

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
SENIOR CITIZENS HOUSING OF ELLETTSVILLE INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
5665 W STATE ROAD 46
City or town, state or province, country, and ZIP or foreign postal code
BLOOMINGTON, IN 47404

D Employer identification number
23-7422849
E Telephone number
(812) 876-5478
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

H Check if the organization is not 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

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. \$127,100

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	41,846
2 Program service revenue including government fees and contracts	84,366
3 Membership dues and assessments	
4 Investment income	3
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b 0
c 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 0
c Less direct expenses from gaming and fundraising events	6c 0
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 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8 885
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 127,100
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 41,632
13 Professional fees and other payments to independent contractors	13 17,894
14 Occupancy, rent, utilities, and maintenance	14 50,456
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 46,986
17 Total expenses. Add lines 10 through 16	17 156,968
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -29,868
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 -36,381
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 -66,249

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	1,023	22	1,421
23 Land and buildings	46,631	23	56,700
24 Other assets (describe in Schedule O)	14,763	24	228,208
25 Total assets	62,417	25	286,329
26 Total liabilities (describe in Schedule O).	98,798	26	352,578
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-36,381	27	-66,249

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?

AFFORDABLE HOUSING FOR THE ELDERLY

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) <input checked="" type="checkbox"/>		32	117,250

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
MARION JACOBS President	1 00	0		
DENNIS FISHER Vice President	1 00	0		
CARL HARRINGTON Treasurer	1 00	0		
DAWN MAYFIELD Secretary	1 00	0		
JOE PEDEN MEMBER	1 00	0		
JAMES STOCKTON MEMBER	1 00	0		
JIMMIE DURNIL MEMBER	1 00	0		
LARRY THRASHER MEMBER	1 00	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 columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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. Row 1 contains 'NONE'.

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. Row 1 contains 'NONE'.

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 2017-11-13 Date
MARION JACOBS President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Shawn D Dreiman CPA; Preparer's signature; Date; Check self-employed; PTIN: P00380913; Firm's name: CNA Tax Professionals Inc; Firm's EIN; Firm's address: 8606 Allisonville Rd Ste 120, Indianapolis, IN 46250; Phone no: (317) 841-3393

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

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 23-7422849

Name: SENIOR CITIZENS HOUSING OF
ELLETTSVILLE 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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 EXPENSES RELATE TO THE CONTINUOUS MAINTENANCE AND OPERATIONS OF LOW-INCOME MULTI-FAMILY HOUSING IN BEDFORD, INDIANA UNDER CONTRACT WITH THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (Grants \$ 117,250)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
SENIOR CITIZENS HOUSING OF
ELLETTSVILLE INC**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

23-7422849

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	MISCELLANEOUS REVENUE \$668

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	LAUNDRY & VENDING REVENUE \$217

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$13997

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$10867

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$13271

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	OTHER RENTING EXPENSES \$8851

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$8766 Furniture and Fixtures - Ending \$55556

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$86 Accounts Receivable - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 5	TENANT SECURITY DEPOSITS - Beginning \$5911 TENANT SECURITY DEPOSITS - Ending \$6410

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 6	REPLACEMENT RESERVE - Beginning \$0 REPLACEMENT RESERVE - Ending \$166242

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$92893 Accounts Payable and Accrued Expenses - Ending \$142496

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$0 Deferred Revenue - Ending \$4484

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$0 Secured Mortgages and Notes Payable - Ending \$199966

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	TENANT SECURITY DEPOSITS HELD IN TRUST - Beginning \$5905 TENANT SECURITY DEPOSITS HELD IN TRUST - Ending \$5632