

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶
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 ▶ \$ 63,992

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	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																													0	
	2 Program service revenue including government fees and contracts																													63,980	
	3 Membership dues and assessments																													0	
	4 Investment income																													12	
	5a Gross amount from sale of assets other than inventory																													0	
	b Less cost or other basis and sales expenses																													0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													0	
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														0
	b 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
c Less direct expenses from gaming and fundraising events																														0	
d 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	
b Less cost of goods sold																														0	
c 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 ▶																														63,992	
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																														11,581
	13 Professional fees and other payments to independent contractors																														800
	14 Occupancy, rent, utilities, and maintenance																														43,393
	15 Printing, publications, postage, and shipping																														2,181
	16 Other expenses (describe in Schedule O)																														6,816
17 Total expenses. Add lines 10 through 16 ▶																														64,771	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																														-779	
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)																													98,017	
	20 Other changes in net assets or fund balances (explain in Schedule O)																													0	
	21 Net assets or fund balances at end of year Combine lines 18 through 20																														97,238

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	64,780	22	59,835
23 Land and buildings	96,052	23	96,052
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	160,832	25	155,887
26 Total liabilities (describe in Schedule O).	62,815	26	58,649
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,017	27	97,238

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	62,159

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	10	0	0	0
Deborah Adams Secretary	10	0	0	0
Helen Crowder Treasurer/ Manager	30	4,068	0	0
Monica Raysik VICE PRESIDENT	10	0	0	0
Denton Harris Board Member	10	0	0	0
steven Anderson Board Member	10	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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Helen Crowder Telephone no (660) 696-2429 Located at 615 s 8th st Deepwater, MO ZIP + 4 64740

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 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 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
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

	Yes	No
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	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 "

(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 Type or print name and title	2019-05-20 Date
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Paid Preparer Use Only	Print/Type preparer's name Stephen Duft	Preparer's signature	Date 2019-05-20	Check <input checked="" type="checkbox"/> 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: 18007995

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	62,159

TY 2018 Reasonable Cause Explanation

Name: DEEPWATER SR CITIZENS HOUSING INC

EIN: 43-1092518

Software ID: 18007995

Software Version: v1.00

Explanation: Information vital to the proper reporting of transactions was not all available on May 15. It was however available in order to complete filing by May 20. By the time it was realized by the accountant that it would not be possible to complete by May 15th it was too late to file an extension. We are asking in advance to have any penalties abated due to reasonable cause.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

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	major repairs and improvements

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26	notes payable