

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](http://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  
MAPLE VALLEY HOUSING INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
22 EAST 4TH STREET

City or town, state or province, country, and ZIP or foreign postal code  
SPENCER, IA 51301

**D** Employer identification number  
42-1009804

**E** Telephone number  
(712) 580-5360

**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 . . . . . ▶ \$ 103,117

### 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 . . . . .																												
	b	Less cost or other basis and sales expenses . . . . .																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																												
	6	Gaming and fundraising events																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	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) . . . . .																												
c	Less direct expenses from gaming and fundraising events . . . . .																													
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a	Gross sales of inventory, less returns and allowances . . . . .																													
b	Less cost of goods sold . . . . .																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																													
8	Other revenue (describe in Schedule O) . . . . .																													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																													
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 . . . . .																												
	13	Professional fees and other payments to independent contractors . . . . .																												
	14	Occupancy, rent, utilities, and maintenance . . . . .																												
	15	Printing, publications, postage, and shipping . . . . .																												
	16	Other expenses (describe in Schedule O) . . . . .																												
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																												
	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) . . . . .																												
	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 . . . . .																												



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 42-1009804

**Name:** MAPLE VALLEY 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.)	
<b>28</b> OPERATION OF A 10 AND A 20 UNIT SENIOR CITIZEN APARTMENT COMPLEX (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0

## **TY 2018 Transfers Personal Benefits Contracts Declaration**

**Name:** MAPLE VALLEY HOUSING INC

**EIN:** 42-1009804

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INTEREST EXPENSE AMOUNT 1,559 DESCRIPTION PROPERTY INSURANCE AMOUNT 10,969 TOTAL TO FORM 990-EZ, LINE 16 12,528

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SECURITY DEPOSIT ACCOUNT BEG OF YEAR AMOUNT 7,246 END OF YEAR AMOUNT 7,990 DESCRIPTION RESERVE ACCOUNT BEG OF YEAR AMOUNT 32,510 END OF YEAR AMOUNT 32,510 DESCRIPTION TAXES & INSURANCE ACCOUNT BEG OF YEAR AMOUNT 3,141 END OF YEAR AMOUNT 3,037 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 16,239 END OF YEAR AMOUNT 20,570