

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	10,991	22	11,734
23 Land and buildings	320,080	23	309,829
24 Other assets (describe in Schedule O)	60,755	24	62,777
25 Total assets	391,826	25	384,340
26 Total liabilities (describe in Schedule O).	389,237	26	445,547
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,589	27	-61,207

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	144,524

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 PAST TREASURER	0 00	0	0	0
PAUL SENTY DIRECTOR	0 10	0	0	0
RICHARD A HANSEN SECRETARY	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 TREASURER	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: 2018-07-10

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	144,524

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SURING NON-PROFIT HOUSING CORPORATION

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 55

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION DEPRECIATION AMOUNT 12,939 DESCRIPTION ADVERTISING AMOUNT 455 DESCRIPTION OFFICE EXPENSES AMOUNT 3,364 DESCRIPTION MANAGEMENT FEE AMOUNT 8,145 DESCRIPTION PAYROLL/BENEFIT REIMBURSEMENT AMOUNT 23,876 DESCRIPTION MISCELLANEOUS ADMINISTRATIVE AMOUNT 1,200 TOTAL TO FORM 990-EZ, LINE 16 49,979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 48 END OF YEAR AMOUNT 1,765 DESCRIPTION PREPAID EXPENSES OR DEFERRED CHARGES BEG OF YEAR AMOUNT 4,506 END OF YEAR AMOUNT 4,445 DESCRIPTION SECURITY DEPOSIT BEG OF YEAR AMOUNT 4,671 END OF YEAR AMOUNT 5,764 DESCRIPTION REPLACEMENT RESERVE BEG OF YEAR AMOUNT 30,394 END OF YEAR AMOUNT 30,450 DESCRIPTION RESIDUAL RECEIPTS BEG OF YEAR AMOUNT 402 END OF YEAR AMOUNT 402 DESCRIPTION INSURANCE ESCROW BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,905 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 20,734 END OF YEAR AMOUNT 18,046

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 29,170 END OF YEAR AMOUNT 48,314 DESCRIPTION MORTGAGES AND OTHER NOTES PAYABLE BEG OF YEAR AMOUNT 355,651 END OF YEAR AMOUNT 391,730 DESCRIPTION SECURITY DEPOSIT PAYABLE BEG OF YEAR AMOUNT 4,416 END OF YEAR AMOUNT 5,503

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