

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: DEEPWATER SR CITIZENS HOUSING INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 1015 SW HWY F
City or town, state or province, country, and ZIP or foreign postal code: DEEPWATER, MO 64740

D Employer identification number: 43-1092518
E Telephone number: (660) 696-2429
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)
I Website:
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. \$ 57,167

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	0
2 Program service revenue including government fees and contracts	57,155
3 Membership dues and assessments	0
4 Investment income	12
5a Gross amount from sale of assets other than inventory	0
5b Less cost or other basis and sales expenses	0
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6 Gaming and fundraising events	
6a Gross income from gaming (attach Schedule G if greater than \$15,000)	0
6b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
6c Less direct expenses from gaming and fundraising events	0
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
7a Gross sales of inventory, less returns and allowances	0
7b Less cost of goods sold	0
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8 Other revenue (describe in Schedule O)	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	57,167
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	0
11 Benefits paid to or for members	0
12 Salaries, other compensation, and employee benefits	10,455
13 Professional fees and other payments to independent contractors	2,330
14 Occupancy, rent, utilities, and maintenance	33,130
15 Printing, publications, postage, and shipping	0
16 Other expenses (describe in Schedule O)	4,467
17 Total expenses. Add lines 10 through 16	50,382
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	6,785
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)	86,077
20 Other changes in net assets or fund balances (explain in Schedule O)	5,155
21 Net assets or fund balances at end of year Combine lines 18 through 20	98,017

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	59,820	22	64,780
23 Land and buildings	96,052	23	96,052
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	155,872	25	160,832
26 Total liabilities (describe in Schedule O).	69,795	26	62,815
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	86,077	27	98,017

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?
provide housing to elderly low income people

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)		32	0

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
CHRISTINE ANDERSON President	5	0	0	0
Deborah Adams Secretary	5	0	0	0
Helen Crowder Treasurer/ Manager	20	4,068	0	0
Monica Raysik VICE PRESIDENT	5	0	0	0
Crysti Booker Board Member	5	0	0	0
elsie harris Board Member	5	0	0	0
Yvonne Schockey Board Member	5	0	0	0
steven Anderson Board Member	5	0	0	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 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.

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: Helen Crowder Treasurer/ Mgr
Date: 2018-05-11

Paid Preparer Use Only Print/Type preparer's name: Stephen Duft
Preparer's signature
Date: 2018-05-11
Check [X] if self-employed
PTIN: P01086490
Firm's name: DUFT ACCOUNTING
Firm's EIN: 43-1296270
Firm's address: 1103 NORTH SECOND CLINTON, MO 64735
Phone no: (660) 885-6188

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

Additional Data

Software ID: 17005980

Software Version: v1.00

EIN: 43-1092518

Name: DEEPWATER SR CITIZENS 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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 provide housing for low income Elderly people Cost to maintain housing project financed by USDA Rural development 16 units for elderly Elderly have opportunity to fellowship and watch over each other (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

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

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Internal Revenue Service

Name of the organization

DEEPWATER SR CITIZENS HOUSING INC

Employer identification number

43-1092518

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Description,Amount^ADVERTISING,40 OFFICE SUPPLIES,885 PAYROLL TAXES,976 APPLIANCES FOR APARTMENTS,1329 INTEREST,1237^Total,4467^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 20	Description, Amount^RENT DEPOSITS RETAINED, 6800 ADJUST LOAN TO ACTUAL, -1645^Total, 5155^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26	Description, EOY Amount^PAYROLL TAXES,194 NOTE PAYABLE RURAL DEV,59821 RENT DEPOSITS,2800^Total,62815^