to handle Coffee, Jeff will call to confirm
  - B) #'s 51 registered -52 as of 8/7
- 2) Nominations: Al and Katy Email has gone out. Rod to be Present Elect
- 3) Building members is the key drive for NARPM National
- 4) National coming up in October

- 5) Planning Session for next year -October 10th from 9-1. Will also be October Board Meeting. Bev to call Brian about room.
- 6) End of year Party

Scouting out locations now

**WEBMASTERS UPDATE/ Courtney /not attending**

E Blasts for rent control all week 5 more going out before the class

**LEGISLATIVE REPORT/ Bob Thomas 9:55**

City council meeting this Tuesday on Rent Control

Proposing a 3-3-3 Plan. Voluntary program. Need 1000 units to try it out. Tenant pays 3% increase, state matches 3% lump some, 3 year program  
Raising rent more than 6% must go to mediation

**TREASURER'S REPORT – Nick Maionchi 10:05**

1. Treasurer's report: July bank statement has not come so financials are not finalized yet
2. Pay pal?? Still working on this

**PRESIDENT ELECT REPORT: Katy/10:15**

- a) We need some new blood, please spread the word

Katy will look for a sponsor for the Rent Control Class

**Education Report- Rod/10:20**

- 1) We need to get the last class and lunch to Courtney to finalize calendar

October 25th Class is with Tom Hogan and is confirmed- Rod to send info to Jeff for Courtney  
November luncheon is confirmed with Neaql Best- Bev to send info to Jeff

**Membership Report/ Katy Drack, Keisha Jenkins Kim Prindle/10:25**

**AFFILIATE REPORT- Yana/10:30**

- 1) Update - Next Mixer is 9/20. Location tbd. Vendor drive will be held at the November luncheon. Katy and yana to work on packages

**NEW BUSINESS- (10:40)**

- 1) Open discussion Ken Thorne needs to be removed from the email list. Need to monitor who is coming to the mixers

## Article 10: TRUTH IN ADVERTISING

*The Property Manager shall ensure that all advertising is clear and forthright and includes only accurate and truthful statements about the property or services advertised.*

## STANDARDS OF PROFESSIONALISM

- 10-1 Regardless of the type of media used, advertising content shall be truthful and honest at all times.
- 10-2 No property shall be offered as "For Rent" without the actual permission of the Client. If an unlisted property is offered, permission must be obtained from the owner.
- 10-3 Disclosure must be made to all parties if information gathered through electronic advertising media may be sold to an outside party.
- 10-4 All marketing materials, whether printed or electronic, shall comply with state laws.

## NARPM® Antitrust Statement:

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Adjourned: 10:39





National Association of Residential Property Managers  
SACRAMENTO AREA CHAPTER

Sacramento Chapter  
Board of Directors Meeting ~~Agenda~~ Minutes  
Sept 12, 2018

CALL MEETING TO ORDER  
The meeting is called to order at 9:34

MEMBERS

President:	Jeff Slodowitz
Past President:	Alejandro White **
President Elect:	Katy Drack
Secretary:	Desiree White
Treasurer:	Nick Maionchi **
Directors:	Michelle Wight
	<u>Shawn Collins</u>
	Cheryl Muzinich
Affiliate Chair:	Yana Carpenter/ <u>Gina Fazil</u> /Donovan Flores/ **
	<u>Jason Thompson</u>
Education Chair	Rod Luman
Events Coordinator:	Bev Hoeft / Michelle Wight
Membership Chair:	Kesha Jenkins and Kim Prindle
Legislative Chair:	Bob Thomas

MINUTES - A Motion to Approve Aug Board of Directors Minutes was made by  
Desiree with a second by Katy

Presidents Report: Jeff 9:40

- 1) Update of City Forum for rent control
  - A) Handout
- 2) Update on 2019 Planning meeting -Looking at the space today. Katy will do pastries, Bev to order lunch for 11:30
- 3) End of Year party - Elks Lodge Downtown. Happy Hour pricing for drink. Parking across the street. Great food.
- 4) National coming up in October
  - a) Who is going, we should plan a get together
  - b) All who are attending should plan on going to the Pacific Region Meeting Wednesday from 1:15-2:15

5) Luncheon Sept 18

- a) Sponsor is Servpro Citrus Heights, Roseville, Carmichael
- b) ## 29 Confirmed
- c) Speakers confirmed?? Yes
- d) Any special set up with the ## of speakers - 2 Microphones, table, 2 chairs
- e) Bev made a motion, with a second by Jeff to reimburse Pam for her mileage. All were in favor
- f) Lunch to be ready at 11:30

WEBMASTERS UPDATE/ Courtney /not attending  
E Blasts for Luncheon and Mixer scheduled

LEGISLATIVE REPORT/ Bob Thomas 9:55 Watch out for all Local Positions  
City of Rancho Cordova is working South of 50

TREASURER'S REPORT - Nick Maionchi 10:05

- 1. Treasurer's report: 18,308.18 In the bank
- 2. Paypal?? Everything is in Barbara's name and cannot be moved. Kesha will reach out to Barbara to see if she can help us out. About \$1500 in Paypal

PRESIDENT ELECT REPORT: Katy/10:15

- a) NARPM Leadership Training Katy is all signs up
- b) Rod did you sign up ?? Rod needs to sign up for the grant of \$250 through NARPM ASAP

Education Report- Rod/10:20 Look for a sponsor for the October Class. Maybe NorSac Glass?

Membership Report/ Katy Drack, Keisha Jenkins Kim Prindle/10:25

AFFILIATE REPORT- Yana/10:30

- 1) Update Yana will nto be luncheon. Donovan will make the announcements about the mixer. Mixer is at Punch Bowl Social. Will be set up at the 360 Bar

NEW BUSINESS- (10:40)

- 1) Open discussion Katy to call KTS and Rod will call Tom hogan for legal update. A motion was made and passed to reimburse Katy for Leadership Training. A motion was made and passed that DH Construction will sign an agreement for tickets for mixers and vendor fair in lieu of dues.

Article 7: AREAS OF EXPERTISE The Property Manager must provide competent service within his or her area of expertise, and refrain from the unauthorized practice of any other profession for which he or she is not licensed or qualified. 7-1 The Property Manager shall perform only such services in such locations for which he or she is qualified and can reasonably be expected to perform with professional competence. 7-2 The Property Manager shall not perform and shall not represent that he or she can or will perform



services outside of his or her area of expertise, particularly services that require a separate license or qualification – such as law, accounting, financial planning, construction, and/or contracting – unless the Property Manager independently possesses such license or qualification.

## **NARPM® Antitrust Statement:**

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Adjourned: 10:36

1000

1000

1000



National Association of Residential Property Managers  
SACRAMENTO AREA CHAPTER

Sacramento Chapter  
Board of Directors Meeting Agenda  
October 10, 2018

CALL MEETING TO ORDER

The meeting is called to order at 9:04

MEMBERS

President:	Jeff Slodowitz
Past President:	Alejandro White
President Elect:	Katy Drack
Secretary:	Desiree White**
Treasurer:	<u>Nick Maionchi</u>
Directors:	Michelle Wight
	Shawn Collins
	Cheryl Muzinich
Affiliate Chair:	Yana Carpenter/Gina Fazil/Donovan Flores/
	Jason Thompson
Education Chair	Rod Luman
Events Coordinator:	Bev Hoeft / Michelle Wight
Membership Chair:	Kesha Jenkins and Kim Prindle
Legislative Chair:	Bob Thomas

MINUTES – A Motion to Approve Sept Board of Directors Minutes was made by  
Rod with a second by Katy

Presidents Report: Jeff 9:40

- 1) End of Year party Michele and Bev - Waiting on contract. Looking for sponsors for bar/wine. Will send out eblasts as soon as contract has been signed.
- 2) National coming up October 17-19 -Bring gift card for NARPM
  - a) Dinner planned for Wednesday October 17, I have 5 people
- 3) Class October 25 Tom Hogan
  - a) Update #
  - b) Blitz

- 4) Next Lunch Neal Best Greater Sac economic Council,
  - a) Bev can you please get bio to Courtney -Has Courtney received this?
- 5) I have signed NARPM as a sponsor for the SAR housing fair - Oak Park Comm. Center
  - A) We will have a booth and speaking about property management
  - B) I did it last year
  - c) I will need another person to be there with me, -Rod and Jeff to attend. Will be \$250
- 6) Using Skype or Go to meeting at Monthly meeting for those that cannot attend \$ 7/month initially. Facetime is free

#### TREASURER'S REPORT – Nick Maionchi 9:55

1. Treasurer's report:
2. Paypal??

#### PRESIDENT ELECT REPORT: Katy/10:00- 1 pm

- a) Planning retreat 2019

## Article 5: CARE OF MANAGED PROPERTIES

*The Property Manager shall hold a high regard for the safety and health of those lawfully at a managed property and shall manage all properties in accordance with safety and habitability requirements of the local jurisdiction.*

#### STANDARDS OF PROFESSIONALISM

- 5-1 The Property Manager shall not manage properties for Clients who refuse, or are unable, to maintain their property in accordance with safety and habitability requirements of the local jurisdiction.
- 5-2 The Property Manager shall terminate management of a property if the Client does not comply with habitability requirements.

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lessen competition in the marketplace. NARPM®'s membership is composed of competitors; they must refrain from discussing competitively sensitive topics, including those related to pricing (such as rates, fees, or costs), individual competitors or specific business transactions, or controlling or allocating markets. NARPM® shall not restrict members' ability to solicit competitors' clients. NARPM® shall not restrict members' ability to advertise for business, provided the advertising is not false, deceptive or otherwise illegal.

