

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
WHEATON LOCAL HOUSING AUTHORITYINC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3609 EAST 20TH ST

City or town, state or province, country, and ZIP or foreign postal code
JOPLIN, MO 64801

D Employer identification number
43-1099943

E Telephone number

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. \$ 99,259

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	1	
	2	Program service revenue including government fees and contracts	2	99,258
	3	Membership dues and assessments	3	
	4	Investment income	4	1
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,259	
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	6,643
	13	Professional fees and other payments to independent contractors	13	900
	14	Occupancy, rent, utilities, and maintenance	14	72,270
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	15,488
17	Total expenses. Add lines 10 through 16	17	95,301	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,958
	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	72,772
	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	76,730

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	21,767	22	22,219
23 Land and buildings	124,185	23	132,138
24 Other assets (describe in Schedule O)	8,061	24	4,773
25 Total assets	154,013	25	159,130
26 Total liabilities (describe in Schedule O).	81,241	26	82,400
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,772	27	76,730

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

What is the organization's primary exempt purpose?
PROVIDE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME INDIVIDUALS

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
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	95,301

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
GARY BATES PRESIDENT	2 00	0		
DANNY HEUPEL VICE PRES	2 00	0		
JANELL BRATTIN SEC/TREAS	2 00	0		
SUE LACEY MEMBER	1 00	0		
KAY LOMBARD 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 columns. 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 BELL MANAGEMENT INC Telephone no (417) 624-4144
Located at 3609 EAST 20TH 3609 EAST 20TH JOPLIN, MO ZIP + 4 64801

Table with columns for question number, question text, and Yes/No columns. 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 columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46		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

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		
48		
49a		
49b		

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 _____ Date 2019-03-15
▶ GARY BATES PRESIDENT
 Type or print name and title _____

Paid Preparer Use Only	Print/Type preparer's name DAVID A TURK	Preparer's signature	Date 2019-03-26	Check <input type="checkbox"/> if self-employed	PTIN P00025944
	Firm's name ▶ DAVID A TURK CPA LLC			Firm's EIN ▶ 45-5398205	
	Firm's address ▶ PO BOX 3766 JOPLIN, MO 648033766			Phone no (417) 623-4302	

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

Additional Data

Software ID:

Software Version:

EIN: 43-1099943

Name: WHEATON LOCAL HOUSING AUTHORITYINC

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 AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME INDIVIDUALS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	95,301

Form 990EZ, Part III - Statement of Program Service Accomplishments

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<p>29 PROVIDE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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

WHEATON LOCAL HOUSING AUTHORITYINC

Employer identification number

43-1099943

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES INTEREST EXPENSE 3,231 NON-INVESTMENT DEPRECIATION 12,257 TOTAL 15,488

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	BOOK / TAX DEPRECIATION DIFFERENCE 8

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 265 PREPAID EXPENSES AND DEFERRED CHARGES 8,061 4,508 EXTERIOR LIGHTING 0 5,765 LESS ACCUMULATED DEPRECIATION 0 160 2RANGE & 1 FRIDGE 0 1,487 LESS ACCUMULATED DEPRECIATION 0 223 6 A/CS 0 3,695 LESS ACCUMULATED DEPRECIATION 0 185 FLOORING 0 2,377 LESS ACCUMULATED DEPRECIATION 0 277 CARPET/VINYLL/LAMINATE 0 4,583 LESS ACCUMULATED DEPRECIATION 0 229 2 RANGES 1 FRIDGE 0 1,414 LESS ACCUMULATED DEPRECIATION 0 24 2A/CS 0 891 LESS ACCUMULATED DEPRECIATION 0 22 TOTAL 8,061 23,865

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,184 5,424 SECURITY DEPOSITS-TENANTS 6,229 5,974 MORTGAGE AND OTHER NOTES PAYABLE 72,828 71,002

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	PROVIDE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME INDIVIDUALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	PROVIDE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME