

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

2019

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 2019 calendar year, or tax year beginning January, 2019, and ending December, 2019

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Plainville Housing Corporation. D Employer identification number: 35-1358470. E Telephone number: (812) 254-1596. F Group Exemption Number.

G Accounting Method: Cash, Accrual (checked), Other. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

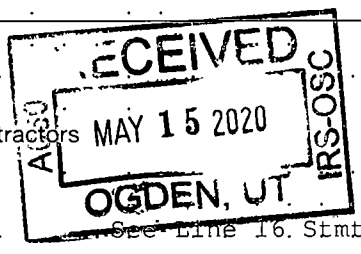
J Tax-exempt status (check only one): 501(c)(3), 501(c)(4) (checked), 4947(a)(1), 527.

K Form of organization: Corporation (checked), 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 63,568.

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 4 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 63,568. Total expenses is 60,510. Net assets at end of year is -3,874.



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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

Table with columns for question number, question text, and Yes/No response boxes. Includes 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

	Yes	No
<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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

	Yes	No
<b>47</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>49a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>49b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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

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

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

**b** If "Yes," was the related organization a section 527 organization?

**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 ▶ \_\_\_\_\_

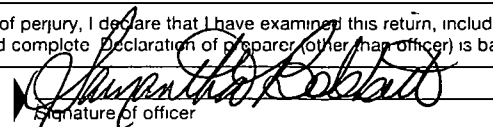
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

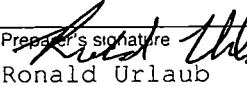
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**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.

<b>Sign Here</b>	 Signature of officer	Date
	Samantha Bobbitt, Managing Agent	5/8/2020
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Ronald Urlaub	Preparer's signature 	Date 05/04/2020	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01356722
	Firm's name ▶ URLAUB AND COMPANY PLLC	Firm's EIN ▶ 04-3837818			
	Firm's address ▶ PO BOX 2663, ADA, OK 74821-2663	Phone no (580) 332-4802			

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

**2019**

**Open to Public  
Inspection**

Name of the organization Plainville Housing Corporation	Employer identification number 35-1358470
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Other: The managment of the apartment complex transitioned to the Housing Authority of the City of Washington during the 2015 calendar year. Ownership of the project did not change.

Pt I, Line 16:

Description: Interest on Notes Payable \$957

Description: Depreciation \$5,782

Pt II, Line 24:

Description: Accounts receivable - grants Beginning of Year: \$1,327 End of Year: \$1,281

Description: Accounts receivable - tenants Beginning of Year: \$2,411 End of Year: \$6,649

Description: Prepaid expenses Beginning of Year: \$4,792 End of Year: \$4,868

Pt II, Line 26:

Description: Accrued interest payable Beginning of Year: \$87 End of Year: \$73

Description: Tenant security deposits Beginning of Year: \$3,561 End of Year: \$4,611

Description: Deferred revenue Beginning of Year: 0 End of Year: \$9

Description: Accrued utilities Beginning of Year: \$630 End of Year: \$1,916

Description: Notes payable Beginning of Year: \$72,092 End of Year: \$66,733

Description: Accounts payable Beginning of Year: 0 End of Year: \$166