

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 boxes. 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.

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 2018-05-08 Date
JANET SWEEP SECRETARY Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JAMES B KNOTSON Preparer's signature Date 2018-05-08 Check if self-employed PTIN P00333572
Firm's name DANA F COLE & COMPANY LLP Firm's EIN 47-0526649
Firm's address PO BOX 502 MONTEVIDEO, MN 56265 Phone no (320) 269-2146

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

Additional Data

Software ID:

Software Version:

EIN: 23-7440635

Name: CLARA CITY COMMUNITY HAUS 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.)	
28 PROVIDE LOW COST HOUSING TO LOW AND MODERATE INCOME PEOPLE (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	149,437

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CLARA CITY COMMUNITY HAUS INC

Employer identification number

23-7440635

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 387 ADMIN EXPENSE 83 INTEREST EXPENSE 442 SUBSIDIZED INTEREST 939 INSURANCE 16,193 ADVERTISING AND PROMOTION 454 BAD DEBT EXPENSE 898 TRAINING 93 NON-INVESTMENT DEPRECIATION 18,784 TOTAL 38,273

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 312,885 PREPAID EXPENSES AND DEFERRED CHARGES 1,069 1,109 FURNITURE, FIXTURES, & EQUIPMENT 103,924 103,924 LESS ACCUMULATED DEPRECIATION 98,247 100,164 TOTAL 7,058 5,754

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,310 6,583 UNSECURED NOTES AND LOANS PAYABLE 282,207 282,207 DAMAGE DEPOSITS 12,416 12,405 ASSESSMENTS 1,481 0 PREPAID RENT 229 43 MORTGAGE AND OTHER NOTES PAYABLE 12,994 12,098