Adjourned at 9:38





National Association of Residential Property Managers  
SACRAMENTO AREA CHAPTER

Sacramento Chapter  
Board of Directors Meeting Agenda  
October 30, 2018 for November

CALL MEETING TO ORDER

The meeting is called to order at 9:34

MEMBERS

President:	<u>Jeff Slodowitz</u>
Past President:	<u>Alejandro White</u>
President Elect:	<u>Katy Drack</u>
Secretary:	<u>Desiree White</u>
Treasurer:	<u>Nick Maionchi</u>
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Affiliate Chair:	<u>Yana Carpenter/Gina Fazil/Donovan Flores/</u> <u>Jason Thompson</u>
Education Chair	<u>Rod Luman</u>
Events Coordinator:	<u>Bev Hoeft / Michelle Wight</u>
Membership Chair:	<u>Kesha Jenkins and Kim Prindle</u>
Legislative Chair:	<u>Bob Thomas</u>

The \*\* people were late the \_\_\_\_\_ were not present

MINUTES – A Motion to Approve Oct Board of Directors Minutes was made by  
Rod \_\_\_\_\_ with a second by Michelle

Presidents Report: Jeff 9:35

- 1) End of Year party Michele and Bev Dec 1 -Contract is signed. 2 drinks per person. \$3510 total with drinks, food and rental based on 60 ppl
- 2) Update on National
  - a) Chapter of Excellence Award-Congrats to all
  - b) Congrats and posting at SAR? - Rod made a motion to hang award at SAR with a second by Michelle. All were in favor
  - c) Topics
- 3) Class October 25 Tom Hogan -28 came



- a) Update #28 Reg ,
- 4) Next Lunch Neal Best Greater Sac economic Council,
  - a) Courtney and blast
  - b) Event Nov 13 -Bev's bank is the sponsor. Katy will email slide show to both Yana and Jeff.
- 5) Legal Update Dec 11 - 9 to 11. Will be doing a toy drive/can food drive
  - a) KTS and Hogan confirmed
  - b) We will need munchies, Rod please handle - Rod will get food SAR will do coffee/water
  - c) Bev, Pls double check SAR
- 6) Katy and Rod St :Louis

#### TREASURER'S REPORT – Nick Maionchi 9:50

- 1. Treasurer's report:
- 2. Paypal?? -Michelle will talk to Nick to see if he was ever able to speak with Barbara so we can get the money out and taken care of

#### PRESIDENT ELECT REPORT: Katy/10:00

- a) Kathleen Richards conversation- Charging \$200,will donate software as a raffle which is worth \$250. Motion made by Katy with a second by Micelle to pay the \$200
- b) Corn hole fundraiser conversation - See handout Jason put together
- c) Speaker for Swearing in ceremony Bob Machado or Carl Carlson??

#### LEGISLATIVE REPORT/ Bob Thomas 10:15

Go vote!

#### Education Report- Rod/10:20

#### Membership Report/ Katy Drack, Keisha Jenkins Kim Prindle/10:25

There will be a vendro drive going at the November luncheon

#### AFFILIATE REPORT- Yana/10:30

- 1) Update

#### NEW BUSINESS- (10:40)

- 1) Open discussion

At the luncheon we need to make a push for the appreciation party. Jason and Yana will work on Sponsors for it. We need to have something on the tables for the luncheon.  
Possible Photo booth set up at the appreciation party. Time will be from 6:30-10:30. Katy will call KTS and ask abotu sign.

## NARPM® Antitrust Statement:

It is the policy of the NARPM® to comply fully with all antitrust laws. The antitrust laws prohibit, among other things, any joint conduct among competitors that could lessen competition in the marketplace. NARPM®'s membership is composed of competitors; they must refrain from discussing competitively sensitive topics, including those related to pricing (such as rates, fees, or costs), individual competitors or specific business transactions, or controlling or allocating markets. NARPM® shall not restrict members' ability to solicit competitors' clients. NARPM® shall not restrict members' ability to advertise for business, provided the advertising is not false, deceptive or otherwise illegal.

## Article 11: RESPONSIBILITY TO NARPM® AND THE PROFESSION

*The Property Manager shall comply with all policies and pronouncements of NARPM® and all relevant laws and rules of the jurisdiction in which he or she works, and shall strive to stay informed of and to educate others about relevant matters affecting the property management field.*

### STANDARDS OF PROFESSIONALISM

- 11-1 The Property Manager shall strive to improve the property management profession and NARPM® by sharing with others his or her lessons of experience for the benefit of all.
- 11-2 The Property Manager shall strive to be informed about relevant matters affecting the property management field on a local, state, and national level.
- 11-3 The Property Manager shall maintain his or her real estate license, if a license is required in their state.
- 11-4 The Property Manager shall abide by NARPM®'s bylaws and other policies and procedures of NARPM®, and shall seek to avoid doing harm to the organization.
- 11-5 The Property Manager shall ensure that all electronic communications and marketing he or she prepares is professional with respect given to the recipients.
- 11-6 The Property Manager shall act with integrity, good faith, and professionalism in connection with all NARPM® and NARPM® Chapter activities.

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Second section of handwritten text, appearing as a separate paragraph.

Third section of handwritten text, continuing the narrative or list.

Fourth section of handwritten text, located in the middle of the page.

Fifth section of handwritten text, showing a continuation of the content.

Sixth section of handwritten text, possibly a sub-section or note.

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Eighth section of handwritten text, continuing the flow of information.

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## 1. 2019 Budget – Subject to Change – Estimate Only- Net Profit -

Expenses: \$36,890	
Meeting Expenses (room, etc.) - Woodbridge BOD Meetings	0
Marketing Expenses (newsletter, promotional material, etc.)	1600
Legal & Accounting Expenses (tax return, corporation fees)	800
Officer Travel (to national event(s)) estimated	500
Luncheon Expenses (room, speaker, food) 1440/lunch (5)	7200
Vendor Fair (food, band, SAR rental, raffle prizes	4000
Cornhole Tournament/Charity Event estimated- (\$250 venue, \$600 tournament holder, \$1000 food and drink, \$50 permit)	1900
Fair Housing Class (room rental)	1640
Class Expenses 150/class (5)	750

	1200
Association Dues (SAR/RHA/CAA)	
Administrator (\$500 x 12)	6000
Charitable Donations	2000
Mixers ( \$300 x 5)	1500
Membership Appreciation Party	5000
Paypal, GoDaddy, Square, Wix, Constant Contact	2800
<b>Income: \$43,940</b>	
Professional/Support Membership Fees	National
Affiliate Membership Fees 45@ \$150	6000
Meeting Fees	0
Chapter Grant	500
Luncheons 1700/lunch (5)	8500
Classes 675/class (5)	3375
Vendor Fair	6750

Sponsorships (platinum, gold, silver, news and notes)	11175
Member Retention Check from National (estimated)	1050
Cornhole Tournament/Charity Event (\$40/team x 30 teams, vendor sponsorship \$200 x 20) = \$5200 estimated	All Proceeds to Charity (\$5200)
Fair Housing Class (60 @ \$45)	2700
Legal Update (60 @ \$45)	2700
Mixers (AVG 8 @ \$30 sponsorship)\$240/mixer (5)	1190

- Luncheon Income (30 people @ \$25 = \$750 + \$200 Lunch Sponsor)  
(25 people @ \$30 = \$750)

Total income = **\$1700 incl sponsorship**

Luncheon Expense (Room Rental \$400, Tables and Chairs \$125, Caterer \$17/person \$765, \$100 gift card to speaker, \$50 raffle prize) = **\$1440**

**\$1700-\$1440 = \$260 x 5 = \$1300 net profit**

- Class Income (15 people @ \$25 + \$150 Sponsor=\$525)  
(5 people @ \$30 = \$150)

Total income = **\$675 incl sponsorship**

Class Expense (Room Rental FREE, \$50 gift card to speaker, \$50 raffle prize, \$50 coffee and snacks) = **\$150**

**\$675-\$150=\$525 x 5 = \$2625 net profit**

- Vendor Fair Income (35 Vendors \$150 per booth, \$500 beer sponsor, \$500 margarita sponsor, \$150 sides sponsor, \$350 music sponsor) = **\$6750** not including platinum, gold, silver sponsorship

Vendor Fair Expense (Food, Advertising, SAR, Raffle prizes, Band, Beer, Insurance) = **\$4000** (estimated from prior years)

**Net Profit = \$2750**

- Offered Sponsorships (5 Platinum @ \$1100 each, 5 Gold at \$775 each, 4 Silver @ \$450 each)

**Net Profit = \$11175**

- This does not include the additional options for News and Notes and SacNARPM Website Advertising.

## Katy Drack, RMP®

Property Manager

Sacramento Delta Property Management

SacNARPM President Elect 2018

kdrack@sacdelta.net

Phone: 916-429-0245 EXT 450

Fax: 916-848-0528

CA Broker's License # 01932099

**Direct Link** <http://bit.ly/sacdeltalink>

**Image Hyperlink**

**Click below to tell us how we are doing!**



**From:** Slodowitz, Jeff [mailto:jeff@garciarealestate.com]

**Sent:** Tuesday, December 11, 2018 5:48 PM

**To:** Alejandro White <awhite@sacdelta.net>; Katy Drack <kdrack@sacdelta.net>; Nick Maionchi <nmaionchi@homeriver.com>

**Subject:** chapter compliance

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Hirsch CPA Tax Pros  
5330 Primrose Drive #228  
Fair Oaks, CA 95628  
Phone: (916) 241-9343  
Fax: 916-242-8849  
m@hirschtaxpros.com

September 5, 2018

SACRAMENTO AREA CHAPTER OF NARPM  
1321 Howe Ave, Room 101  
Sacramento, CA 95825

Dear SACRAMENTO AREA CHAPTER OF NARPM,

We have prepared your 2017 amended Form 990EZ based on the information you provided. Please review the enclosed copy for SACRAMENTO AREA CHAPTER OF NARPM, then sign the IRS efile Signature Authorization Form 8879-EO and return it to us. When we receive the signed authorization, we will efile your return.

There are no taxes or fees due with the amended return.

If you have any questions about the amended return(s) or about SACRAMENTO AREA CHAPTER OF NARPM's tax situation during the year, please do not hesitate to call us at (916) 241-9343. We appreciate this opportunity to serve you.

Sincerely,

Hirsch CPA Tax Pros

# Privacy Notice

As tax preparers, we have always protected your right to privacy. Like all providers of personal financial services, we are now required by law to inform our clients of our policies regarding privacy of client information.

