



990-EZ

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)

OMB No 1545-1150

2017

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

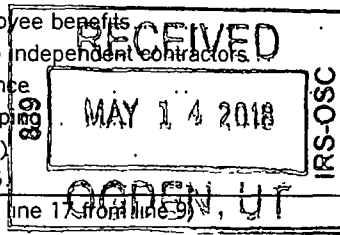
Department of the Treasury Internal Revenue Service

Form header section A-L containing organization details: TWILIGHT COURTS INC, PO BOX 311, SILVERTON, OR 97381. Includes fields for accounting method (Accrual), website (N/A), tax-exempt status (501(c)(4)), and form of organization (Corporation).

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

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total: 80,777). Rows 10-17: Expenses (Total: 102,376). Rows 18-21: Net Assets (End of year: 80,572). Includes a 'RECEIVED' stamp dated MAY 14 2018.

SCANNED AUG 01 2018



BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017)

**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	26,290.	12,974.
23 Land and buildings	66,093.	61,533.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	21,021.	18,048.
25 Total assets	113,404.	92,555.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	11,233.	11,983.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,171.	80,572.

**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? SEE SCHEDULE O

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 <u>PROVIDE HOUSING TO LOW AND MODERATE INCOME ELDERLY PERSONS - 30 ONE BEDROOM UNITS</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	102,376.
29 -----		
(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	102,376.

**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
TERRY THOMAS PRESIDENT	0	0.	0.	0.
DAVE ZEHRUNG VICE-PRESIDENT	0	0.	0.	0.
ROBIN KUHN SECRETARY	0	0.	0.	0.
SANDY STANFORD MEMBER	0	0.	0.	0.
ALAN MICKELSON MEMBER	0	0.	0.	0.
DORIS ROBINSON MANAGER	20	7,338.	0.	0.
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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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of DORIS ROBINSON Telephone no. (503) 873-3339
Located at PO BOX 311 SILVERTON OR ZIP + 4 97381

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
c At any time during the calendar year, did the organization maintain an office outside the United States?

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

44 a Did the organization maintain any donor advised funds during the year?
b Did the organization operate one or more hospital facilities during the year?
c Did the organization receive any payments for indoor tanning services during the year?
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

	Yes	No
46		X

**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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization? ...

49b		
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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
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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
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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: Terry L. Thomas President Date 05-01-2018  
 Signature of officer: Terry L. Thomas PRESIDENT  
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: CHARLES G. PATTEE Preparer's signature: Charles G. Pattee Date: 4/28/18  
 Check  if self-employed PTIN: P00046951  
 Firm's name: CHARLES G PATTEE P.C.  
 Firm's address: 422 MCCLAIN ST SILVERTON, OR 97381-1921  
 Firm's EIN: 93-1117852  
 Phone no: (503) 873-4043

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**TWILIGHT COURTS INC**

Employer identification number

**93-0561974**

**FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

LAUNDRY MACHINE	\$	491.
MISCELLANEOUS		213.
<b>TOTAL</b>	<b>\$</b>	<b>704.</b>

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

DEPRECIATION	\$	5,618.
INSURANCE		8,602.
OFFICE EXPENSES		1,010.
STATE TAXES		90.
<b>TOTAL</b>	<b>\$</b>	<b>15,320.</b>

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSES	\$ 2,206.	\$ 1,975.
RESTRICTED DEPOSITS	13,565.	10,242.
TENANT SECURITY DEPOSITS	5,250.	5,831.
<b>TOTAL</b>	<b>\$ 21,021.</b>	<b>\$ 18,048.</b>

**FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,741.	\$ 5,120.
ACCRUED PAYROLL & TAXES	1,029.	1,031.
ROUNDING	0.	1.
SECURED MORTGAGES AND NOTES PAYABLE	213.	0.
TENANT SECURITY DEPOSITS	5,250.	5,831.
<b>TOTAL</b>	<b>\$ 11,233.</b>	<b>\$ 11,983.</b>

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

LOW INCOME ELDERLY HOUSING