

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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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
320 West 8th Street
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) _____
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. \$ 122,106

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	38,040	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2	83,524	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	35,983
4	Investment income	4	3	13	Professional fees and other payments to independent contractors	13	14,097
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	48,512
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	27,403
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	125,995
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,889
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	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	-66,249
c	Less direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	-70,138
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	539				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	122,106				

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	1,421	22	10,321
23 Land and buildings	56,700	23	79,069
24 Other assets (describe in Schedule O)	228,208	24	135,087
25 Total assets	286,329	25	224,477
26 Total liabilities (describe in Schedule O).	352,578	26	294,615
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-66,249	27	-70,138

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	98,633

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 DURNHILL 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. 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: 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: 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 2018-11-09 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 if self-employed PTIN P00380913
Firm's name CNA Tax Professionals Inc Firm's EIN 35-2102008
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: 17005038
Software Version: 2017v2.2
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 \$ 98,633)</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)**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.

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Department of the Treasury
Internal Revenue Service

Name of the organization
SENIOR CITIZENS HOUSING OF
ELLETSVILLE INC

Employer identification number

23-7422849

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	LAUNDRY & VENDING REVENUE \$539

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1594

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$14127

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$9188

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	REAL ESTATE TAXES \$1978

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	OTHER RENTING EXPENSES \$516

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$55556 Furniture and Fixtures - Ending \$44359

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 5	TENANT SECURITY DEPOSITS - Beginning \$6410 TENANT SECURITY DEPOSITS - Ending \$6400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 6	REPLACEMENT RESERVE - Beginning \$166242 REPLACEMENT RESERVE - Ending \$84328

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$142496 Accounts Payable and Accrued Expenses - Ending \$95551

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$4484 Deferred Revenue - Ending \$9041

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$199966 Secured Mortgages and Notes Payable - Ending \$184866

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	TENANT SECURITY DEPOSITS HELD IN TRUST - Beginning \$5632 TENANT SECURITY DEPOSITS HELD IN TRUST - Ending \$5157