## **Types of Nonpublic Personal Information We Collect**

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

## **Parties to Whom We Disclose Information**

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

## **Protecting the Confidentiality and Security of Current and Former Clients' Information**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

# **Amended Federal Tax Return**

**SACRAMENTO AREA CHAPTER OF NARPM**

## **2017**

**Hirsch CPA Tax Pros  
5330 Primrose Drive #228  
Fair Oaks, CA 95628  
Phone: (916) 241-9343  
Fax: 916-242-8849  
m@hirschtaxpros.com**

Hirsch CPA Tax Pros  
5330 Primrose Drive #228  
Fair Oaks, CA 95628  
Phone: (916) 241-9343  
Fax: 916-242-8849  
m@hirschtaxpros.com

September 5, 2018

SACRAMENTO AREA CHAPTER OF NARPM  
1321 Howe Ave, Room 101  
Sacramento, CA 95825

Dear SACRAMENTO AREA CHAPTER OF NARPM,

I have prepared the 2017 California tax return based on the information you provided. The 2017 return for SACRAMENTO AREA CHAPTER OF NARPM will be e-filed and a copy is enclosed for SACRAMENTO AREA CHAPTER OF NARPM's records and review.

The return shows a balance due. Enclose in the envelope, but do not staple or otherwise attach, the payment voucher and a check made payable to the 'FRANCHISE TAX BOARD' in the amount of \$10. Write '2017 California', the voucher form number and the employer identification number on the check.

I recommend that you mail the amended California return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0531

If you have any questions about the amended return(s) or about SACRAMENTO AREA CHAPTER OF NARPM's tax situation during the year, please do not hesitate to call me at (916) 241-9343. I appreciate this opportunity to serve you.

Sincerely,

Hirsch CPA Tax Pros

**Amended California  
Tax Return**

**SACRAMENTO AREA CHAPTER OF NARPM**

**2017**

**Hirsch CPA Tax Pros  
5330 Primrose Drive #228  
Fair Oaks, CA 95628  
Phone: (916) 241-9343  
Fax: 916-242-8849  
m@hirschtaxpros.com**

Hirsch CPA Tax Pros  
5330 Primrose Drive #228  
Fair Oaks, CA 95628  
(916) 241-9343

**Invoice for 2017 Tax Year**

SACRAMENTO AREA CHAPTER OF NARPM  
1321 Howe Ave, Room 101  
Sacramento, CA 95825

Invoice Date: September 05, 2018

**Statement of Charges**

Tax return preparation fee	285.00
Total Charges for Forms and Schedules	165.00
Payment received	-450.00

<b>TOTAL</b>	<u><u>0.00</u></u>
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Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2017**

Name of exempt organization

SACRAMENTO AREA CHAPTER OF NARPM

Employer identification number

68-0280193

Name and title of officer

NICK MAIONCHI

TREASURER

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b>	Form 990 check here	▶ <input type="checkbox"/>	<b>b</b>	<b>Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	
<b>2a</b>	Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	<b>b</b>	<b>Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	58,589
<b>3a</b>	Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b</b>	<b>Total tax</b> (Form 1120-POL, line 22). . . . .	<b>3b</b>	
<b>4a</b>	Form 990-PF check here	▶ <input type="checkbox"/>	<b>b</b>	<b>Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b>	
<b>5a</b>	Form 8868 check here	▶ <input type="checkbox"/>	<b>b</b>	<b>Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize Hirsch CPA Tax Pros to enter my PIN 95628 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68533089128

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Melanie HirschDate ▶ 9/5/2018**ERO Must Retain This Form—See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

HTA



Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2017

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

 Exempt Organization name  
 SACRAMENTO AREA CHAPTER OF NARPM

 Identifying number  
 68-0280193

**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	69,602
2	Total gross income (Form 199, line 8)	2	69,602
3	Total expenses and disbursements (Form 199, Line 9)	3	68,947

**Part II Settle Your Account Electronically for Taxable Year 2017**

 4 ☐ Electronic funds withdrawal      4a Amount 0      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

 5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_      7 Type of account: ☐ Checking ☐ Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

 Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**
**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ TREASURER

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

 I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**

ERO's signature	MELANIE HIRSCH	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN
Firm's name (or yours if self-employed) and address	MELANIE HIRSCH 5330 PRIMROSE DRIVE #228 FAIR OAKS CA	FEIN	27-0153242	ZIP code	P01864551 95628

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**

Paid preparer's signature	MELANIE HIRSCH	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address	MELANIE HIRSCH 5330 PRIMROSE DRIVE #228 FAIR OAKS CA	FEIN	27-0153242	ZIP code
				95628

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☒ Amended return  
☐ Application pending

**C** Name of organization  
 SACRAMENTO AREA CHAPTER OF NARPM  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
 1321 Howe Ave 101  
 City or town State ZIP code  
 Sacramento CA 95825  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
 68-0280193

**E** Telephone number  
 916-920-0561

**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.narpm.org](http://www.narpm.org)

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (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. ▶ \$ 69,602

**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	8,283
	2	Program service revenue including government fees and contracts . . . . .	2	13,928
	3	Membership dues and assessments . . . . .	3	10,982
	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	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
Expenses	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	35,809
	c	Less: direct expenses from gaming and fundraising events . . . . .	6c	11,013
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	24,796
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	600
	b	Less: cost of goods sold . . . . .	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	600
	8	Other revenue (describe in Schedule O) . . . . .	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	58,589
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	25,850
	11	Benefits paid to or for members . . . . .	11	1,522
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
14	Occupancy, rent, utilities, and maintenance . . . . .	14	9,037	
15	Printing, publications, postage, and shipping . . . . .	15	2,047	
16	Other expenses (describe in Schedule O) . . . . .	16	19,478	
17	<b>Total expenses.</b> Add lines 10 through 16. ▶	17	57,934	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	655
	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	10,000
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ▶	21	10,655

For Paperwork Reduction Act Notice, see the separate instructions.

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 . . . . .	10,000	<b>22</b> 10,655
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	10,000	<b>25</b> 10,655
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	10,000	<b>27</b> 10,655

**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? PROMOTE PROPERTY MANAGEMENT PROFESSIONALISM

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.)

<b>28</b> To promote a standard of business ethics, professionalism & fair practices. To establish & promote education of its members & exchange of ideas on residential property management. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b> 0

**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
ALEJANDRO WHITE PRESIDENT	Hr/WK 4.00	0	0	0
JEFF SLODOWITZ VICE PRESIDENT	Hr/WK 2.00	0	0	0
BARBARA BARROWS TREASURER	Hr/WK 2.00	0	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

**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
<b>33</b> 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. . . . .	<b>33</b>	X
<b>34</b> 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). . . . .	<b>34</b>	X
<b>35 a</b> 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)? . . . . .	<b>35a</b>	X
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	X
<b>36</b> 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 . . . . .	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38 a</b> 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? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .	<b>40b</b>	X
<b>c</b> 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 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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. . . . .	<b>40e</b>	
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42 a</b> The organization's books are in care of ▶ <u>NICK MAIONCHI</u> Telephone no. ▶ <u>916-920-0561</u> Located at ▶ <u>1321 HOWE AVE T 101</u> City <u>SACRAMENTO</u> ST <u>CA</u> ZIP + 4 ▶ <u>95825</u>		
<b>b</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).	<b>42b</b>	X
<b>c</b> 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: ▶	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</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 . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>45 b</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). . . . .	<b>45b</b>	X

- 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. . . . .

	Yes	No
<b>46</b>		X

**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
<b>47</b>		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		
-----------	--	--

- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
------------	--	--

- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
------------	--	--

- 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
Name <u>None</u>				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		

- 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
Name <u>None</u> Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

- 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.

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Melanie Hirsch	Melanie Hirsch	9/5/2018		P01864551
	Firm's name <b>Hirsch CPA Tax Pros</b>	Firm's EIN <b>27-0153242</b>			
	Firm's address <b>5330 Primrose Drive #228, Fair Oaks, CA 95628</b>	Phone no. <b>(916) 241-9343</b>			

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Name of the organization**

SACRAMENTO AREA CHAPTER OF NARPM

**Employer identification number**

68-0280193

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 4 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----



<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

SACRAMENTO AREA CHAPTER OF NARPM

68-0280193

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				0	0	0

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMEN (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts . . . . .	35,809		0	35,809
	2 Less: Contributions . . . . .			0	0
	3 Gross income (line 1 minus line 2) . . . . .	35,809		0	35,809
Direct Expenses	4 Cash prizes . . . . .			0	0
	5 Noncash prizes . . . . .			0	0
	6 Rent/facility costs . . . . .			0	0
	7 Food and beverages . . . . .	11,013		0	11,013
	8 Entertainment . . . . .			0	0
	9 Other direct expenses . . . . .			0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 11,013)
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				24,796

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue . . . . .				0
Direct Expenses	2 Cash prizes . . . . .				0
	3 Noncash prizes . . . . .				0
	4 Rent/facility costs . . . . .				0
	5 Other direct expenses . . . . .				0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ 0
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_ 0

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**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

SACRAMENTO AREA CHAPTER OF NARPM

Employer identification number

68-0280193

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: SHRINERS CHILDREN HOME 2425

Stockton Blvd SACRAMENTO CA 95817, Cash Grant: 15,850, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: HOME AID EUREKA RD ROSEVILLE

CA 95661, Cash Grant: 10,000, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 776

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 3,945

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 4,791

Form 990-EZ, Part I, Line 16, Other Expenses: EDUCATION: 2,378

Form 990-EZ, Part I, Line 16, Other Expenses: LUNCHEONS: 7,588

Name of the organization

Employer identification number

SACRAMENTO AREA CHAPTER OF NARPM

68-0280193

CLIENT COPY

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	5,863
2	Noncash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events). . . . .	6	0
7	Associated organization contributions . . . . .	7	
8	Grants . . . . .	8	2,420
9		9	
10		10	
11	Total . . . . .	11	8,283

# California Exempt Organization

## Annual Information Return

2017

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name  
SACRAMENTO AREA CHAPTER OF NARPM

California corporation number  
1860839

Additional information. See instructions.

FEIN  
68-0280193

Street address (suite or room)  
1321 HOWE AVE 101

PMB no.

