Form **990-EZ**

2949220201914 **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Department of the Treasury

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.

Open to Public Inspection

			19				
			<u>31,</u>	2018			
	Check i applica	C Name of organization) Employer	identification number			
	Add	ress change					
	Nam	ne change PRESTIGE PLACE, INC.		150328			
] Initia		E Telephone number				
	□Fina term	I return/ 89 C. BEACH COURT	(606) 464-2464			
	Ame	onded return City or town, state or province, country, and ZIP or foreign postal code	Group Ex	emption			
	Applic	cation pending BEATTYVILLE, KY 41311	Number 1	Number >			
G			H Check	Check X if the organization is			
		te: ►N/A	not required to attach Schedule B				
		xempt status (check only one) $-$ 501(c)(3) \times 501(c) (4) \rightarrow (insert no.) 4947(a)(1) or 527	•), 990-EZ, or 990-PF).			
		of organization: X Corporation Trust Association Other		,			
		nes 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,					
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	_ ► s	65,596.			
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc		rt I)			
		Check if the organization used Schedule O to respond to any question in this Part I		X			
	1	Contributions, gifts, grants, and similar amounts received		i <u> </u>			
	2	Program service revenue including government fees and contracts	2	65,595.			
	3	Membership dues and assessments	3	00/000			
	4	Investment income SEE SCHEDULE O	4	1.			
	5a	Gross amount from sale of assets other than inventory 5a					
	Ь.	Less: cost or other basis and sales expenses 5b					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6	Gaming and fundraising events	00				
	a						
J.	"	\$15,000)					
Revenue		Gross income from fundraising events (not including \$ of contributions					
æ	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such	İ	[
		gross income and contributions exceeds \$15,000) 6b					
	C	Less: direct expenses from gaming and fundraising events 6c		J			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d				
	7a						
	Ь	Less; cost of goods sold 7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line-7b-from-line 7a).	7c				
	8	Other revenue (describe in Schedule 0) RECEIVED	8				
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65,596.			
	10	Grants and similar amounts paid (list in Schedule D)	10				
	11	Benefits paid to or for members	11				
v	12		12	7,057.			
Expenses	13	Professional fees and other payments to independent contracto QGDEN, UT	13	2,575.			
<u>ā</u>	14	Occupancy, rent, utilities, and maintenance	14	42,308.			
ũ	15	Printing, publications, postage, and shipping	15	29.			
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	15,313.			
	17	Total expenses Add lines 10 through 16	▶ 17	67,282.			
,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,686.			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Ass		(must agree with end-of-year figure reported on prior year's return)	19	<u>-165,299.</u>			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	-166,985.			
111	\ Far	Proposed Paduation Act Nation and the congrete instructions		Form 990-F7 (2017)			

