efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492191002057 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 D Employer identification number C Name of organization \square Address change Strum Housing Inc 23-7366787 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 4004 Oakwood Hills Parkway ☐ Final return/terminated (715) 834-3411 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Eau Claire, WI 54701 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 2 2 68,746 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 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 0 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 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 68.753 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 13 Professional fees and other payments to independent contractors 13,160 14 Occupancy, rent, utilities, and maintenance . . . 14 45,779 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 12,243 17 Total expenses. Add lines 10 through 16 17 71,182 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -2,429 Net Assets 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 -11,293 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 -13,722 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	O to respond to any q	uestion in this	Part II			🗹
22.6				(A) B	eginning of year	22	(B) End of year
	vings, and investments				15,815 30,703		10,791 28,251
	sets (describe in Schedule O)					24	329
25 Total as					46,901		39,371
	abilities (describe in Schedule 0)				58,194		53,093
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		-11,293	27	-13,722
Part III	Statement of Program Service	Accomplishments	(see the instruct	ions for Pa	t III)		Expenses
	Check if the organization used Schedule	O to respond to any o	question in this	Part III			equired for section 501(c)) and 501(c)(4)
	organization's primary exempt purpose? using for the elderly					or	ganızatıons, optıonal for
measured by benefited, a	organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service				Oti	ners)
28 See Addition	nal Data Table						
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □	28a	
29	II tills dillodii	t melades foreign gran	ico, check here			29a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
30						30a	1
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
	ogram services (describe in Schedule O)						
(Grants \$)	• • • • • • • • • • • • • • • • • • • •	t includes foreign gran	ts check here		. • □	31a	
. , ,	ogram service expenses (add lines 28a					32	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one ev	en if not co	ompensated — see the		
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	🗆
	(a) Name and title	(b) Average	(c) Repor	table	(d) Health bend	efits,	(e) Estimated amount
		hours per week	compensa				ee of other compensation
		devoted to position	(Forms W-2 MISC) (if no		benefit plans, deferred compen		n
			enter -(
Gary Monsoi	n	0		0			
President							
Eugene Pulv	er Machey	0		0			
Director							
Glenn Hauke	eness	0		0			
Director							
Dean Boehn	e	0		0			
Director							
Director							
							5 000 FT (2016)

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n	990-EZ (2016)			Page 3
a	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆	
			Yes	No
	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
	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
a	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
)	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		No
	W. H			

a	by the organization			
	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	40e		No
41	List the states with which a copy of this return is filed •			
42a				
	Located at ▶ PO Box 720 Eau Claire, WI ZIP + 4 ▶	_547	01	
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
		42b		No
	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)			
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			
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			
			Yes	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
С	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? <i>If "No," provide an explanation in Schedule O</i>	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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)
		1.01111	22U-EL	(ZUID)