City  
SACRAMENTO

State  
CA

Zip code  
95825

Foreign country name

Foreign province/state/county

Foreign postal code

**A** First Return ..... ☐ Yes ☒ No

**B** Amended Return ..... ☒ Yes ☐ No

**C** IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No

**D** Final Information Return?  
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  
 Enter date: (mm/dd/yyyy) .....

**E** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

**F** Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☒ Other 990 series

**G** Is this a group filing? See instructions ..... ☐ Yes ☒ No

**H** Is this organization in a group exemption ..... ☐ Yes ☒ No  
 If "Yes," what is the parent's name? .....

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. .... ☐ Yes ☒ No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. .... ☐ Yes ☒ No

**K** Is the organization exempt under R&TC Section 23701g? .... ☐ Yes ☒ No  
 If "Yes," enter the gross receipts from nonmember sources ..... \$ .....

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
 No filing fee is required. .... ☐

**M** Is the organization a Limited Liability Company? .... ☐ Yes ☒ No

**N** Did the organization file Form 100 or Form 109 to report taxable income? .... ☐ Yes ☒ No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? .... ☐ Yes ☒ No

**P** Is federal Form 1023/1024 pending? .... ☐ Yes ☒ No  
 Date filed with IRS .....

### Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	50,337	00
	2	Gross dues and assessments from members and affiliates	2	10,982	00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	8,283	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	69,602	00
Expenses	5	Cost of goods sold	5	0	00
	6	Cost or other basis, and sales expenses of assets sold	6	0	00
	7	Total costs. Add line 5 and line 6	7	0	00
	8	Total gross income. Subtract line 7 from line 4	8	69,602	00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	68,947	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	655	00
	11	Total payments	11	0	00
	12	Use tax. See General Information K	12	0	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	0	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	0	00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16	0	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ..... Title ..... Date ..... Telephone .....

**Paid Preparer's Use Only**

Preparer's signature ..... Date ..... Check if self-employed ☒ PTIN P01864551

Firm's name (or yours, if self-employed) and address ..... FEIN 27-0153242

5330 PRIMROSE DRIVE #228, FAIR OAKS, CA 95628 Telephone (916) 241-9343

May the FTB discuss this return with the preparer shown above? See instructions ..... ☐ Yes ☐ No



**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions .....	<b>1</b>	50,337	00
	<b>2</b> Interest .....	<b>2</b>	0	00
	<b>3</b> Dividends .....	<b>3</b>	0	00
	<b>4</b> Gross rents .....	<b>4</b>	0	00
	<b>5</b> Gross royalties .....	<b>5</b>	0	00
	<b>6</b> Gross amount received from sale of assets (See Instructions) .....	<b>6</b>	0	00
	<b>7</b> Other income. Attach schedule .....	<b>7</b>	0	00
	<b>8</b> <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 .....	<b>8</b>	50,337	00
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule .....	<b>9</b>	25,850	00
	<b>10</b> Disbursements to or for members. ....	<b>10</b>	1,522	00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule .....	<b>11</b>	0	00
	<b>12</b> Other salaries and wages .....	<b>12</b>	0	00
	<b>13</b> Interest .....	<b>13</b>	0	00
	<b>14</b> Taxes .....	<b>14</b>	0	00
	<b>15</b> Rents .....	<b>15</b>	9,037	00
	<b>16</b> Depreciation and depletion (See instructions) .....	<b>16</b>	0	00
	<b>17</b> Other Expenses and Disbursements. Attach schedule .....	<b>17</b>	32,538	00
	<b>18</b> <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....	<b>18</b>	68,947	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
<b>1</b> Cash .....			10,000.		10,655.
<b>2</b> Net accounts receivable .....			0.		0.
<b>3</b> Net notes receivable .....			0.		0.
<b>4</b> Inventories .....			0.		0.
<b>5</b> Federal and state government obligations .....			0.		0.
<b>6</b> Investments in other bonds .....			0.		0.
<b>7</b> Investments in stock .....			0.		0.
<b>8</b> Mortgage loans .....			0.		0.
<b>9</b> Other investments. Attach schedule .....			0.		0.
<b>10 a</b> Depreciable assets .....	0.			0.	
<b>b</b> Less accumulated depreciation .....	( 0. )		0.	( 0. )	0.
<b>11</b> Land .....			0.		0.
<b>12</b> Other assets. Attach schedule .....			0.		0.
<b>13</b> <b>Total assets</b> .....			10,000.		10,655.
<b>Liabilities and net worth</b>					
<b>14</b> Accounts payable .....			0.		0.
<b>15</b> Contributions, gifts, or grants payable .....			0.		0.
<b>16</b> Bonds and notes payable .....			0.		0.
<b>17</b> Mortgages payable .....			0.		0.
<b>18</b> Other liabilities. Attach schedule .....			0.		0.
<b>19</b> Capital stock or principal fund .....			0.		0.
<b>20</b> Paid-in or capital surplus. Attach reconciliation .....			0.		0.
<b>21</b> Retained earnings or income fund .....			10,000.		10,655.
<b>22</b> <b>Total liabilities and net worth</b> .....			10,000.		10,655.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

<b>1</b> Net income per books .....	0.	<b>7</b> Income recorded on books this year not included in this return. Attach schedule .....	0.
<b>2</b> Federal income tax .....	0.	<b>8</b> Deductions in this return not charged against book income this year. Attach schedule .....	0.
<b>3</b> Excess of capital losses over capital gains .....		<b>9</b> Total. Add line 7 and line 8 .....	0.
<b>4</b> Income not recorded on books this year. Attach schedule .....	0.	<b>10</b> Net income per return. Subtract line 9 from line 6 .....	0.
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule .....	0.		
<b>6</b> Total. Add line 1 through line 5 .....	0.		

## Line 9, Part II (CA 199) - Contributions, Gifts, Grants, and Similar Amounts Paid

25,850

Class of Activity		Name of Donee	Street Address of Donee	City	State	U.S. Zip Code	Foreign Province	Foreign Postal Code	Foreign Country	Check "X" if Business	Relationship to Donor	Amount Donee Received
1		SHRINERS CHILDREN HOME	2425 Stockton Blvd	SACRAMENTO	CA	95817				X		15,850
2		HOME AID	EUREKA RD	ROSEVILLE	CA	95661				X		10,000
3												

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**Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees**

0

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	ALEJANDRO WHITE					PRESIDENT	4	0
2	JEFF SLODOWITZ					VICE PRESIDENT	2	0
3	BARBARA BARROWS					TREASURER	2	0

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**Line 17, Part II (CA 199) - Other Deductions**

1	Pension plans, employee benefits . . . . .	1	0
2	Legal fees . . . . .	2	0
3	Accounting fees . . . . .	3	0
4	Other professional fees . . . . .	4	0
5	Travel, conferences, and meetings . . . . .	5	0
6	Printing and publications . . . . .	6	2,047
7	Special events direct expenses . . . . .	7	11,013
8	Office expenses . . . . .	8	0
9	Other expenses . . . . .	9	19,478
10		10	
11		11	
12	Total . . . . .	12	32,538

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Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**2017****California e-file Return Authorization for  
Exempt Organizations**

FORM

**8453-EO**Exempt Organization name  
SACRAMENTO AREA CHAPTER OF NARPMIdentifying number  
68-0280193**Part I Electronic Return Information** (whole dollars only)

<b>1</b>	Total gross receipts (Form 199, line 4) .....	<b>1</b>	69,602
<b>2</b>	Total gross income (Form 199, line 8) .....	<b>2</b>	69,602
<b>3</b>	Total expenses and disbursements (Form 199, Line 9) .....	<b>3</b>	68,947

**Part II Settle Your Account Electronically for Taxable Year 2017**
**4** ☐ Electronic funds withdrawal      **4a** Amount 0      **4b** Withdrawal date (mm/dd/yyyy) \_\_\_\_\_
**Part III Banking Information** (Have you verified the exempt organization's banking information?)
**5** Routing number \_\_\_\_\_  
**6** Account number \_\_\_\_\_      **7** Type of account: ☐ Checking ☐ Savings
**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**

Signature of officer

Date



TREASURER

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**ERO's-  
signature MELANIE HIRSCH

Date

Check if  
also paid  
preparer ☒Check  
if self-  
employed ☒ERO's PTIN  
P01864551Firm's name (or yours  
if self-employed)  
and address MELANIE HIRSCH  
5330 PRIMROSE DRIVE #228  
FAIR OAKS CAFEIN  
27-0153242  
ZIP code  
95628

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid  
Preparer  
Must  
Sign**Paid  
preparer's  
signature MELANIE HIRSCH

Date

Check  
if self-  
employed ☒Paid preparer's PTIN  
P01864551Firm's name (or yours  
if self-employed)  
and address MELANIE HIRSCH  
5330 PRIMROSE DRIVE #228  
FAIR OAKS CAFEIN  
27-0153242  
ZIP code  
95628

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Open to Public Inspection

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning , and ending											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2"><b>C</b> Name of organization SACRAMENTO AREA CHAPTER OF NARPM</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) 1321 Howe Ave</td> <td>Room/suite 101</td> </tr> <tr> <td>City or town Sacramento</td> <td>State CA</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> </tr> <tr> <td>ZIP code 95825</td> <td>Foreign postal code</td> </tr> </table>	<b>C</b> Name of organization SACRAMENTO AREA CHAPTER OF NARPM		Number and street (or P.O. box, if mail is not delivered to street address) 1321 Howe Ave	Room/suite 101	City or town Sacramento	State CA	Foreign country name	Foreign province/state/county	ZIP code 95825	Foreign postal code
<b>C</b> Name of organization SACRAMENTO AREA CHAPTER OF NARPM											
Number and street (or P.O. box, if mail is not delivered to street address) 1321 Howe Ave	Room/suite 101										
City or town Sacramento	State CA										
Foreign country name	Foreign province/state/county										
ZIP code 95825	Foreign postal code										
<b>D</b> Employer identification number 68-0280193											
<b>E</b> Telephone number 916-920-0561											
<b>F</b> Group Exemption Number ▶											
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶											
<b>I</b> Website: ▶ <a href="http://www.narpm.org">www.narpm.org</a>											
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other											
<b>L</b> 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 . . . . . ▶ \$ 69,602											

**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	8,283
	2	Program service revenue including government fees and contracts . . . . .	2	13,928
	3	Membership dues and assessments . . . . .	3	10,982
	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	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	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	35,809	
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	11,013	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	24,796	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	600	
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	600	
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	58,589	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	25,850
	11	Benefits paid to or for members . . . . .	11	1,522
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	9,037
	15	Printing, publications, postage, and shipping . . . . .	15	2,047
	16	Other expenses (describe in Schedule O) . . . . .	16	19,478
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	57,934
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	655
	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	10,000
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	10,655

For Paperwork Reduction Act Notice, see the separate instructions.

