

Short Form

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 2018, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: PIKE COUNTY HOUSING DEVELOPMENT ASSOCIATION, INC. D Employer identification number: 35-1331476. E Telephone number: (812) 354-6274. F Group Exemption Number.

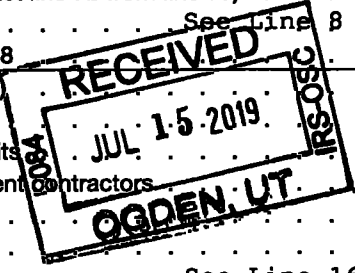
Accounting Method: [X] Cash [ ] Accrual Other (specify) Website: N/A H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 47,839.

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 [X]

Table with 21 rows and 3 columns. Rows include: 1 Contributions, 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; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue; 10 Grants and similar amounts paid; 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; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



**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	17,710.	22 22,656.
23	Land and buildings	34,476.	23 32,626.
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	52,186.	25 55,282.
26	<b>Total liabilities</b> (describe in Schedule O)	30,675.	26 26,792.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	21,511.	27 28,490.

**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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? TO PROVIDE LOW-COST HOUSING TO SENIOR CITIZENS

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	TO PROVIDE LOW-COST FmHA SUBSIDIZED HOUSING TO LOW INCOME SENIOR CITIZENS IN THE PIKE COUNTY, INDIANA COMMUNITY (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,860.
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	<b>Total program service expenses</b> (add lines 28a through 31a)	32	40,860.

**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
J. DAVID HOLMES TREASURER	0.50	0.	0.	0.
PHIL CLARIDGE BOARD MEMBER	0.25	0.	0.	0.
LAURIE BRAUN BOARD MEMBER	0.25	0.	0.	0.
KYLE BENNETT BOARD MEMBER	0.25	0.	0.	0.
MARTA QUERY BOARD MEMBER	0.25	0.	0.	0.
JANET CHURCH MANAGER	8.00	4,440.	0.	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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed IN
42a The organization's books are in care of JANET CHURCH Telephone no. (812) 354-6274 Located at 705 E. MAIN STREET, PETERSBURG IN ZIP + 4 47567
42b 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)? If "Yes," enter the name of the foreign country
42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
43 At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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

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.

Sign Here	<i>J. David Holmes</i> Signature of officer	X 7-10-19 Date
	J. DAVID HOLMES, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GREG K. WILLIS	Preparer's signature <i>Greg K Willis CPA</i>	Date 6/24/19	Check <input type="checkbox"/> if self-employed	PTIN P00315724
	Firm's name WILLIS & COMPANY P.C.	Firm's EIN 35-2161169		Phone no. (812) 354-6274	
	Firm's address 705 E MAIN ST, PETERSBURG, IN 47567-1248				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE b**  
**(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

**2018**

Open to Public  
Inspection

Name of the organization

PIKE COUNTY HOUSING DEVELOPMENT ASSOCIATION, INC.

Employer identification number

35-1331476

FORM 990-EZ, Part I, Line 8, Other Revenue:

See attached schedule totaling \$720

Form 990-EZ, Part I, Line 16, Other Expenses:

See attached schedule totaling \$11,777

Form 990-EZ, Part II, Line 23:

See attached schedule detailing land & buildings for 2017 & 2018

Form 990-EZ, Part II, Line 26:

See attached schedule totaling \$30,675 (2017),  
and \$26,792 (2018), respectively.

Pt I, Line 8:

Description: MISC INCOME \$720

Pt I, Line 16:

Description: DEPRECIATION \$1,850

Description: ADMINISTRATIVE EXPENSE \$117

Description: FIDELITY BOND \$247

Description: GENERAL INSURANCE \$4,403

Description: INTEREST EXPENSE \$250

Description: OFFICE EXPENSE \$65

Description: OVERAGE CHARGES BY FmHA \$4,294

Description: PAYROLL TAX EXPENSE \$337

Description: PROPERTY TAX EXPENSE \$97

Description: ADVERTISING \$37

Description: SEMINAR/TRAINING FEES \$80

Pt II, Line 26:

Description: Payroll Withholdings Beginning of Year: \$274 End of Year: \$287

Name of the organization

Employer identification number

PIKE COUNTY HOUSING DEVELOPMENT ASSOCIATION, INC.

35-1331476

Description: Mortgage Payable (FmHA) Beginning of Year: \$26,767 End of Year: \$22,871

Description: Damage Deposits Payable Beginning of Year: \$3,634 End of Year: \$3,634