

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

2949204418322 1

OMB No 1545-0047

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.

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **PRESTIGE PLACE, INC.**
 Number and street (or P.O. box if mail is not delivered to street address): **89 C. BEACH COURT**
 City or town, state or province, country, and ZIP or foreign postal code: **BEATTYVILLE, KY 41311**

D Employer identification number: **61-1150328**
 E Telephone number: **(606) 464-2464**
 F Group Exemption Number: **04**

G Accounting Method: Cash Accrual Other (specify) _____
 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**) (insert no.) 4947(a)(1) or 527

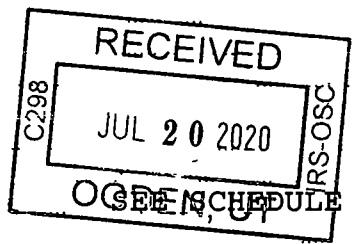
K Form of organization: Corporation Trust Association Other _____

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. **\$ 64,141.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	63,940.
	3	Membership dues and assessments	3	
	4	Investment income	4	1.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	200.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,141.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	6,622.
	13	Professional fees and other payments to independent contractors	13	2,708.
	14	Occupancy, rent, utilities, and maintenance	14	45,125.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	15,302.
	17	Total expenses. Add lines 10 through 16	17	69,757.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-5,616.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-172,071.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-177,687.



SCANNED MAY 13 2021

LHA For Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2019)

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

[X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? SEE SCHEDULE O

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 INCOME HOUSING FOR THE ELDERLY AND DISABLED.

(Grants \$) If this amount includes foreign grants, check here

28a 60,753.

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 60,753.

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

[]

Table with 5 columns: (a) Name and title, (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. Rows include GLEN WILSON CO-CHAIRMAN, EDNA CRABTREE SECRETARY/TREASURER, CHARLES BEACH, III CHAIRMAN, CHARLOTTE DAVIS DIRECTOR, GENEVA DUNCIL DIRECTOR.

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 Sch. O to respond to any question in this Part V [X]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 33-36.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.
37b Did the organization file Form 1120-POL for this year? X

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? X

38b If "Yes," complete Schedule L, Part II, and enter the total amount involved N/A

39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 N/A

39b Gross receipts, included on line 9, for public use of club facilities N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 N/A; section 4912 N/A; section 4955 N/A

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 X

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 0.

40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.

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 X

41 List the states with which a copy of this return is filed KY

42a The organization's books are in care of RAMONA BURCH Telephone no. (606) 464-2464
Located at 89 C. BEACH COURT, BEATTYVILLE, KY ZIP + 4 41311-1504

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)? 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).

42c At any time during the calendar year, did the organization maintain an office outside the United States? X

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 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ X

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 X

44c Did the organization receive any payments for indoor tanning services during the year? X

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)? X

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

Table with 3 columns: Question number, Yes, No. Row 46: Yes (empty), No (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 Sch. 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?

Table with 3 columns: Question number, Yes, No. Rows 47-49b: All Yes/No boxes are empty.

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."

Table with 5 columns: (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. Row 1: N/A

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." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

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: Signature of officer: Edna G. Crabtree, Date: 7-15-2020, Type or print name and title: Edna G. Crabtree Secretary

Paid Preparer Use Only: Print/Type preparer's name: JENNIFER R. HUGHES, Preparer's signature: [Signature], Date: 6-16-20, Check self-employed: [], PTIN: P00350026, Firm's name: DEMING MALONE LIVESAY & OSTROFF PSC, Firm's EIN: 61-1064249, Firm's address: 9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187, Phone no.: (502) 426-9660

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 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

PRESTIGE PLACE, INC.

Employer identification number
61-1150328

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	200.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	526.
OFFICE EXPENSE	888.
MISCELLANEOUS	74.
DEPRECIATION	13,246.
COMPUTER SUPPORT	568.
TOTAL TO FORM 990-EZ, LINE 16	15,302.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
TENANT DEPOSITS	2,248.	2,957.
REPLACEMENT RESERVE	10,582.	14,483.
INSURANCE RESERVE	2,007.	1,683.
PET DEPOSIT	404.	405.
PREPAID EXPENSES	1,833.	1,907.
OTHER DEPRECIABLE ASSETS	10,866.	10,696.
TOTAL TO FORM 990-EZ, LINE 24	27,940.	32,131.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

PRESTIGE PLACE, INC.

Employer identification number

61-1150328

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE & ACCRUED EXPENSES	548.	1,492.
TENANT DEPOSITS	2,248.	2,957.
PET DEPOSITS	404.	405.
MORTGAGE PAYABLE	334,975.	329,646.
TOTAL TO FORM 990-EZ, LINE 26	338,175.	334,500.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PRESTIGE PLACE, INC.

OPERATES A NINE UNIT APARTMENT FACILITY FOR THE ELDERLY AND PHYSICALLY DISABLED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.