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 . . . . .	10,000	<b>22</b> 10,655
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	10,000	<b>25</b> 10,655
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	10,000	<b>27</b> 10,655

**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? PROMOTE PROPERTY MANAGEMENT PROFESSIONALISM

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.)

<b>28</b> To promote a standard of business ethics, professionalism & fair practices. To establish & promote education of its members & exchange of ideas on residential property management. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a) . . . . .	<b>32</b> 0

**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
ALEJANDRO WHITE PRESIDENT	Hr/WK 4.00	0	0	0
JEFF SLODOWITZ VICE PRESIDENT	Hr/WK 2.00	0	0	0
BARBARA BARROWS TREASURER	Hr/WK 2.00	0	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

**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
<b>33</b> 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. . . . .	<b>33</b>	X
<b>34</b> 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). . . . .	<b>34</b>	X
<b>35 a</b> 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)? . . . . .	<b>35a</b>	X
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	X
<b>36</b> 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 . . . . .	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38 a</b> 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? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 . . . . .	<b>40b</b>	X
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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. . . . .	<b>40e</b>	
<b>41</b> List the states with which a copy of this return is filed. ▶ _____		
<b>42 a</b> The organization's books are in care of ▶ <u>NICK MAIONCHI</u> Telephone no. ▶ <u>916-920-0561</u> Located at ▶ <u>1321 HOWE AVE T 101</u> City <u>SACRAMENTO</u> ST <u>CA</u> ZIP + 4 ▶ <u>95825</u>		
<b>b</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).	<b>42b</b>	X
<b>c</b> 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: ▶ _____	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</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 . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>45 b</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). . . . .	<b>45b</b>	X



- 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. . . . .

	Yes	No
<b>46</b>		X

**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
<b>47</b>		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .

<b>48</b>		
-----------	--	--

- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
------------	--	--

- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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- 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
Name <u>None</u>				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

- 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
Name <u>None</u> Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

- 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.

<b>Sign Here</b>	<b>▶</b> _____ Signature of officer	_____ Date
	<b>▶</b> _____ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Melanie Hirsch	Preparer's signature Melanie Hirsch	Date 9/5/2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01864551
	Firm's name <b>▶</b> Hirsch CPA Tax Pros			Firm's EIN <b>▶</b> 27-0153242	
	Firm's address <b>▶</b> 5330 Primrose Drive #228, Fair Oaks, CA 95628			Phone no. (916) 241-9343	

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Name of the organization**

SACRAMENTO AREA CHAPTER OF NARPM

**Employer identification number**

68-0280193

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 4 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----
	<div>-----</div> <div>-----</div> <div>-----</div>	\$ -----	-----

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country	----- ----- -----	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

SACRAMENTO AREA CHAPTER OF NARPM

68-0280193

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants  
**b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants  
**c** ☐ Phone solicitations **g** ☐ Special fundraising events  
**d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>				0	0	0
<b>2</b>				0	0	0
<b>3</b>				0	0	0
<b>4</b>				0	0	0
<b>5</b>				0	0	0
<b>6</b>				0	0	0
<b>7</b>				0	0	0
<b>8</b>				0	0	0
<b>9</b>				0	0	0
<b>10</b>				0	0	0
<b>Total</b>				0	0	0

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	35,809		0	35,809
	2 Less: Contributions . . . . .			0	0
	3 Gross income (line 1 minus line 2) . . . . .	35,809		0	35,809
Direct Expenses	4 Cash prizes . . . . .			0	0
	5 Noncash prizes . . . . .			0	0
	6 Rent/facility costs . . . . .			0	0
	7 Food and beverages . . . . .	11,013		0	11,013
	8 Entertainment . . . . .			0	0
	9 Other direct expenses . . . . .			0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 11,013)
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				24,796

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				0
Direct Expenses	2 Cash prizes . . . . .				0
	3 Noncash prizes . . . . .				0
	4 Rent/facility costs . . . . .				0
	5 Other direct expenses . . . . .				0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- |            |  |   |            |   |
|------------|--|---|------------|---|
| <b>11</b>  | Does the organization conduct gaming activities with nonmembers? . . . . .   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |            |   |
| <b>12</b>  | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |            |   |
| <b>13</b>  | Indicate the percentage of gaming activity conducted in:   |   |            |   |
| <b>a</b>   | The organization's facility . . . . .  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;"><b>13a</b></td> <td style="width: 100px; text-align: right;">%</td> </tr> </table> | <b>13a</b> | % |
| <b>13a</b> | %  |   |            |   |
| <b>b</b>   | An outside facility . . . . .  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;"><b>13b</b></td> <td style="width: 100px; text-align: right;">%</td> </tr> </table> | <b>13b</b> | % |
| <b>13b</b> | %  |   |            |   |
| <b>14</b>  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |   |            |   |

Name ▶

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ 0 .
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions



**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

SACRAMENTO AREA CHAPTER OF NARPM

Employer identification number

68-0280193

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: SHRINERS CHILDREN HOME 2425

Stockton Blvd SACRAMENTO CA 95817, Cash Grant: 15,850, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: HOME AID EUREKA RD ROSEVILLE

CA 95661, Cash Grant: 10,000, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 776

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 3,945

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 4,791

Form 990-EZ, Part I, Line 16, Other Expenses: EDUCATION: 2,378

Form 990-EZ, Part I, Line 16, Other Expenses: LUNCHEONS: 7,588

Employer identification number

68-0280193
------------

[illegible]

# California Exempt Organization

## Annual Information Return

2017

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>SACRAMENTO AREA CHAPTER OF NARPM</b>	California corporation number <b>1860839</b>
--	---

Additional information. See instructions.	FEIN <b>68-0280193</b>
---	---------------------------

Street address (suite or room) <b>1321 HOWE AVE 101</b>	PMB no.
--	---------

City <b>SACRAMENTO</b>	State <b>CA</b>	Zip code <b>95825</b>
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Foreign country name	Foreign province/state/county	Foreign postal code
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**A** First Return ..... ☐ Yes ☒ No

**B** Amended Return ..... ☒ Yes ☐ No

**C** IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No

**D** Final Information Return?  
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized  
 Enter date: (mm/dd/yyyy) .....

**E** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

**F** Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990)  
 (4) ☒ Other 990 series

**G** Is this a group filing? See instructions ..... ☐ Yes ☒ No

**H** Is this organization in a group exemption ..... ☐ Yes ☒ No  
 If "Yes," what is the parent's name? .....

**I** Did the organization have any changes to its guidelines  
 not reported to the FTB? See instructions. .... ☐ Yes ☒ No

**J** If exempt under R&TC Section 23701d, has the organization  
 engaged in political activities? See instructions. .... ☐ Yes ☒ No

**K** Is the organization exempt under R&TC Section 23701g? .... ☐ Yes ☒ No  
 If "Yes," enter the gross receipts from nonmember sources ..... \$ .....

**L** If organization is exempt under R&TC Section 23701d and  
 meets the filing fee exception, check box.  
 No filing fee is required. .... ☐

**M** Is the organization a Limited Liability Company? .... ☐ Yes ☒ No

**N** Did the organization file Form 100 or Form 109 to  
 report taxable income? .... ☐ Yes ☒ No

**O** Is the organization under audit by the IRS or has the  
 IRS audited in a prior year? .... ☐ Yes ☒ No

**P** Is federal Form 1023/1024 pending? .... ☐ Yes ☒ No  
 Date filed with IRS .....

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 .....	1	50,337	00
	2 Gross dues and assessments from members and affiliates .....	2	10,982	00
	3 Gross contributions, gifts, grants, and similar amounts received. ....	3	8,283	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B ...	4	69,602	00
Expenses	5 Cost of goods sold .....	5	0	00
	6 Cost or other basis, and sales expenses of assets sold .....	6	0	00
	7 Total costs. Add line 5 and line 6 .....	7	0	00
	8 Total gross income. Subtract line 7 from line 4 .....	8	69,602	00
Filing Fee	9 Total expenses and disbursements. From Side 2, Part II, line 18 .....	9	68,947	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .....	10	655	00
	11 Total payments .....	11	0	00
	12 Use tax. See General Information K .....	12	0	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 .....	13	0	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 .....	14	0	00
	15 Filing fee \$10 or \$25. See General Information F .....	15	10	00
	16 Penalties and Interest. See General Information J .....	16	0	00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result .....	17	10	00

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶	Title	Date	• Telephone
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**Paid Preparer's Use Only**

Preparer's signature ▶ <b>Melanie Hirsch</b>	Date <b>09/05/2018</b>	Check if self-employed ▶ <input checked="" type="checkbox"/>	• PTIN <b>P01864551</b>
Firm's name (or yours, if self-employed) and address <b>HIRSCH CPA TAX PROS</b> <b>5330 PRIMROSE DRIVE #228, FAIR OAKS, CA 95628</b>	• FEIN <b>27-0153242</b> • Telephone <b>(916) 241-9343</b>		

