Form 990-EZ

Department of the Treasury Internal Revenue Service

 ${\color{red}2\,9\,4\,9\,2\,0\,5\,\underset{\mathsf{OMB}\,\mathsf{No}}{1\,3\,4\,4\,0\,2}}_{\mathsf{OMB}\,\mathsf{No}\,\,1545\text{-}0047}$ **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)

2019

▶ 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

	or the	2019 calenda	ar year, or tax year beginning	January	, 2019, and er	iding	De	cember	, 20 19
B C	heck if ap	oplicable	C Name of organization				D Emplo	yer identifi	cation number
A	ddress o	Tabliff Table House Ing Colpolation			35-	35-1358470			
□ ハ	lame cha				E Telephone number				
ır	nitial retu	rn	520 S. E. 2nd Street				(81	2)254-1	1596
=		n/terminated	City or town, state or province, country,	and ZIP or foreign postal code	_	MI	F Grou	p Exemption	on
=	Amended Application	return in pending	Washington, IN 47501			U٩		ber ▶	
		ting Method	☐ Cash 🗵 Accrual Other (s	pecify) ▶		Н	Check D	▶ ☐ If the	organization is ne
	/ebsite	•				-			Schedule B
			eck only one) — 501(c)(3) 🗵 501(c) (47(a)(1) or 5	27			, or 990-PF)
			Corporation Trust		Other	<u></u>	•		
			7b to line 9 to determine gross receip			r if tota	lassets		
			5500,000 or more, file Form 990 inste	_	-,			▶ \$	63,568
	irt I		e, Expenses, and Changes i		Balances (se	ee the	instruc	tions for	
			the organization used Schedul						
	1		ons, gifts, grants, and similar amo					1	15,732
	2		ervice revenue including governn					2	47,836
	3		ip dues and assessments	ioni 1005 and communic	•		• •	3	11,7000_
	4	Investment	•			• •	}	4	
	-т 5а		ount from sale of assets other that	n inventory	5a				
	_		or other basis and sales expense		5b				
	b		ss) from sale of assets other than					5c	
	C		d fundraising events	inventory (subtract line c	ib irom iine sa,	•		JC	
	6	•	ome from gaming (attach Sch	andula G if greater tha	ın		ļ		
e	а	\$15,000) .	<u> </u>	_	6a				
- 1	L	_							
ē	. D	Gross inco	me from fundraising events (not	ıncludına \$	of conti	ribution	ns 🖡		
ever	D		me from fundraising events (not aising events reported on line 1		of conti ne	ributior	าร		
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Rever		from fundr sum of suc	aising events reported on line 1 th gross income and contribution	(attach Schedule G if the sexceeds \$15,000)	ne ,	ributior	าร		
Rever		from fundr sum of suc Less: direc	aising events reported on line 1 th gross income and contribution t expenses from gaming and fun	(attach Schedule G if the sexceeds \$15,000) and draining events	6b 6c				
Rever	C	from fundr sum of suc Less: direc	aising events reported on line 1 th gross income and contribution	(attach Schedule G if the sexceeds \$15,000) and draining events	6b 6c			6d	
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Expenses	7a b c 8 9 10 11 12 13 14 15 16	from fundr sum of suc Less: direct Net incom- line 6c) Gross sale Less cost Gross prof Other rever Total rever Grants and Benefits pa Salaries, of Profession Occupancy Printing, pu Other exper Total exper	aising events reported on line 1: th gross income and contribution at expenses from gaming and funce or (loss) from gaming and funce or (loss) from gaming and funce s of inventory, less returns and a of goods sold at or (loss) from sales of inventory nue (describe in Schedule O). Inue. Add lines 1, 2, 3, 4, 5c, 6d, I similar amounts paid (list in Sch aid to or for members at the compensation, and employe al fees and other payments to in- ay, rent, utilities, and maintenance ublications, postage, and shipping enses (describe in Schedule O) enses. Add lines 10 through 16	(attach Schedule G if the sexceeds \$15,000) draising events draising events (add line) flowances (subtract line 7b from line) 7c, and 8 edule O) dependent contractors g	6b 6c s 6a and 6b a 7a 7b e 7a CEIVE	D O	btract	7c 8 9 10 11 12 13 14 15 16 17	14,280 39,491 6,739 60,510
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Pa	t II Balance Sheets (see the instructions f	,				_
	Check if the organization used Schedule	O to respond to ar				. 🗵
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments		· · · · <u> </u>		22	41,898.
23	Land and buildings			· · · · · · · · · · · · · · · · · · ·	23	14,938.
24	Other assets (describe in Schedule O) .				24	12,798.
25	Total assets				25	69,634.
26	Total liabilities (describe in Schedule O) .				26	73,508.
27	Net assets or fund balances (line 27 of column				27	-3,874.
Par	t III Statement of Program Service Accom	•		, i		.
	Check if the organization used Schedule		<u> </u>	Part III . 🔲	(Pegu	Expenses ired for section
Wha	t is the organization's primary exempt purpose?	<u>See Part III</u>	Stmt			(3) and 501(c)(4)
as n pers	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ich program title	services provided	, the number of	organi	zations, optional for
28	To provide housing for elderly and unable to afford suitable housing		o would be			
	(Grants \$ 0.) If this amount	includes foreign gra	ints, check here	🕨 🗌	28a	63,568.
29						
				1		
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here	. ▶ 🔲	29a	
30						
				1		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Cuanta #	includes foreign gra	ints, check here .	▶ 🗆 İ	31a	
	<u> </u>		,			
32	Total program service expenses (add lines 28a t		•		32	63,568.
	Total program service expenses (add lines 28a t	hrough 31a) . r Employees (list each	n one even if not comp	ensated—see the in		
	Total program service expenses (add lines 28a t	hrough 31a) . r Employees (list each	n one even if not comp ny question in this f	oensated—see the ins		
	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) . r Employees (list each O to respond to ar (b) Average	n one even if not comp ny question in this f (c) Reportable	ensated—see the in	struct	ions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a) . r Employees (list each O to respond to ar	one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the insert IV (d) Health benefits, contributions to employe benefit plans, and	struct	ions for Part IV)
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Will Cha Jar Boa Joh Boa Jar Int	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title liam Summers ir let Goodwin rd Member in Clauss rd Member le Neeley erim Manager lantha Bobbitt	hrough 31a) . r Employees (list each O to respond to ar (b) Average hours per week devoted to position 0.50 0.50 2.00	one even if not company question in this for (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the instance of t	struct	stimated amount of ner compensation 0. 0.
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	: Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	NO
	detailed description of each activity in Schedule O	33		×
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	34		×
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)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	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	35c		×
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	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
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? .	38a		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	30a		
39	Section 501(c)(7) organizations. Enter.	1		
а	Initiation fees and capital contributions included on line 9	,		
b	Gross receipts, included on line 9, for public use of club facilities	ļ		
40a	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	<u> </u>	ļ	
	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	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
J	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	,		
е	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	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Washington Housing Authority Telephone no ▶ (812		4-15	96
h	Located at ► 520 SE 2nd Street, Washington IN ZIP + 4 ► 4750 At any time during the calendar year, did the organization have an interest in or a signature or other authority over) T	V	Na
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	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	42c		×
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 . 43		Vaa	Na
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year? .	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School II. O		<u> </u>]
45	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45h		