732171 11-22-17

Pa	art II Balance Sheets (see the instructions for Part I							
	Check if the organization used Schedule O to r	espond to any que			, .	· · · · ·		X.
	4		(A) Beginning o	f year		(B) E	nd of year	
22	Cash, savings, and investments			400	. 22			<u>577.</u>
23	Land and buildings		154,				150,	
24	Other assets (describe in Schedule 0) SEE SCHEDULE	0	27,	533	. 24		24,	
25	Total assets		182,	<u>571</u>	. 25		175,	
26	Total liabilities (describe in Schedule O) SEE SCHEDULE	0	347,	870	. 26		342,	<u> 796</u>
27		1)	-165,		. 27	_	166,	985.
Pa	art III Statement of Program Service Accomplishm						penses	
	Check if the organization used Schedule O to r	espond to any que	estion in this P	art III	X	(Required 501(c)(3)		
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE	0				organizatio		
Desa	cribe the organization's program service accomplishments for each of its three largest progra	am services, as measured by ex	xpenses in a clear and	concise		others.)	, ,	
	ner, describe the services provided, the number of persons benefited, and other relevant inf							
28	TO PROVIDE LOW INCOME HOUSING FOR	THE ELDERLY	AND					
	DISABLED.							
	(Grants \$) If this amount includes foreig	n grants, check here		•		28a	54,	548.
29	Totalio Trong	ir graino, ono on igo					<u> </u>	
23					_			
					_			
	(Grants \$) If this amount includes foreign	n grants, chack hare		_		29a		
30	The this amount includes long.	ir grants, check nore				230		
3 0								
					—			
	(Grants \$) If this amount includes foreign	n grants, chack hara			\Box	30a		
		ir grants, check here				304		
	Other program services (describe in Schedule O)	- aranta abaal bara				210		
	(Grants \$) If this amount includes foreign	n grants, check here			_	31a 32	54,	5/0
	Total program service expenses (add lines 28a through 31a)	Employees						340
	art IV List of Officers, Directors, Trustees, and Key							<u> </u>
		espond to any que	estion in this P	art IV	<u></u> .	instructions f	or Part IV)	
	Check if the organization used Schedule O to r	espond to any que	estion in this P	art IV	(d) He	instructions f	or Part IV)	 mated
	art IV List of Officers, Directors, Trustees, and Key	espond to any que (b) Average hour per week devoted	estion in this P s (c) Report compensation W-2/1099-M	art IV	(d) He contremple emple	alth benefits, abuttons to be benefit and deferred	(e) Esti	mated of other
Pa	Check if the organization used Schedule O to r	espond to any que	estion in this P	art IV	(d) He contremple emple	alth benefits, ibutions to	or Part IV)	mated of other
Pa GL	Check if the organization used Schedule O to r (a) Name and title EN WILSON	(b) Average hour per week devoted position	estion in this P s (c) Report compensation W-2/1099-M	able (Forms MISC)	(d) He contremple emple	alth benefits, ibutions to byse benefit and deferred pensation	(e) Esti	mated of other asation
Pa GL CO	Check if the organization used Schedule O to r (a) Name and title VEN WILSON O-CHAIRMAN	espond to any que (b) Average hour per week devoted	estion in this P s (c) Report compensation W-2/1099-M	art IV	(d) He contremple emple	alth benefits, abuttons to be benefit and deferred	(e) Esti	mated of other
GL CO ED	Check if the organization used Schedule O to r (a) Name and title VEN WILSON O-CHAIRMAN ONA CRABTREE	(b) Average hour per week devoted position	estion in this P s (c) Report compensation W-2/1099-M	eart IV able (Forms AISC) ter -0-)	(d) He contremple emple	alth benefits, ibutions to yose benefit and deferred pensation	(e) Esti	mated of other isation
GL CO ED SE	Check if the organization used Schedule O to r (a) Name and title JEN WILSON D-CHAIRMAN DNA CRABTREE CCRETARY/TREASURER	(b) Average hour per week devoted position	estion in this P s (c) Report compensation W-2/1099-M	able (Forms MISC)	(d) He contremple emple	alth benefits, ibutions to byse benefit and deferred pensation	(e) Esti	mated of other isation
GL CO ED SE CH	Check if the organization used Schedule O to r (a) Name and title JEN WILSON D-CHAIRMAN DNA CRABTREE JCRETARY/TREASURER JARLES BEACH, III	(b) Average hour per week devoted position 2.00	estion in this P s (c) Report compensation W-2/1099-M	eart IV able (Forms AISC) ter -0-)	(d) He contremple emple	alth benefits, abuttons to open benefit and deferred pensation 0.	(e) Esti	mated of other asation
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<u> </u>	instructions for Part V.) Check if the organization used Sch. O to respond to any question in t			\mathbf{x}
	•		Yes	
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 0	33		<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			ļ
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	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		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
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	05-		v
36	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c		<u> </u>
00	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	-		
	Did the organization file Form 1120-POL for this year?	37b		х
	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
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 39b N/A]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			
b	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	40b		<u>X</u>
C	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			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	}		
	by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
6	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed XY	406		
	The organization's books are in care of ► RAMONA BURCH Telephone no. ► (606)	464	-24	64
	Located at ▶ 89 C. BEACH COURT, BEATTYVILLE, KY ZIP+4 ▶ 4			_
b	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		Yes	No
	account)?	42b		X
	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).	İ		
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> </u>
	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			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44.	Did the executation mointain any depart of year finds during the year? If "Vee " Form 000 must be completed instead of		res	140
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440		v
	•	44a		<u>X</u>
IJ	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		Х
	Did the organization receive any payments for indoor tanning services during the year?	440 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	776		
u	In Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	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)	45b		
		Form 9	90-F7	2017)