May the FTB discuss this return with the preparer shown above? See instructions ..... ☐ Yes ☐ No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions	<b>1</b>	50,337	00
	<b>2</b> Interest	<b>2</b>	0	00
	<b>3</b> Dividends	<b>3</b>	0	00
	<b>4</b> Gross rents	<b>4</b>	0	00
	<b>5</b> Gross royalties	<b>5</b>	0	00
	<b>6</b> Gross amount received from sale of assets (See Instructions)	<b>6</b>	0	00
	<b>7</b> Other income. Attach schedule	<b>7</b>	0	00
	<b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	<b>8</b>	50,337	00
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule	<b>9</b>	25,850	00
	<b>10</b> Disbursements to or for members.	<b>10</b>	1,522	00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule	<b>11</b>	0	00
	<b>12</b> Other salaries and wages	<b>12</b>	0	00
	<b>13</b> Interest	<b>13</b>	0	00
	<b>14</b> Taxes	<b>14</b>	0	00
	<b>15</b> Rents	<b>15</b>	9,037	00
	<b>16</b> Depreciation and depletion (See instructions)	<b>16</b>	0	00
	<b>17</b> Other Expenses and Disbursements. Attach schedule	<b>17</b>	32,538	00
	<b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	<b>18</b>	68,947	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
<b>1</b> Cash			10,000.		10,655.
<b>2</b> Net accounts receivable			0.		0.
<b>3</b> Net notes receivable			0.		0.
<b>4</b> Inventories			0.		0.
<b>5</b> Federal and state government obligations			0.		0.
<b>6</b> Investments in other bonds			0.		0.
<b>7</b> Investments in stock			0.		0.
<b>8</b> Mortgage loans			0.		0.
<b>9</b> Other investments. Attach schedule			0.		0.
<b>10 a</b> Depreciable assets	0.			0.	
<b>b</b> Less accumulated depreciation	( 0. )	0.	( 0. )		0.
<b>11</b> Land			0.		0.
<b>12</b> Other assets. Attach schedule			0.		0.
<b>13 Total assets</b>			10,000.		10,655.
<b>Liabilities and net worth</b>					
<b>14</b> Accounts payable			0.		0.
<b>15</b> Contributions, gifts, or grants payable			0.		0.
<b>16</b> Bonds and notes payable			0.		0.
<b>17</b> Mortgages payable			0.		0.
<b>18</b> Other liabilities. Attach schedule			0.		0.
<b>19</b> Capital stock or principal fund			0.		0.
<b>20</b> Paid-in or capital surplus. Attach reconciliation			0.		0.
<b>21</b> Retained earnings or income fund			10,000.		10,655.
<b>22 Total liabilities and net worth</b>			10,000.		10,655.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

<b>1</b> Net income per books	0.	<b>7</b> Income recorded on books this year not included in this return. Attach schedule	0.
<b>2</b> Federal income tax	0.	<b>8</b> Deductions in this return not charged against book income this year.	
<b>3</b> Excess of capital losses over capital gains		Attach schedule	0.
<b>4</b> Income not recorded on books this year. Attach schedule	0.	<b>9</b> Total. Add line 7 and line 8	0.
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule	0.	<b>10</b> Net income per return.	
<b>6</b> Total. Add line 1 through line 5	0.	Subtract line 9 from line 6	0.

**Line 9, Part II (CA 199) - Contributions, Gifts, Grants, and Similar Amounts Paid**

25,850

Class of Activity		Name of Donee	Street Address of Donee	City	State	U.S. Zip Code	Foreign Province	Foreign Postal Code	Foreign Country	Check "X" if Business	Relationship to Donor	Amount Donee Received
1		SHRINERS CHILDREN HOME	2425 Stockton Blvd	SACRAMENTO	CA	95817				X		15,850
2		HOME AID	EUREKA RD	ROSEVILLE	CA	95661				X		10,000
3												

**Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees**

0

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	ALEJANDRO WHITE					PRESIDENT	4	0
2	JEFF SLODOWITZ					VICE PRESIDENT	2	0
3	BARBARA BARROWS					TREASURER	2	0

**Line 17, Part II (CA 199) - Other Deductions**

<b>1</b>	Pension plans, employee benefits . . . . .	<b>1</b>	<u>0</u>
<b>2</b>	Legal fees . . . . .	<b>2</b>	<u>0</u>
<b>3</b>	Accounting fees . . . . .	<b>3</b>	<u>0</u>
<b>4</b>	Other professional fees . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	Travel, conferences, and meetings . . . . .	<b>5</b>	<u>0</u>
<b>6</b>	Printing and publications . . . . .	<b>6</b>	<u>2,047</u>
<b>7</b>	Special events direct expenses . . . . .	<b>7</b>	<u>11,013</u>
<b>8</b>	Office expenses . . . . .	<b>8</b>	<u>0</u>
<b>9</b>	Other expenses . . . . .	<b>9</b>	<u>19,478</u>
<b>10</b>		<b>10</b>	
<b>11</b>		<b>11</b>	
<b>12</b>	<b>Total</b> . . . . .	<b>12</b>	<u>32,538</u>

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Open to Public Inspection

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning , and ending											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2"><b>C</b> Name of organization SACRAMENTO AREA CHAPTER OF NARPM</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) 1321 Howe Ave</td> <td>Room/suite 101</td> </tr> <tr> <td>City or town Sacramento</td> <td>State CA</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> </tr> <tr> <td>ZIP code 95825</td> <td>Foreign postal code</td> </tr> </table>	<b>C</b> Name of organization SACRAMENTO AREA CHAPTER OF NARPM		Number and street (or P.O. box, if mail is not delivered to street address) 1321 Howe Ave	Room/suite 101	City or town Sacramento	State CA	Foreign country name	Foreign province/state/county	ZIP code 95825	Foreign postal code
<b>C</b> Name of organization SACRAMENTO AREA CHAPTER OF NARPM											
Number and street (or P.O. box, if mail is not delivered to street address) 1321 Howe Ave	Room/suite 101										
City or town Sacramento	State CA										
Foreign country name	Foreign province/state/county										
ZIP code 95825	Foreign postal code										
<b>D</b> Employer identification number 68-0280193											
<b>E</b> Telephone number 916-920-0561											
<b>F</b> Group Exemption Number ▶											
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶											
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).											
<b>I</b> Website: ▶ <a href="http://www.narpm.org">www.narpm.org</a>											
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other											
<b>L</b> 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 . . . . . ▶ \$ 69,602											

**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	8,283
	2	Program service revenue including government fees and contracts . . . . .	2	13,928
	3	Membership dues and assessments . . . . .	3	10,982
	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	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	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	35,809	
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	11,013	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	24,796	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	600	
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	600	
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	58,589	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	25,850
	11	Benefits paid to or for members . . . . .	11	1,522
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	9,037
	15	Printing, publications, postage, and shipping . . . . .	15	2,047
	16	Other expenses (describe in Schedule O) . . . . .	16	19,478
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	57,934
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	655
	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	10,000
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	10,655

For Paperwork Reduction Act Notice, see the separate instructions.

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 . . . . .	10,000	<b>22</b> 10,655
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	10,000	<b>25</b> 10,655
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	10,000	<b>27</b> 10,655

**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? PROMOTE PROPERTY MANAGEMENT PROFESSIONALISM

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.)

<b>28</b> To promote a standard of business ethics, professionalism & fair practices. To establish & promote education of its members & exchange of ideas on residential property management. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a) . . . . .	<b>32</b> 0

**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
ALEJANDRO WHITE PRESIDENT	Hr/WK 4.00	0	0	0
JEFF SLODOWITZ VICE PRESIDENT	Hr/WK 2.00	0	0	0
BARBARA BARROWS TREASURER	Hr/WK 2.00	0	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

**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
<b>33</b> 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. . . . .	<b>33</b>	X
<b>34</b> 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). . . . .	<b>34</b>	X
<b>35 a</b> 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)? . . . . .	<b>35a</b>	X
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	X
<b>36</b> 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 . . . . .	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38 a</b> 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? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 . . . . .	<b>40b</b>	X
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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. . . . .	<b>40e</b>	
<b>41</b> List the states with which a copy of this return is filed. ▶ _____		
<b>42 a</b> The organization's books are in care of ▶ <u>NICK MAIONCHI</u> Telephone no. ▶ <u>916-920-0561</u> Located at ▶ <u>1321 HOWE AVE T 101</u> City <u>SACRAMENTO</u> ST <u>CA</u> ZIP + 4 ▶ <u>95825</u>		
<b>b</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).	<b>42b</b>	X
<b>c</b> 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: ▶ _____	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</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 . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>45 b</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). . . . .	<b>45b</b>	X

- 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. . . . .

	Yes	No
<b>46</b>		X

**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
<b>47</b>		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .

<b>48</b>		
-----------	--	--

- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
------------	--	--

- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
------------	--	--

- 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
Name <u>None</u>				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

- 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
Name <u>None</u>		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

- 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.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>
	<b>Type or print name and title</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Melanie Hirsch	Melanie Hirsch	9/5/2018		P01864551
	Firm's name <b>▶</b> Hirsch CPA Tax Pros	Firm's EIN <b>▶</b> 27-0153242			
	Firm's address <b>▶</b> 5330 Primrose Drive #228, Fair Oaks, CA 95628	Phone no. (916) 241-9343			

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Name of the organization**

SACRAMENTO AREA CHAPTER OF NARPM

**Employer identification number**

68-0280193

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 4 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
	<div></div> <div></div> <div></div>	\$ <div></div>	<div></div>

<b>Name of organization</b> SACRAMENTO AREA CHAPTER OF NARPM	<b>Employer identification number</b> 68-0280193
---	---

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	----- ----- ----- For. Prov.                      Country		----- ----- -----

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

SACRAMENTO AREA CHAPTER OF NARPM

68-0280193

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>				0	0	0
<b>2</b>				0	0	0
<b>3</b>				0	0	0
<b>4</b>				0	0	0
<b>5</b>				0	0	0
<b>6</b>				0	0	0
<b>7</b>				0	0	0
<b>8</b>				0	0	0
<b>9</b>				0	0	0
<b>10</b>				0	0	0
<b>Total</b>				0	0	0

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts . . . . .	35,809		0	35,809
	2 Less: Contributions . . . . .			0	0
	3 Gross income (line 1 minus line 2) . . . . .	35,809		0	35,809
Direct Expenses	4 Cash prizes . . . . .			0	0
	5 Noncash prizes . . . . .			0	0
	6 Rent/facility costs . . . . .			0	0
	7 Food and beverages . . . . .	11,013		0	11,013
	8 Entertainment . . . . .			0	0
	9 Other direct expenses . . . . .			0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 11,013)
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				24,796

