efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492130025239 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization Strum Housing Inc ☐ Address change 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) **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) 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 1 2 2 Program service revenue including government fees and contracts 70,621 3 Membership dues and assessments 3 4 10 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 0 0 Less direct expenses from gaming and fundraising events **6**c 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 . . . 0 b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 70,631 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 13 Professional fees and other payments to independent contractors 12,658 14 14 Occupancy, rent, utilities, and maintenance . . . 45,226 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 12,392 17 17 Total expenses. Add lines 10 through 16 70,276 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 355 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) -6,320 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -5,965 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

	_ (rage a
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		ulestion in this	Dart II			
	Check if the organization used Schedule	o to respond to any q	descion in this		eginning of year	•	(B) End of year
22 Cash, sa	evings, and investments			<u> </u>	14,845	22	14,303
23 Land and	d buildings				25,799	23	23,347
24 Other as	ssets (describe in Schedule O)				935	24	635
	ssets				41,579	_	38,285
26 Total lia	abilities (describe in Schedule O)				47,899	$\overline{}$	44,250
	ets or fund balances (line 27 of column		· · · · · · · · · · · · · · · · · · ·		-6,320	27	-5,965
Part Ⅲ	Statement of Program Service A Check if the organization used Schedule	•			tIII) □	l (R	Expenses Leguired for section 501(c)
What is the	organization's primary exempt purpose?	o to respond to any c	question in tims	T GIT III		 (3) and 501(c)(4)
Provides hou	using for the elderly						ganizations, optional for hers)
measured b	e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service					,
28 See Addition	nal Data Table						
(Grante &)	If this amoun	it includes foreign gran	ste chack hara		. ▶ □	20-	
(Grants \$) 29	ir this amoun	it includes foreign gran	its, check here		. , ,	28a	
2.5						256	
(Grants \$)	If this amoun	it includes foreign gran	nts, check here		. ▶ □		
30	I this amount	- Includes foreign gran			·	30a	
30						300	1
(Grants \$)	If this amoun	it includes foreign gran	ots check here		. ▶ □		
				• •	. , .	-	
•	ogram services (describe in Schedule 0)						
(Grants \$)	it this amoun ogram service expenses (add lines 28a	t includes foreign gran			. , ,	31a	
Part IV	List of Officers, Directors, Trustees,						•
. are iv	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.	<u> </u>		
	(a) Name and title	(h) Average	(a) Danar	tabla	(d) Health bene	£.±.	(a) Estimated amount
	(a) Name and title	(b) Average hours per week	(c) Repor		(d) Health bene contributions to en		(e) Estimated amount ee of other compensation
		devoted to position	(Forms W-2 MISC) (if no enter -0	t paid,	benefit plans, deferred compen		n
Dean Boehn	e	0		0			
President &	CFO						
		1	<u> </u>				Form 990-F7 (2018)

Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	3	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.	<u></u>	<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)			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
Ь	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
С	c 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			No
36				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee \mathbf{or} 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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b]		
40a	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 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	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				
The	e organization's books are in care of ▶ <u>Landmark Company</u> Telephone no ▶	(715)	834-341	1
	Located at ▶ PO Box 720 Eau Claire , WI ZIP + 4 ▶	<u>54701</u>		
		ı	V	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b		110
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
c	Accounts (FBAR) 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 9	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			
			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	1	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			
	explanation in Schedule O	44d		No
	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

