

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	144,978	22	129,993
23 Land and buildings	263,027	23	267,809
24 Other assets (describe in Schedule O)	5,998	24	6,705
25 Total assets	414,003	25	404,507
26 Total liabilities (describe in Schedule O).	214,445	26	206,233
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	199,558	27	198,274

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	150,599

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
JENNIFER CARY	2 00	0		
VICE PRESIDE				
MARY FAULKNER	1 00	0		
MEMBER				
WILLENE KASPER	1 00	0		
MEMBER				
LEROY KNIPP	2 00	0		
PRESIDENT				
TOM EDWARDS	1 00	0		
MEMBER				
ROBERT ROWLES	2 00	0		
SECRETARY/TR				
CARY STONNER	1 00	0		
MEMBER				

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, 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 2018-03-31 Date
LEROY KNIPP PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name DAVID A TURK Preparer's signature Date 2018-02-28 Check 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: 43-1272237

Name: TIPTON SENIOR CITIZENS HOUSING ASSN

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	117,438

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 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>33,161</p>

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

TIPTON SENIOR CITIZENS HOUSING ASSN

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

43-1272237

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES INTEREST EXPENSE 5,413 NON-INVESTMENT DEPRECIATION 22,676 TOTAL 28,089

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 357 0 PREPAID EXPENSES AND DEFERRED CHARGES 5,641 6,705 TOTAL 5,998 6,705

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 6,762 2,065 SECURITY DEPOSITS-TENANTS 11,010 12,630 MORTGAGE AND OTHER NOTES PAYABLE 196,673 191,538

990 Schedule O, Supplemental Information

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