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				0
Direct Expenses	2 Cash prizes . . . . .				0
	3 Noncash prizes . . . . .				0
	4 Rent/facility costs . . . . .				0
	5 Other direct expenses . . . . .				0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- |            |  |   |            |   |
|------------|--|---|------------|---|
| <b>11</b>  | Does the organization conduct gaming activities with nonmembers? . . . . .   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |            |   |
| <b>12</b>  | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |            |   |
| <b>13</b>  | Indicate the percentage of gaming activity conducted in:   |   |            |   |
| <b>a</b>   | The organization's facility . . . . .  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;"><b>13a</b></td> <td style="width: 100px; text-align: right;">%</td> </tr> </table> | <b>13a</b> | % |
| <b>13a</b> | %  |   |            |   |
| <b>b</b>   | An outside facility . . . . .  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;"><b>13b</b></td> <td style="width: 100px; text-align: right;">%</td> </tr> </table> | <b>13b</b> | % |
| <b>13b</b> | %  |   |            |   |
| <b>14</b>  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |   |            |   |

Name ▶

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ 0 .
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**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

SACRAMENTO AREA CHAPTER OF NARPM

Employer identification number

68-0280193

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: SHRINERS CHILDREN HOME 2425

Stockton Blvd SACRAMENTO CA 95817, Cash Grant: 15,850, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: HOME AID EUREKA RD ROSEVILLE

CA 95661, Cash Grant: 10,000, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 776

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 3,945

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 4,791

Form 990-EZ, Part I, Line 16, Other Expenses: EDUCATION: 2,378

Form 990-EZ, Part I, Line 16, Other Expenses: LUNCHEONS: 7,588

Employer identification number

68-0280193
------------

[illegible]



National Association of Residential Property Managers  
S A C R A M E N T O   A R E A   C H A P T E R

11:00 – 11:30 Meet and Greet

11:30 Welcome everybody and start the meeting. (Jeff)

11:35 Pledge (Katy)

Mission Statement, Vision Statement, Code of Ethics,  
Anti-Trust (Katy)

Mission:

NARPM® provides resources for residential property  
management  
professionals who desire to learn, grow and build  
relationships

Vision:

NARPM® will be the recognized leaders in residential  
property  
management industry.

# Article 3: RESPONSIBILITY TO CLIENT

*When working in a disclosed relationship with a client, the Property Manager shall protect the client's best interest at all times.*

## STANDARDS OF PROFESSIONALISM

- **3-1** The Property Manager shall use written agreements, and written extensions, if required, outlining all responsibilities and fees, if any. The Client will be provided a copy of all signed agreements and extensions, and the Property Manager will retain a copy.
- **3-2** The Property Manager shall communicate regularly with the Client, either orally or in writing and shall provide the Client with written reports as needed and as agreed between all parties. In the event of any dispute, the Property Manager shall provide a written accounting as soon as practical.
- **3-3** Should the Property Manager have a disclosed relationship with a property owner, the Property Manager shall review and verify all Tenant applications to determine the applicant's ability to pay rental fees and to assess the likelihood that the applicant will comply with all provisions of the rental agreement.
- **3-4** The Property Manager shall accept no commissions, rebates, profits, discounts, or any other benefit which has not been fully disclosed to and approved by the Client.
- **3-5** The Property Manager shall not mislead a potential Client about the rental market value of a property in an attempt to secure a rental listing.
- **3-6** The Property Manager shall disclose to his or her Client all pertinent facts relating to any transaction.

**Present Michele Wight and Bev Hoeft for a special announcement (Jeff ) 11:40**

**Announce today's Sponsor (Jeff) 11:45**

**Gina Fazil Dryer vent Wizard**

Have Gina speak about his business

Introduce Guests, 11:55

Introduce past presidents 12 PM

Remind everyone of new Flood disclosure 12 pm

Ask speaker ( Taro Arai) to have lunch (Jeff) 12 PM

2018 Platinum sponsor Recognition (Jeff) 12:05

First Foundation Bank  
American Leak Detection  
Servpro Rancho Cordova  
S & G Carpet

Please if you are not utilizing our great NARPM Sponsors or our other affiliates, I would suggest giving them a try. I have started using many of them and it has exceeded my expectations

Introduce Donovan Flores/Yana Carpenter Affiliate chairs to talk about our next mixer (Jeff) 12:10

Release two tables at a time to get lunch (Jeff) 12:10 pm

**Introduce Speaker (Taro Arai) 12:20**

**Taro's name, loosely translated, means "the original wild-child" and that has directed his way around the sushi bar. Throwing traditional sushi making out the window, Chef Taro Arai, who is now a Sacramento legend, has found his recipe for success - no rules and give 'em what they want. Since I he 15, he has been making sushi. When his family moved here from Japan his parents decided to open a restaurant. His father was a pastor and he was getting very little pay and they had to do something so his family opened a sushi bar in Fair Oaks in 1987, and called it Mikuni. Taro will be presenting his story, challenges, and**



**successes all with his own exciting,  
passionate twist!**

Reminders and Raffle (Jeff) 12:55

Calendars on your table





National Association of Residential Property Managers  
S A C R A M E N T O   A R E A   C H A P T E R

## Agenda

Pledge of allegiance   Katy

Welcome and thank you for coming today

As many of you know we are at an important time in our business. The city of Sacramento as well as tenants are trying to place many new guidelines as well as costs to our owners. The state is trying to repeal Costa Hawkins on the ballot for Nov 2018. The city of Citrus Heights just implemented a new policy which I am sure will be touched on today. We also have a new Flood disclosure which was implemented in July creating confusion and ambiguity

I do hope many of you have been keeping up on the discussions thru the Local News, Narpn, CAA and have

been informing your owners because this may change our business drastically

I would also like to announce that we will be sending out our ballots for our board members in the coming month. I pose this statement we are all volunteers. We have sent out 5 emails and received one property manager interested in being a future leader. As I previously mentioned we are at an important time in our industry, we need your help on the front line of NARPM. It is time for others to get involved and put your time and energy into your industry of choice

I would like to welcome out two speakers

Puneet Singh received her Juris Doctorate from the University of San Francisco School of Law and was admitted to the State and Federal Bars in 2001. She is the founder and Managing Partner at PKS Law Group, P.C. Prior to starting her own law practice, she served as a Managing Partner of the Northern California offices of a statewide real estate law firm for fifteen years. Her experience includes counseling the largest property management firms in the nation as well as smaller

portfolio owners on their real estate needs. Ms. Singh has extensive knowledge in fair housing, post foreclosure evictions, property management, and unlawful detainer law and litigation. Her civic involvement includes serving as a future leader for the California Mortgage Banking Association, as a Legal Advisor for Rental Housing Association of Sacramento Valley and as a Director for the Affordable Housing Management Association of Northern California.

Jim Lofgren is a Senior Vice President with the California Apartment Association, a statewide organization representing owners of single-family and multifamily rental owners. Previously, he served for 20 years as Executive Director of the Rental Housing Association of Sacramento Valley also known as RHA. RHA merged with CAA earlier this year, and in his new position, Jim directs public affairs for the northeastern region of the state. He has been one of the leading advocates in the campaign to oppose rent control in the city of Sacramento.

Thank you for attending, if anyone has questions in regards to NARPM please reach out to Katy or Jeff





National Association of Residential Property Managers

S A C R A M E N T O   A R E A   C H A P T E R

**Sacramento Chapter Business Luncheon Agenda**

**January 17, 2018**

11:00 – 11:30 Meet and Greet

11:30 Welcome everybody and start the meeting. (Jeff)

11:35 Pledge (Katy)

Mission Statement, Vision Statement, Code of Ethics,  
Anti-Trust (Katy)

Mission:

NARPM® provides resources for residential property  
management  
professionals who desire to learn, grow and build  
relationships

Vision:

NARPM® will be the recognized leaders in residential  
property  
management industry.

**Code of Ethics:**

**Article 2: DISCRIMINATION**

***The Property Manager shall not discriminate in the  
management, rental, lease, or negotiation for real  
property, shall operate consistent with fair housing***

***laws and regulations and shall comply with all federal, state, and local laws concerning discrimination.***

## **STANDARDS OF PROFESSIONALISM**

2-1 It is the duty of the Property Manager to educate those with whom the Property Manager is affiliated to comply with all fair housing laws and laws regarding discrimination.

2-2 The Property Manager shall not deny service to any person due to race, color, religion, sex, handicap, familial status, national origin, sexual orientation, or gender identity.

**Antitrust Compliance:** It is the policy of the NARPM® to comply fully with all antitrust laws. The antitrust laws prohibit, among other things, any joint conduct among competitors that could lessen competition in the marketplace. NARPM®'s membership is composed of competitors; they must refrain from discussing competitively sensitive topics, including those related to pricing (such as rates, fees, or costs), individual competitors or specific business transactions, or controlling or allocating markets.



Introduce Guests, Ask speaker ( Alex Osenenko) to have lunch (Jeff) 11:40

2018 Platinum sponsor Recognition (Jeff) 11:45

First Foundation Bank  
American Leak Detection  
Servpro Rancho Cordova  
SGC Carpet

Announce today's Sponsor (Jeff) 11:45

Shannon Anfindsen, of Filter Easy

Introduce Donovan Flores/Yana Carpenter Affiliate chairs to talk about Affiliate Packages available and upcoming Mixer. (Jeff) 11:50

Yana and group to introduce Rita Gordon of DH COnstruction who is mixer sponsor (Yana)

Release two tables at a time to get lunch (Jeff) 11:55

12:00 Introduce Speaker (**Alex Osenenko**) of fourandhalf

I would first like to thank Alex for stepping in at the last minute as Keith Becker our speaker today had to cancel due to family situation. Thank you Alex

Alex's professional mission in life is to help small businesses grow and thrive. He is the President and CEO of Fourandhalf.com and is serving his 5th year on the Board of Directors for CALNARPM.

After spending 9 years in the trenches with his property management clients, Alex draws on his experience to host "The Property Management Show" Podcast and co-authors a weekly Property Management Blog on Fourandhalf.com. Alex has extensive experience speaking for various NARPM events at the local, state, regional and national level.