	016)						Page -
						Yes	No
	ganization engage, directly or indirects for public office? If "Yes," complete						
	ction 501(c)(3) organization				46		No
All	section 501(c)(3) organizations	must answer quest	ions 47-49b and 52	, and complete the tabl	es for lu	nes 50	and 51
Che	eck if the organization used Schedule	O to respond to any q	juestion in this Part VI			Yes	□ No
	ganızatıon engage ın lobbyıng actıvıtı omplete Schedule C, Part II	es or have a section 50	U1(h) election in effect		47		
48 Is the orga	anization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	48		
49a Did the org	ganization make any transfers to an o	exempt non-charitable	related organization?		49a		
b If "Yes," w	ras the related organization a section	527 organization? .			49b		
50 Complete t	this table for the organization's five h	iighest compensated e	mployees (other than	officers, directors, trustees	and key	employ	ees)
	received more than \$100,000 of com	pensation from the org	ganization If there is (c) Reportable	none, enter "None " (d) Health benefits,	(a) Ec	timated	amoun
(a) Nam	ic and time of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employe benefit plans, and deferred compensation			
NONE							
f Total nur	mber of other employees paid over \$	100,000		- _			
	this table for the organization's five h		ndependent contractor	s who each received more	than \$10	0,000 o	f
•	(a) Name and business address of e	<u> </u>	actor	(b) Type of service (c) Comp	ensation	
NONE		·					
d Total nur	mber of other independent contractor	s each receiving over	\$100,000	• _			
	organization complete Schodule A2 N			ist attach a			
		IOTE. All Section 501(_		
	ed Schedule A				► □ Ye	s 🗆 N	lo
complete Jnder penalties of the complete comple	ed Schedule A	nined this return, inclu	ding accompanying sc	hedules and statements, ar	nd to the	best of	my
complete Jnder penalties of the complete series of the complete ser	ed Schedule A	nined this return, inclu	ding accompanying sc	hedules and statements, ar) is based on all information	nd to the	best of	my
complete Under penalties of chowledge and bottom in the complete in the comple	ed Schedule A	nined this return, inclu	ding accompanying sc	hedules and statements, ar	nd to the	best of	my
Jnder penalties of chowledge and because any knowledge.	of perjury, I declare that I have example to the first true, correct, and complete ge	nined this return, inclu	ding accompanying sc	hedules and statements, ar) is based on all information 2017-07-10	nd to the	best of	my
Juder penalties of chowledge and because any knowledge.	of perjury, I declare that I have example lief, it is true, correct, and complete ge **** gnature of officer ry Monson President pe or print name and title Print/Type preparer's name	nined this return, inclu	ding accompanying sc	hedules and statements, ar) is based on all information 2017-07-10 Date	nd to the	best of	my
complete Under penalties of the consultation o	ped Schedule A	nined this return, incluing Declaration of prepa	ding accompanying sc rer (other than officer	hedules and statements, ar) is based on all information 2017-07-10 Date Check if PTIN P000 self-employed	nd to the	best of	my
Complete Under penalties of chowledge and behas any knowledge. Sign Here Paid Preparer	ed Schedule A	nined this return, incluing Declaration of prepa	ding accompanying sc rer (other than officer	hedules and statements, ar) is based on all information 2017-07-10 Date Check if print	nd to the	best of	my
Complete Under penalties of chowledge and behas any knowledge. Sign Here Paid Preparer	ed Schedule A	Preparer's signature	ding accompanying sc rer (other than officer	hedules and statements, ar) is based on all information 2017-07-10 Date Check if PTIN P000 self-employed	nd to the	best of	my
Jnder penalties of knowledge and b has any knowledge. Sign Here Ga	ed Schedule A	Preparer's signature	ding accompanying sc rer (other than officer	hedules and statements, ar) is based on all information 2017-07-10 Date Check if print	nd to the	best of	my

Additional Data

Software ID: 16000303

Software Version: 2016v3.0 **EIN:** 23-7366787

Name: Strum Housing Inc

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.) (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 Provides 14 units of housing for the elderly		28a			
(Grants \$ 71,182)	If this amount includes foreign grants, check here \ldots . \blacktriangleright \Box				

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -	DLN	: 93492191002057	
SCHEDULE	• • • • • • • • • • • • • • • • • • •		OMB No 1545-0047 2016	
(Form 990 or 9 E Z)	Form 990 or 990-EZ or to provide any additiona	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.		
Department of the Trea	► Information about Schedule O (Form 990 or 990-EZ) a			
Internal Revenue Servi Name of the organ Strum Housing Inc	ization	Employer ident 23-7366787	ification number	
990 Schedule	O, Supplemental Information			
Return Reference	Explanation			
Other Expenses 1001	Advertising and Promotion \$589			

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$4311
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$260 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference Other Depreciation \$2506

Expenses 1009

990 Schedule O, Supplemental Information Return Explanation Reference Other Property & Liability Insurance \$4567

Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference Other Permit \$10

Expenses 2

Return Explanation

990 Schedule O, Supplemental Information

Assets 1002

Reference
Other Furniture and Fixtures - Beginning \$383 Furniture and Fixtures - Ending \$329

Return Explanation

990 Schedule O, Supplemental Information

Reference

Accounts Payable and Accrued Expenses - Beginning \$6226 Accounts Payable and Accrued Expenses - Ending \$7090 Total Liabilities 1001

Return Evolunation

	T-4-1	Control Markerson and Notes Develop Develop Resummer 654752 Control Markerson and Notes Develop Fording 645742
	Reference	
ı	Retuin	Explanation

lotai Secured Mortgages and Notes Payable - Beginning \$51753 Secured Mortgages and Notes Payable - Ending \$45742

990 Schedule O, Supplemental Information

Liabilities 1007

990 Schedule O, Supplemental Information

Return Explanation

Reference

Total PREPAID RENTS - Beginning \$215 PREPAID RENTS - Ending \$261

Liabilities 1