

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
GREENWOOD HOMES INC
C/O JAN WHITVER/SID JONES
Number and street (or P O box, if mail is not delivered to street address) Room/suite
700 S OAK ST
City or town, state or province, country, and ZIP or foreign postal code
JEFFERSON, IA 50129

D Employer identification number
23-7099938
E Telephone number
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: N/A

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. \$ 180,424

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts 178,984
3	Membership dues and assessments
4	Investment income 655
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8 785
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 180,424
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 13 1,374
14	Occupancy, rent, utilities, and maintenance 14 221,270
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 23,712
17	Total expenses. Add lines 10 through 16 17 246,356
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -65,932
Net Assets or Fund Balances	
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) 19 378,680
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 312,748

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	120,938	22	74,056
23 Land and buildings	270,890	23	252,056
24 Other assets (describe in Schedule O)	3,908	24	4,170
25 Total assets	395,736	25	330,282
26 Total liabilities (describe in Schedule O).	17,056	26	17,534
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	378,680	27	312,748

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

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

What is the organization's primary exempt purpose?

TO PROVIDE RETIREMENT HOUSING FOR LOW TO MODERATE INCOME SENIOR CITIZENS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) ▶		32	246,356

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
SID JONES PRESIDENT	1 00	0		
RITA PEDERSEN VICE PRESIDE	1 00	0		
JAN WHITVER SECRETARY/TR	2 00	0		
ALANA CURNYN DIRECTOR	1 00	0		
MARK BAUER DIRECTOR	1 00	0		
CARYN HANE DIRECTOR	1 00	0		
DENNIS TIFFANY DIRECTOR	1 00	0		
CHARLES HASTINGS DIRECTOR	1 00	0		
PAUL QUAM DIRECTOR	1 00	0		

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

The organization's books are in care of JAN WHITVER Telephone no (712) 792-9772
Located at 700 S OAK STREET JEFFERSON, IA ZIP + 4 50129

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

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

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

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

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

(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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here ***** Signature of officer	2019-08-06 Date
JAN WHITVER, SECRETARY/TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name THOMAS E KENNEDY	Preparer's signature	Date 2019-11-14	Check <input type="checkbox"/> if self-employed	PTIN P01075032
	Firm's name ▶ HENKEL & ASSOCIATES PC			Firm's EIN ▶ 42-1017239	
	Firm's address ▶ 817 KEELER ST BOONE, IA 50036			Phone no (515) 432-8636	

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

Additional Data

Software ID:

Software Version:

EIN: 23-7099938

Name: GREENWOOD HOMES INC
C/O JAN WHITVER/SID JONES

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 TO PROVIDE RETIREMENT HOUSING FOR LOW TO MODERATE INCOME SENIOR CITIZENS OF THE JEFFERSON, IOWA, COMMUNITY (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	246,356

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

GREENWOOD HOMES INC
C/O JAN WHITVER/SID JONES

Employer identification number

23-7099938

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	RENT DEPOSITS 785 TOTAL 785

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES NON-INVESTMENT DEPRECIATION 23,712 TOTAL 23,712

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 3,736 3,936 INTEREST RECEIVABLE 172 234 TOTAL 3,908 4,170

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 8,979 10,094 RENT DEPOSITS 8,077 7,440

Beginning of Restricted Zone

TY 2018 Gen Dep

Name: GREENWOOD HOMES INC
C/O JAN WHITVER/SID JONES

EIN: 23-7099938

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: ELECTION DE MINIMUS SAFE HARBOR

**General Dependency Attachment
Information:** YEAR ENDED: DECEMBER 31, 2018 23-7099938 GREENWOOD
HOMES, INC. C/O JAN WHITVER/SID JONES 700 S OAK ST
JEFFERSON, IA 50129 SECTION 1.263(A)-1(F) DE MINIMIS SAFE
HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F), THE
TAXPAYER HEREBY ELECTS TO APPLY THE DE MINIMIS SAFE
HARBOR ELECTION TO ALL QUALIFYING PROPERTY PLACED IN
SERVICE DURING THE TAX YEAR.

TY 2018 Gen Dep

Name: GREENEWOOD HOMES INC
C/O JAN WHITVER/SID JONES

EIN: 23-7099938

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: ELECTION OUT OF BONUS DEPR - 27.5 YR PROP

**General Dependency Attachment
Information:** YEAR ENDED: DECEMBER 31, 2018 23-7099938 GREENEWOOD
HOMES, INC. C/O JAN WHITVER/SID JONES 700 S OAK ST
JEFFERSON, IA 50129 ELECTING OUT OF BONUS DEPRECIATION
ALLOWANCE FOR 27.5-YEAR PROPERTY THE ABOVE NAMED
TAXPAYER ELECTS OUT OF THE FIRST-YEAR BONUS
DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K)(7) FOR
ALL ELIGIBLE 27.5-YEAR DEPRECIABLE PROPERTY PLACED IN
SERVICE DURING THE TAX YEAR.