efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492205007027 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable C Name of organization D Employer identification number SURING NON-PROFIT HOUSING CORPORATION ☐ Address change 23-7302131 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2 E MIFFLIN STREET No 801 ☐ Final return/terminated (608) 663-6390 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return MADISON, WI 53703 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ▶ G Accounting Method 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 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 36,865 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 48,815 3 Membership dues and assessments . . . . . . 3 4 4 29 5a Gross amount from sale of assets other than inventory . . . . . 5b b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 Other revenue (describe in Schedule O) 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 85,709 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 2,453 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 72,416 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 33,627 17 Total expenses. Add lines 10 through 16 17 108,496 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -22,787 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 25,376 end-of-year figure reported on prior year's return) 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 2,589 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule	,	uestion in this P	art II			
	Check if the organization asea serieuale	o to respond to any q	acstron in this i		eginning of year	<del></del>	(B) End of year
<b>22</b> Cash, sa	vings, and investments		[	(4) 5	3,414	22	10,991
	d buildings		[		339,729		320,080
<b>24</b> Other as	sets (describe in Schedule O)				65,763	24	60,755
	sets		[		408,906	25	391,826
26 Total lia	ibilities (describe in Schedule O)				383,530	26	389,237
	ets or fund balances (line 27 of column				25,376	27	2,589
Part III	Statement of Program Service A Check if the organization used Schedule	•			tIII) ☑	(Rec	Expenses quired for section 501(c)
What is the o	organization's primary exempt purpose? ELOW COST HOUSING TO PERSONS WITI		question in tims i	411 111		(3)	and 501(c)(4) inizations, optional for
measured by	organization's program service accompli y expenses. In a clear and concise manne and other relevant information for each pro	er, describe the service					,
2 <b>8</b> See Addition	al Data Table						
Grants \$ )	If this amoun	t includes foreign gran	its check here		▶ □	28a	
29	II tills amoun	t includes foreign gran	its, check here	• •	<u>. , , , , , , , , , , , , , , , , , , ,</u>	29a	
Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ □		
30						30a	
Grants \$ )	If this amoun	t includes foreign gran	its. check here		. ▶ □		
	ogram services (describe in Schedule O)				<del></del>	+++	
Grants \$ )	·	t includes foreign gran	its check here		· · · ·	31a	
· · · · ·	ogram service expenses (add lines 28a				<b>.</b>	32	98,496
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one even	ıf not co	mpensated — see the	ınstruct	tions for Part IV)
	Check if the organization used Schedule	O to respond to any q	juestion in this P	art IV.			🗆
	(a) Name and title	(b) Average	(c) Reporta	ble	(d) Health bene	efits,	(e) Estimated amount
	. ,	hours per week	compensati	on	contributions to en	nployee	of other compensation
		devoted to position	(Forms W-2/1 MISC) (if not enter -0-	paid,	benefit plans, deferred compen		
IOHN PETER	SEN III	0 10	enter -v-	0		0	0
PRESIDENT							
DAVID KRUG	SER	0 10		0		0	0
				ŭ		·	
DIRECTOR		0.10					
IAMES J HOI	_I	0 10		0		0	0
TREASURER							
PAUL SENTY		0 10		0		0	0
SECRETARY							
RICHARD A	HANSEN	0 10		0		0	0
DIRECTOR							
IAMES P CAI	RTER	0 10		0		0	0
NIDECTOR							
DIRECTOR ANN F WENZ	7EI	0 10		0		0	0
		0 10		0		Ü	Ĭ
DIRECTOR							
ERBERT JOH	NSON	0 10		0		0	0
DIRECTOR							
DAVID STRE	LITZ	0 10		0		0	0
DIRECTOR							