						Yes	No
	the organization engage, directly or indire			of or in opposition to			
Part VI	Section 501(c)(3) organizatio	·			46		No
Part VI	All section 501(c)(3) organization	-	ions 47- 49b and 52	2, and complete the tab	les for lir	nes 50	and
	51. Check if the organization used Schedu	lle O to respond to any q	uestion in this Part VI]
		· · ·				Yes	No
	the organization engage in lobbying activ 'es," complete Schedule C, Part II	ities or have a section 50	01(h) election in effect	during the tax year?	47		
18 Is th							
19a Did 1	Did the organization make any transfers to an exempt non-charitable related organization?						
b If "Y	b If "Yes," was the related organization a section 527 organization?						
	plete this table for the organization's five				and key	employ	ees)
	each received more than \$100,000 of co Name and title of each employee	mpensation from the org	ganization If there is r	one, enter "None " (d) Health benefits,	(e) Est	ımated	amour
(-	, name and and of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employe benefit plans, and deferred compensation	e of other		
ONE							
	tal number of other employees paid over	•		> _	hl	000 -	
51 Com	tal number of other employees paid over aplete this table for the organization's five pensation from the organization If there	highest compensated in	odependent contractors	▶s who each received more	than \$100),000 of	
51 Com	plete this table for the organization's five	highest compensated ir is none, enter "None "	·		than \$100		
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·	-	-		
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·	-	-		
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·	-	-		
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·	-	-		
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·	-	-		
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51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·	-	-		
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·	-	-		
S1 Com	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None " each independent contr	actor	-	-		
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent control of the c	\$100,000	(b) Type of service (-		
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(6)	\$100,000	(b) Type of service (c) Compe		
d Tot 52 Di cc Juder pena	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of the contract of the contract of the contract of the organization complete Schedule A?	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a	\$100,000	(b) Type of service (C) Compe	nsation	
d Tot	tal number of other independent contract of the organization and the organization and the organization and the organization are the tall number of other independent contract of the organization complete Schedule Appropriate Schedule Appropriate of the organization complete schedule Appropriate of the organization complete Schedule Appropriate of perjury, I declare that I have example the organization complete schedule Appropriate of perjury, I declare that I have example the organization complete schedule and belief, it is true, correct, and complete schedule and co	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a	\$100,000	(b) Type of service (C) Compe	nsation	
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d Total Sign lere	tal number of other independent contract Id the organization complete Schedule A? In the organization is the organiz	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a emined this return, included Declaration of prepa	\$100,000	(b) Type of service (st attach a nedules and statements, and is based on all information 2019-05-10 Date Check if PTIN POOC	Yes and to the kin of which	nsation	
d Tot 52 Di cc Inder pena	tal number of other independent contract Id the organization complete Schedule A? In the organization is the organiz	e highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(amined this return, include Declaration of prepa	\$100,000	(b) Type of service (st attach a nedules and statements, and is based on all information 2019-05-10 Date Check if self-employed POOC	Yes nd to the to n of which	nsation	
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Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: 18007218

Software Version: 2018v3.1 **EIN:** 23-7366787

ame: Strum Housing I

Name: Strum Housing Inc

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

Describe the organization services, as measured by number of persons benefit	` (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 Provides 14 units of hous	ng for the elderly	28a	
(Grants \$ 70,274)	If this amount includes foreign grants, check here 🕨 🗌		

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -		DLN	: 93492130025239
SCHEDULE O Sup		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.		ions on	2018	
		▶ Go to <u>u</u>	Attach to Forn www.irs.gov/Form9		Open to Public Inspection	
Name Brthยงกิฐอิศเซลtion Strum Housing Inc 990 Schedule O, Supplemental Information					Employer ident 23-7366787	ification number
Return	O, Suppl	emental Informatio	n 	Explanation		
Reference				<u> </u>		
Other Expenses 1001	Advertisir	ng and Promotion \$806				

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$2451

Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$348 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference

Other Interest \$1452 Expenses 1008

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

Other Expenses 1009

990 Schedule O, Supplemental Information Return Explanation Reference

Other Property & Liability Insurance \$4819

Expenses 1

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

Expenses 2

990 Schedule O, Supplemental Information

Return Explanation

Reference	Ελριαίαση
Other	Furniture and Fixtures - Beginning \$275 Furniture and Fixtures - Ending \$221

Assets 1002

Return Explanation

990 Schedule O, Supplemental Information

Reference
Other Accounts Receivable - Beginning \$660 Accounts Receivable - Ending \$414
Assets 1005

Return

990 Schedule O, Supplemental Information

Liabilities 1001

Reference	——————————————————————————————————————
Total	Accounts Payable and Accrued Expenses - Beginning \$9192 Accounts Payable and Accrued Expenses - Ending \$10561

Return Explanation

990 Schedule O, Supplemental Information

Liabilities 1007

Reference	·
Total	Secured Mortgages and Notes Payable - Beginning \$38663 Secured Mortgages and Notes Payable - Ending \$33611

990 Schedule O, Supplemental Information

Return Explanation

Total PREPAID RENTS - Beginning \$44 PREPAID RENTS - Ending \$78

Liabilities 1