4.					Yes No			
46	Did the organization engage, directly or i			behalf of or in or	oposition			
	to candidates for public office? If "Yes,"		, Part I		· 46 ×			
Part								
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and comple	te the tables for lines			
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	I to any question in t	hıs Part VI				
			 		Yes No			
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during	g the tax			
	year? If "Yes," complete Schedule C, Pa	rt II			47			
48	Is the organization a school as described	ın section 170(b)(1)(A)(ı	i)? If "Yes." complete :	Schedule E .	48			
49a	Did the organization make any transfers				49a			
b	If "Yes," was the related organization a s		_		49b			
50	Complete this table for the organization's							
	employees) who each received more tha							
		T	1	(d) Health benefit				
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to emp				
	, ,	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and de compensation				
		-						
		-	1					
								
		-			•			
		_						
		_						
			J					
f	Total number of other employees paid ov							
51	Complete this table for the organization			contractors who	each received more than			
	\$100,000 of compensation from the org	anization. If there is no	one, enter "None "					
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	rice	(c) Compensation			
-								
			1					
]					
]					
]					
d	Total number of other independent contr	actors each receiving	over \$100,000	>				
52	Did the organization complete Sched	_		nizations must	attach a			
	completed Schedule A				.▶□ Yes □ No			
Linder n	enalties of perjury, I de are that I have examined this	return uncluding accompan			of my knowledge and belief it is			
true, co	rrect, and complete peclaration of paparer other fra	officer) is based on all info	ormation of which preparer i	nas any knowledge	with who wedge and believ, it is			
	1 Man Hold only	2//						
Sign	Signature of officer		Date					
Here Samantha Bobbitt, Managing Agent				6/0/2003				
11016	Type or print name and title	1	. 1		U/LULU			
		Propositio contatura	Da	te I	PTIN			
Paid	Print/Type preparer's name	Description of	NU	Che	eck 🔼 if [
Preparer				-employed P01356722				
Use	Use Only 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) 332-486							
				Phone no	(580) 332-4802			
May th	ne IRS discuss this return with the prepare	er shown above? See	instructions		► 🗵 Yes 🖳 No			

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Plainville Housing Corporation	35-1358470
Other: The managment of the apartment complex transitioned	to the Housing Authority
of the City of Washington during the 2015 calendar year. O	wnership of the project
did not change.	
Pt I, Line 16:	
Description: Interest on Notes Payable \$957	
Description: Depreciation \$5,782	्व प्रत
Pt II, Line 24:	
Description: Accounts receivable - grants Beginning of Ye	ar: \$1,327 End of Year: \$1,281
Description: Accounts receivable - tenants Beginning of Ye	ear: \$2,411 End of Year: \$6,649
Description: Prepaid expenses Beginning of Year: \$4,792 E	nd 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 En	d 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
<u> </u>	