۲	- 000 F7 (0047)									
FOIT	n 990-EZ (2017) P]	RESTIGE PLAC	CE, INC.	<u>-</u>	<u></u>		61-1150	<u> 328</u>	Yes	Page 4
46	Did the o	rganization eng	age, directly or indirectly, i	n political campaign activ	vities on behalf o	of or in oppositi	on to candidates for p	ublic office?		res	NO
_	If "Yes," o	omplete Sched	ule C, Part I						46		X
Pa)1(c)(3) organizatio		47 401 1 50						
			1(c)(3) organizations mi				ete the tables for line	es 50 and 51.			
	•				any quodion ii	ranor are vi				Yes	No
47			age in lobbying activities o				year? If "Yes," complet	e Sch. C, Part II	47		
48 49 a			ool as described in section			edule E			48		
			e any transfers to an exem Irganization a section 527		organization?				49a 49b		
50			e organization's five highe	-	ees (other than o	officers, directo	rs, trustees, and key e	mployees) who e		ceived	more
_	than \$10		nsation from the organizat					I. n			
		(a) Na	me and title of each emplo	yee		rage hours k devoted to	(C) Reportable compensation (Forms	(d) Health benefit contributions to employee benefit) Estima ount of	
			N	I/A		sition	W-2/1099-MISC)	plans, and deferre		mpensa	ition
							-		1		
									+		
	_				_		-		+		
			· · · · · · · · · · · · · · · · · · ·								
f 51	Complete	this table for th	iployees paid over \$100,00 e organization's five highe	st compensated indepen	dent contractors	who each rece	eived more than \$100,	000 of compens	ation f	om the	
			one, enter "None." Ness address of each indepe	Andent contractor		(6)) Type of service	(0)	`omor	nsation	
	\\&/\\	ano ana baome		macini domination		10	T Type of Service	(6)	Jonipe	iiiSaliUii	
				·		-					
											
								-			
d	Total num	ber of other ind	ependent contractors each	n receiving over \$100,00	0		>				
52			olete Schedule A? Note: A	ll section 501(c)(3) orgai	nizations must a	ttach a		. —	—		7
Linde		of persury I dec	clare that I have examined	this return, including acc	companying ech	adulas and stat	taments, and to the he	et of my knowled	Ye		<u>l No</u>
			claration of preparer (othe						ye am	ı bellel,	11.13
		Signature of office	しか. 心に	am, Co	-Chan			6-2	1-12	3	
Sig Her		Che	-les G.	Wilson,	<u>Ca -c</u>	heir	men	Date			
		Print/Type pre		Preparer's signatur	P.	Date	Check] if PTIN			
Pai	d			July 1	[a_	- la / s	self- emplo	yed			
	parer	JENNIFE Firm's name	R R. HUGHES DEMING MAL	ONE TIVESAV	& OSTR	OFF PSC	T Firm's FIN	P00: ► 61-10			
Use	Only			BYVILLE ROA			Phone no.	4			<u> </u>

732174 11-22-17

LOUISVILLE, KY 40222-5187

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2017)

► X Yes No

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PRESTIGE PLACE TNC **Employer identification number** 61-1150320

PRESTIGE PLACE, INC.			61-11	L503	28	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOM	Έ:					
DESCRIPTION OF PROPERTY:				AM	OUN	T:
INTEREST INCOME						1.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:						
DESCRIPTION OF OTHER EXPENSES:				AM	OUN	т:
PAYROLL TAXES						581.
OFFICE EXPENSE						840.
MISCELLANEOUS						55.
DEPRECIATION					13	,322.
COMPUTER SUPPORT						515.
TOTAL TO FORM 990-EZ, LINE 16					15	,313.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:						
DESCRIPTION BE	<u>G. 0</u>	F YE	AR	END	OF	YEAR
TENANT DEPOSITS		2,41	8.		2	,477.
REPLACEMENT RESERVE	1	1,98	0.		6	,681.
INSURANCE RESERVE		1,66	7.		2	,218.
PET DEPOSIT		40	5.			205.
PREPAID EXPENSES		1,43	5		1	,616.
OTHER DEPRECIABLE ASSETS	<u> </u>	9,62	8.		11	,144.
TOTAL TO FORM 990-EZ, LINE 24	2	7,53	3.		24	341.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:						
DESCRIPTION BEG	g. o	F YE	AR	END	OF	YEAR
ACCOUNTS PAYABLE & ACCRUED EXPENSES		73	4.			262.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	So	chedule	O (Form 9	990 or	990-E	Z) (201 7)

732211 09-07-17

Name of the organization PRESTIGE PLACE, INC.	Employer identification number 61-1150328
•	,418. 2,477.
PET DEPOSITS	405. 205.
MORTGAGE PAYABLE 344	,313. 339,852.
TOTAL TO FORM 990-EZ, LINE 26 347	,870. 342,796.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PRESTIGE	PLACE, INC.
OPERATES A NINE UNIT APARTMENT FACILITY FOR THE ELDERLY A	AND PHYSICALLY
DISABLED.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	JNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	