

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
CLEVER SENIOR CITIZENS HOUSING INC

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

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

D Employer identification number
43-1151151

E Telephone number
(417) 624-4144

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. \$ 100,854

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																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																		5a								
	b	Less cost or other basis and sales expenses																		5b								
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																		5c								
	6	Gaming and fundraising events																										
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																		6a								
	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								
c	Less direct expenses from gaming and fundraising events																		6c									
d	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									
b	Less cost of goods sold																		7b									
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																		7c									
8	Other revenue (describe in Schedule O)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 100,854																											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits 7,255																										
	13	Professional fees and other payments to independent contractors 900																										
	14	Occupancy, rent, utilities, and maintenance 75,420																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe in Schedule O) 23,915																										
17	Total expenses. Add lines 10 through 16 107,490																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) -6,636																										
	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) 184,525																										
	20	Other changes in net assets or fund balances (explain in Schedule O)																										
	21	Net assets or fund balances at end of year Combine lines 18 through 20 177,889																										

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	82,742	22	76,503
23 Land and buildings	223,734	23	219,387
24 Other assets (describe in Schedule O)	5,564	24	6,304
25 Total assets	312,040	25	302,194
26 Total liabilities (describe in Schedule O).	127,515	26	124,305
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	184,525	27	177,889

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
 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 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	106,590

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
HAROLD WESTERMAN PRESIDENT	2 00	0		
JIM MCWILIAMS VICE PRESIDE	2 00	0		
THERESA DAUGHERTY SECRETARY	2 00	0		
AROMA MCWILLIAMS MEMBER	1 00	0		
TIM COBB 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 E 20TH STREET 3609 E 20TH STREET JOPLIN , MO ZIP + 4 64801

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 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 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.

***** Signature of officer	2019-03-15 Date
HAROLD WESTERMAN 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: 43-1151151

Name: CLEVER SENIOR 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.)	
28 PROVIDE AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME INDIVIDUALS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	105,270

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 PROVIDE AFFORDABLE HOUSING FOR THE LOW TO MODERATE INCOME INDIVIDUALS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>	<p>1,320</p>

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.

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

CLEVER SENIOR CITIZENS HOUSING INC

Employer identification number

43-1151151

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES INTEREST EXPENSE 4,251 NON-INVESTMENT DEPRECIATION 19,664 TOTAL 23,915

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II	ACCOUNTS RECEIVABLE = 1472 PREPAID INSURANCE = 3646

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 5,564 6,304 TOTAL 5,564 6,304

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,051 442 SECURITY DEPOSITS-TENANTS 6,630 7,225 MORTGAGE AND OTHER NOTES PAYABLE 119,834 116,638

990 Schedule O, Supplemental Information

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