

Form **990-EZ**
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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization: SURING NON-PROFIT HOUSING CORPORATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 2 E MIFFLIN STREET No 801
City or town, state or province, country, and ZIP or foreign postal code: MADISON, WI 53703

D Employer identification number: 23-7302131
E Telephone number: (608) 663-6390
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)
I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. \$ 85,709

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 36,865
2	Program service revenue including government fees and contracts 48,815
3	Membership dues and assessments
4	Investment income 29
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
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 85,709
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 2,453
14	Occupancy, rent, utilities, and maintenance 14 72,416
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 33,627
17	Total expenses. Add lines 10 through 16 17 108,496
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -22,787
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 25,376
20	Other changes in net assets or fund balances (explain in Schedule O) 20 0
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 2,589

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	3,414	22	10,991
23 Land and buildings	339,729	23	320,080
24 Other assets (describe in Schedule O)	65,763	24	60,755
25 Total assets	408,906	25	391,826
26 Total liabilities (describe in Schedule O).	383,530	26	389,237
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,376	27	2,589

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 LOW COST HOUSING TO PERSONS WITH SPECIAL NEEDS

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	98,496

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
JOHN PETERSEN III PRESIDENT	0 10	0	0	0
DAVID KRUGER DIRECTOR	0 10	0	0	0
JAMES J HOLT TREASURER	0 10	0	0	0
PAUL SENTRY SECRETARY	0 10	0	0	0
RICHARD A HANSEN DIRECTOR	0 10	0	0	0
JAMES P CARTER DIRECTOR	0 10	0	0	0
ANN F WENZEL DIRECTOR	0 10	0	0	0
ERBERT JOHNSON DIRECTOR	0 10	0	0	0
DAVID STRELITZ DIRECTOR	0 10	0	0	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 response. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 JOHN PETERSEN III President Date 2017-07-18

Paid Preparer Use Only Print/Type preparer's name Kirsten Houghton Preparer's signature Date Check if self-employed PTIN P01273230 Firm's name SVA CERTIFIED PUBLIC ACCTS SC Firm's EIN 39-1203191 Firm's address 1221 JOHN Q HAMMONS DRIVE MADISON, WI 53717 Phone no (608) 831-8181

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

Additional Data

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 PERSONS AND PERSONS WITH SPECIAL NEEDS (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	98,496

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
SURING NON-PROFIT HOUSING CORPORATION**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

23-7302131

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 29

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description DEPRECIATION Amount 12,963 Description ADVERTISING Amount 4,011 Description OFFICE EXPENSES Amount 247 Description MANAGEMENT FEE Amount 10,000 Description PAYROLL/BENEFIT REIMBURSEMENT Amount 5,302 Description Bad Debt Amount 1,104 Total to Form 990-EZ, line 16 33,627

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description ACCOUNTS RECEIVABLE Beg of Year Amount 1,629 End of Year Amount 48 Description 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 Description 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, 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 II