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	🗵	
	-		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-		
ь	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 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	40b		No
c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T		·	
42a		608) 6	63-6390	)
	Located at ▶ 2 E MIFFLIN ST SUITE 801 MADISON, WI ZIP + 4 ▶	5370	13	
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)?		Yes	No
	If "Yes," enter the name of the foreign country	42b		No
	2. Test, effect the famile of the foreign country is			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		Yes	No No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	443		
4-	explanation in Schedule O	44d		N1 -
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Form 990-EZ (	(2016)						Page •
						Yes	No
	organization engage, directly or indirec tes for public office? If "Yes," complete				46		No
	Section 501(c)(3) organization				46		No
	All section 501(c)(3) organizations Check if the organization used Schedule	must answer quest	ions 47-49b and	52, and complete the tab	es for lı	nes 50	and 51
	Lneck if the organization used Schedule	O to respond to any q	uestion in this Part	VI		Yes	⊔ No
<b>47</b> Did the	organization engage in lobbying activiti	es or have a section 5	01(h) election in eff	act during the tay year?			
	complete Schedule C, Part II	es of flave a section 5	• •	· · · · · · · · · · · ·	47		
48 Is the or	rganization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete S	chedule E	48		
<b>49a</b> Did the	organization make any transfers to an	exempt non-charitable	related organization	۱۶	49a		
<b>b</b> If "Yes,"	' was the related organization a section	527 organization? .			49b		
	te this table for the organization's five h				and key	employ	ees)
	th received more than \$100,000 of com ame and title of each employee	(b) Average	ganization If there i	s none, enter "None "  (d) Health benefits,	(e) Es	stimated	amoun
()	······································	hours per week devoted to position	compensation (Forms W-2/1099	contributions to employe			
		devoted to position	MISC)	deferred compensation			
		<u> </u>			1		
	number of other employees paid over \$			· · · · · · · · · · · · · · · · · · ·			
	te this table for the organization's five h sation from the organization  If there is		idependent contract	ors wno each received more	tnan \$10	0,000 6	Г
	(a) Name and business address of e	ach independent contr	actor	(b) Type of service (	<b>c)</b> Comp	ensation	1
<b>d</b> Total r	number of other independent contractor	s each receiving over	\$100,000				
	ne organization complete Schedule A? N						
comp	leted Schedule A				► □ Ye	es 🗆 M	No
	es of perjury, I declare that I have exam						
ias any knowl	d belief, it is true, correct, and complete edge	Declaration of prepa	rer (other than offic	er) is based on all illiormatio	n or whic	п ргера	rer
I <b>k</b>	******			2017-07-18			
Sign	Signature of officer			Date			
	JOHN PETERSEN III President						
<u>                                      </u>	Type or print name and title  Print/Type preparer's name	Preparer's signature	l De	ate PTIN	1		
Paid	Kırsten Houghton	The span of the			273230		
Preparer	Firm's name ► SVA CERTIFIED PUBLI						
Jse Only	Only Firm's address ► 1221 JOHN Q HAMMONS DRIVE Phone no (608)						
osc Omy	Firm's address ► 1221 JOHN Q HAMMOI	NS DRIVE		Phone no (608) 831	-8181		
Jac Omy	Firm's address ► 1221 JOHN Q HAMMOI MADISON, WI 53717	NS DRIVE		Phone no (608) 831	-8181		
	•	NS DRIVE		Phone no (608) 831	-8181		

## **Additional Data**

(Grants \$ 0)

Software ID:

**Software Version:** 

**EIN:** 23-7302131

Name: SURING NON-PROFIT HOUSING CORPORATION

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.)		
28 TO PROVIDE 28 UNITS OF AFFORDABLE HOUSING TO LOW AND MODERATE INCOME, ELDERLY, OR DISABLED	28a	98,496	
PERSONS AND PERSONS WITH SPECIAL NEEDS			

If this amount includes foreign grants, check here  $\cdot$  .  $\cdot$   $\blacktriangleright$   $\Box$ 

efile GRAPH	IIC print	t - DO NOT PROCESS   As Filed Data -	DL	N: 93492205007027
SCHEDULE O (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,  Department of the Treasury  Department of the Treasury				OMB No 1545-0047  2016 Open to Public Inspection
Internal Revenue Service				ntification number
Reference Form 990- EZ, Part I, Line 4 - Other Investment Income	Descript	tion INTEREST INCOME Amount 29		

Return Explanation
Reference

Form 990EZ, Part I,
Line 16 Other
Expenses

Description DEPRECIATION Amount 12,963 Description ADVERTISING Amount 4,011 Descript
MANAGEMENT FEE Amount 10,000 Descript
ION PAYROLL/BENEFIT REIMBURSEMENT Amount 5,302 Description Bad Debt Amount 1,104 T
Otal to Form 990-EZ, line 16 33,627

990 Schedule O, Supplemental Information

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Line 24 -	Description ACCOUNTS RECEIVABLE Beg of Year Amount 1,629 End of Year Amount 48 Desc ription PREPAID EXPENSES OR DEFERRED CHARGES Beg of Year Amount 5,304 End of Year Amount 4,506 Description SECURITY DEPOSIT Beg of Year Amount 5,924 End of Year Amount 4,671 Description REPLACEMENT RESERVE Beg of Year Amount 29,073 End of Year Amount 30,394 Description RESIDUAL RECEIPTS Beg of Year Amount 402 End of Year Amount 402 Description Other Depreciable Assets Beg of Year Amount 23,431 End of Year Amount 20,734

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 26 - Other Liabilities	Description ACCOUNTS PAYABLE Beg of Year Amount 15,435 End of Year Amount 29,170 De scription MORTGAGES AND OTHER NOTES PAYABLE Beg of Year Amount 362,464 End of Year Amount 355,651 Description SECURITY DEPOSIT PAYABLE Beg of Year Amount 5,619 End of Year Amount 4,416 Description PREPAID RENT Beg of Year Amount 12 End of Year Amount 0

Return Explanation

990 Schedule O, Supplemental Information

Form 990EZ, Part V,
Line 35

PROGRAM SERVICE REVENUE REPORTED IN PART I, LINE 2 RELATES TO REVENUE RECEIVED IN CARRYING
OUT THE ORGANIZATION'S EXEMPT PURPOSE AND THE PROGRAM SERVICE DESCRIBED IN PART III