Alex is a graduate of San Francisco State University with an Electronic Commerce Systems Degree. His business philosophy is simple: Happy Customers are created by Happy Employees, which results in Happy Shareholders.

Swear in the 2017 Sacramento Chapter Board (Ted White) 12:45

Reminders and Raffle (Jeff) 12:55



### Calendars on your table

Feb 22, 2018 Class on RHIP with many of the cities and county being represented sponsored by Independent Plumbing

Mar 20 Luncheon: TBD and we still need a sponsor if interested

Apr 9-11 Broker Owner retreat

If you want to sponsor our next lunch, or want to purchase one of our new packages please go on the website

Bring back Shannon and do RAFFLES

Thank you for attending and remember we are better if we all get involved we have some very important issues coming up this year, most notably Rent Control





National Association of Residential Property Managers

S A C R A M E N T O   A R E A   C H A P T E R

9 am Welcome everybody and start the meeting. (Jeff)

9:05 Pledge (Jeff)

Mission Statement, Vision Statement, Code of Ethics, Anti-Trust (Jeff)

Mission:

NARPM® provides resources for residential property management professionals who desire to learn, grow and build relationships

Vision:

NARPM® will be the recognized leaders in residential property management industry.

## Ethics

### **Article 8: COMMITMENT TO FIRM**

***The Property Manager shall act in the best interests of his or her property management Firm.***

#### **STANDARDS OF PROFESSIONALISM**

- **8-1 The Property Manager shall not have any undisclosed conflict of interest with his or her Firm. If a conflict or potential conflict should arise, the Property Manager shall notify his or her Firm immediately.**
- **8-2 The Property Manager shall not receive any form of compensation, rebates, or any other benefits without full disclosure to his or her Firm.**
- **8-3 The Property Manager may not take or use any proprietary documentation, including but not limited to Client/Tenant lists, during or after his or her relationship with a Firm without express written consent from the Firm.**

#### **NARPM® Antitrust Statement:**



**It is the policy of the NARPM® to comply fully with all antitrust laws. The antitrust laws prohibit, among other things, any joint conduct among competitors that could lessen competition in the marketplace. NARPM®'s membership is composed of competitors; they must refrain from discussing competitively sensitive topics, including those related to pricing (such as rates, fees, or costs), individual competitors or specific business transactions, or controlling or allocating markets. NARPM® shall not restrict members' ability to solicit competitors' clients. NARPM® shall not restrict members' ability to advertise for business, provided the advertising is not false, deceptive or otherwise illegal.**

9:15 Thank you to all for a great year as President of Sac Chapter of NARPM. I look forward to next year with Katy Drack as our

president

9:20 I would like to thank our Platinum sponsors one last time

First Foundation Bank

American Leak Detection

Servpro Rancho Cordova

S & G Carpet

Please if you are not utilizing our great NARPM Sponsors or our other affiliates, I would suggest giving them a try. I use many of them and it has exceeded my expectations

9:25 Our next luncheon is Jan 15 for our swearing in ceremony and our speaker will be none other than Bob Machado

9:30 Thank you to Thomas Hogan and KTS Rep \_\_\_\_\_

For there time this am and as always there



support. So without further adieu may I  
present Thomas and \_\_\_\_\_





National Association of Residential Property Managers

S A C R A M E N T O   A R E A   C H A P T E R

11:00 – 11:30 Meet and Greet

11:30 Welcome everybody and start the meeting. (Jeff)

11:35 Pledge (Jeff)

Mission Statement, Vision Statement, Code of Ethics, Anti-Trust (Jeff)

Mission:

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Ethics

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Announce today's Sponsor (Jeff) 11:45

Bev Hoeft of Oak Valley Community Bank

Have Bev speak about her business

Introduce Guests, 11:55

Introduce past presidents 12 PM

Ask speaker (Mr. Neal Best) to have lunch  
(Jeff) 12 PM

2018 Platinum sponsor Recognition (Jeff)  
12:05

First Foundation Bank  
American Leak Detection  
Servpro Rancho Cordova  
S & G Carpet

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Introduce Michelle and Bev Affiliate to talk about our membership appreciation reception (Jeff) 12:10

Yana Carpenter our affiliate chair is in the rear of the room with the affiliate packages

available as well as you have them on the table

As we know prop 10 has not passed, but we are still concerned about Sacramento City Council passing their own ordinance as well as 2020 it will be on the ballot. Please stay vigilant

I would also like to announce our board for 2019

President Katy Drack

President Elect Rod Luman

Treasurer Nick Maionchi

Secretary Desiree White

Directors

Cheryl Muznich

Alejandro White

Michelle Wight

Rita Gordon

Bev Hoeft

Past President Me

Educational Chair Kesha Jenkins



Membership Kim Prindle  
Legislative Bob Thomas  
Affiliate chair Yana Carpenter  
Social Media Shelby Challberg

We have many new people this coming year, thank you for your involvement

Release two tables at a time to get lunch  
(Jeff) 12:10 pm

Introduce Speakers (Jeff) 12:20

Neal Best

Senior VP of Business Development for  
Sacramento Economic Council

Neal Focuses on the business attraction  
efforts for the Organization

Neal has over 13 years of global  
experience developing, analyzing ,  
implementing strategic real estate

expansion and consolidation in the  
commercial sector

Reminders and Raffle ,  
present Bev(Jeff) 12:55  
Calendars on your table



National Association of Residential Property Managers  
S A C R A M E N T O   A R E A   C H A P T E R

11:00 – 11:30 Meet and Greet

11:30 Welcome everybody and start the meeting. (Jeff)

11:35 Pledge (Katy)

Mission Statement, Vision Statement, Code of Ethics, Anti-Trust (Katy)

Mission:

NARPM® provides resources for residential property management professionals who desire to learn, grow and build relationships

Vision:

NARPM® will be the recognized leaders in residential property management industry.

**Article 7: AREAS OF EXPERTISE** The Property Manager must provide competent service within his or her area of expertise, and refrain from the unauthorized practice of any other profession for which he or she is not licensed or qualified. 7-1 The Property Manager shall perform only such services in such locations for which he or she is qualified and can reasonably be expected to perform with professional competence. 7-2 The Property Manager shall not perform and shall not represent that he or she can or will perform services outside of his or her area of expertise, particularly services that require a separate license or qualification – such as law, accounting, financial planning, construction, and/or contracting – unless the

**Property Manager independently possesses such license or qualification.**

**NARPM® Antitrust Statement:**

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**provided the advertising is not false, deceptive or otherwise illegal.**

We have a special presentation today (Jeff)  
11:40

Katy Drack our president elect has received her RMP Designation, This is very important step in assuring we take the best care of our Clients and Tenants

Read Stmt provided

Announce today's Sponsor (Jeff) 11:45

Donovan Flores of Servpro of Citrus Heights/Roseville, Carmichael

Have Donovan speak about his business

Introduce Guests, 11:55



Introduce past presidents 12 PM

Ask speaker ( Pam and Tom) to have lunch  
(Jeff) 12 PM

2018 Platinum sponsor Recognition (Jeff)  
12:05

First Foundation Bank  
American Leak Detection  
Servpro Rancho Cordova  
S & G Carpet

Please if you are not utilizing our great  
NARPM Sponsors or our other affiliates, I  
would suggest giving them a try. I use  
many of them and it has exceeded my  
expectations

Introduce Donovan Flores Affiliate chairs to talk about our next mixer (Jeff) 12:10

Donovan introduce Rita Gordon of DH Construction

Announce to all guests the new affiliate packages will be distributed in the coming month with the ability to register in November as well as our updated Calendars are on the table

If anyone is still interested in Stepping up and being a part of our board we are still looking for our future leaders

Quick update on Mayors Forum of a few weeks ago

- 1) Mayor has come out against it, but is trying to push a 3 year package to assist those that are hurting. Take that as you would like



2) CAA and SAR are leading the way in negotiating with him, I urge many of you if there is another forum to attend and make your voice heard. We only had 3 NARPM property managers there

Release two tables at a time to get lunch  
(Jeff) 12:10 pm

Introduce Speakers (Jeff) 12:20

Tom Cameron

Tom Cameron has worked for the Department of Real Estate for 29 years. He started as an auditor in the Department's San Francisco Office and transferred to Sacramento a year later. He was promoted to Supervising Auditor in 2003 and was in charge of Northern California Audits until 2017. In 2017, he became Chief of Audits. He has testified in administrative, criminal

and civil hearings. In his spare time, Tom is an avid road biker and enjoys gardening.

## Pam Strickland

Pam Strickland is an independent compliance consultant for real estate, mortgage, escrow and property management companies. She has held a California real estate license since 1980 and her clients include both CalBRE and DBO licensed companies. She strongly suggests that companies always remain completely compliant with all laws and regulations and not wait until the auditors are knocking at their door to get things in order.

In addition to her in-office consulting, Pam is a writer, speaker and instructor on real estate industry topics and an expert witness for real estate related litigation. She has

over 30 years of real estate and mortgage experience and managed a large brokerage in Santa Barbara before becoming a full-time consultant in the early 1990's.

She was a founding director of the California Association of Mortgage Brokers (CAMB), and was the president of the Central Coast Chapter before becoming the state president in 1994. Past honors include being named the California Broker of the Year by the CAMB in 1992 and National Broker of the Year in 1993 by the NAMB.

Pam serves as a member of both the California and National Review Committees for the SAFE Act Exam, a member of the National Legal Review Committee for the SAFE Act Exam and a Subject Matter Expert for the Conference of State Bank Supervisors (CSBS) special projects as well

as being a master instructor for the California Bureau of Real Estate continuing education classes. She has served as a member of the DRE (now CalBRE) Continuing Education Advisory Committee, the FNMA Southern Regional Quality Control Panel, the NAMB Legislative Committee, the NAMB RESPA Subcommittee (chairperson in 1994), the NAMB Ethics Committee (chairperson in 1995) and was the DRE/HUD Liaison for the State/Federal Disclosure Document.

Reminders and Raffle , present  
Donovan(Jeff) 12:55  
Calendars on your table