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## **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.

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OMB No. 1545-0047

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Open to Public

Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020 C Name of organization D Employer identification number B Check if applicable: GREATER OWENSBORO SENIOR CITIZENS UNION ☐ Address change LABOR HOUSING CORPORATION 51-0167182 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Application pending (502) 634-9830 City or town, state or province, country, and ZIP or foreign postal code OWENSBORO, KY  $\,$  42301  $\,$ G Gross receipts \$ 453,691 Name and address of principal officer: H(a) Is this a group return for RICHARD THOMSON □Yes ☑No subordinates? 2920 YALE PLACE H(b) Are all subordinates OWENSBORO, KY 42301 ☐ Yes ☐No included? **✓** 501(c)(3) ☐ 501(c)( ) **4** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation: 1974 M State of legal domicile: KY **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: PROVISION OF LOW INCOME HOUSING FOR THE ELDERLY AND HANDICAPPED Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 0 Ravenue 86,272 9 Program service revenue (Part VIII, line 2g) . 119,049 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 334,642 334,642 420,914 453,691 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,934 5,606 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 64,145 72,929 69,079 78,535 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 375,156 Revenue less expenses. Subtract line 18 from line 12 . 351,835 Net Assets or Fund Balances **Beginning of Current Year** End of Year 14,097,247 14,425,530 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 119,662 72,789 13,977,585 14,352,741 22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block 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 Sign Here BRUCE WIMSATT President Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2021-02-09 P00488531 Paid self-employed Firm's name BOB WIENTJES CPA LLC Firm's EIN ► 81-2616762 Preparer Use Only Firm's address ► 524 GABLEWOOD CIRCLE Phone no. (502) 396-1506 LOUISVILLE, KY 40245

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No