

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

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

C Name of organization: PLYMOUTH HOUSING GROUP AND SUBSIDIARIES. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 2113 THIRD AVENUE. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: SEATTLE, WA 98121

D Employer identification number: 91-1122621. E Telephone number: (206) 210-0510. G Gross receipts \$ 63,843,808

F Name and address of principal officer: JOHN SIDDALL, 2113 THIRD AVENUE, SEATTLE, WA 98121

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.PLYMOUTHHOUSING.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1980. M State of legal domicile: WA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement, 2-7a. Governance and revenue metrics, 8-12. Revenue breakdown, 13-19. Expenses breakdown, 20-22. Net Assets or Fund Balances.

Part II Signature Block

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 JOHN SIDDALL CHIEF FINANCIAL OFFICER Date 2024-10-22

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [ ] No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

PLYMOUTH WORKS TO ELIMINATE HOMELESSNESS & ADDRESS ITS CAUSES BY PRESERVING, DEVELOPING & OPERATING SAFE, QUALITY, SUPPORTIVE HOUSING & BY PROVIDING HOMELESS ADULTS WITH OPPORTUNITIES TO STABILIZE & IMPROVE THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 45,429,087 including grants of \$ 12,535,639 ) (Revenue \$ 3,488,121 )
SOCIAL SERVICES - PLYMOUTH OPERATES OVER 1,431 HOUSING UNITS FOR INDIVIDUALS EXITING HOMELESSNESS, MANY OF WHOM HAVE SIGNIFICANT PHYSICAL AND BEHAVIORAL HEALTH NEEDS, DISABILITIES, REPEAT INTERACTION WITH HOSPITALS, PSYCHIATRIC INSTITUTIONS, AND SHELTERS, AND INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM. PLYMOUTH PROVIDES A RANGE OF SUPPORTIVE SERVICES TO HELP TENANTS REMAIN STABLY HOUSED. PLYMOUTH'S CASE MANAGEMENT APPROACH EMPHASIZES PROACTIVE, ASSERTIVE ENGAGEMENT WITH TENANTS. STAFF NURTURE TRUSTING LONG-TERM RELATIONSHIPS TO PROVIDE A BASE FOR INCREASED STABILITY AND RECOVERY. SERVICES ARE VOLUNTARY BUT STAFF ARE PROACTIVE AND PERSISTENT IN BUILDING A RELATIONSHIP, OFFERING SERVICES AND SUPPORT. STAFF ARE TRAINED IN MOTIVATIONAL INTERVIEWING TECHNIQUES, HARM REDUCTION, DE-ESCALATION, AND TRAUMA INFORMED CARE. STAFF MEET WITH NEW TENANTS TO COMPLETE AN ASSESSMENT AND HOUSING SERVICES PLAN FOCUSING ON THE TENANT'S SELF-IDENTIFIED NEEDS AND GOALS. STAFF WORK WITH TENANTS TO MEET THEIR GOALS BY HELPING THEM ACCESS NEEDED COMMUNITY SERVICES SUCH AS: MEDICAL, DENTAL, BEHAVIORAL HEALTH CARE AND TREATMENT, VETERANS SERVICES, LEGAL SERVICES, FOOD BANKS, CHORE SERVICES, PAYEE SERVICES, EMPLOYMENT AND VOLUNTEER OPPORTUNITIES. STAFF ALSO WORK WITH TENANTS TO QUALIFY FOR INCOME SUPPORT PROGRAMS AND IMPROVE SKILLS NEEDED TO MAINTAIN STABLE HOUSING, EITHER THROUGH DIRECT SUPPORT OR REFERRAL TO COMMUNITY PARTNERS. STAFF OFFER SUPPORT FOR TENANTS STRUGGLING WITH PERSONAL CRISES, THOSE FACING CHRONIC ILLNESS AND DEATH, MAKING END OF LIFE DECISIONS, AND SEEKING RECONNECTION WITH FAMILY MEMEBERS. PLYMOUTH ALSO OPERATES THE SHELTER PLUS CARE PROGRAM (SPC) AND THE SCATTERED SITES PROGRAM (SSP), WHICH ARE SUPPORTIVE HOUSING PROGRAMS FOR HOMELESS, DISABLED AND LOW-INCOME INDIVIDUALS AND FAMILIES. SPC & SSP PROGRAMS PROVIDE HOUSING SUBSIDY AND CASE MANAGMENT SERVICES TO 1,042 TENANTS THROUGHOUT KING COUNTY.

4b (Code: ) (Expenses \$ 16,745,944 including grants of \$ ) (Revenue \$ 9,003,498 )
HOUSING PROVIDER - IN 2023, PLYMOUTH HOUSING GROUP (PLYMOUTH) MANAGED 1,622 LOW-INCOME UNITS IN DOWNTOWN SEATTLE OR SURROUNDING NEIGHBORHOODS. OF THESE, 683 UNITS IN 9 BUILDINGS WERE OWNED BY PLYMOUTH, 939 UNITS IN 10 BUILDINGS WERE OWNED BY TAX CREDIT LIMITED LIABILITY COMPANIES IN WHICH PLYMOUTH IS THE MANAGING MEMBER. ALL PLYMOUTH TENANTS HAVE INCOMES BELOW 60% OF THE AREA MEDIAN INCOME (AMI), WITH OVER 1,622 UNITS TARGETING, AND AFFORDABLE TO, HOUSEHOLDS WITH LESS THAN 30% AMI. OVER 1,431 UNITS SERVE INDIVIDUALS COMING FROM HOMELESSNESS, MANY OF WHOM HAVE SPECIAL NEEDS INCLUDING MENTAL ILLNESS, PHYSICAL DISABILILITY, INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM AND BEHAVIORAL HEALTH NEEDS . PLYMOUTH OFFERS ON-SITE CASE MANAGEMENT TO THESE INDIVIDUALS TO ENSURE THEIR HOUSING STABILITY AND PREVENT RELAPSES INTO HOMELESSNESS. DURING 2023, PLYMOUTH OWNED AND MANAGED THE FOLLOWING AFFORDABLE HOUSING PROPERTIES IN SEATTLE: (1) ALMQUIST PLACE, 105 UNITS; (2) DAVID COLWELL BUILDING 126 UNITS; (3) HADDON HALL, 55 UNITS; (4) HUMPHREY HOUSE, 84 UNITS; (5) LEWISTON APARTMENTS, 54 UNITS; (6) PACIFIC APARTMENTS, 112 UNITS; (7) PLYMOUTH ON FIRST HILL, 80 UNITS; (8) PLYMOUTH ON STEWART APARTMENTS, 87 UNITS; (9) PLYMOUTH PLACE APARTMENTS, 73 UNITS, (10) ST CHARLES APARTMENTS, 64 UNITS, (11) SCARGO APARTMENTS, 48 UNITS; (12) SIMONS SENIOR APARTMENTS, 95 UNITS; (13) SYLVIA ODOM'S PLACE, 65 UNITS; (14) WILLIAMS APARTMENTS, 84 UNITS; (15) KRISTEN BENSON PLACE, 93 UNITS; (16) BERTHA PITTS CAMPBELL PLACE, 103 UNITS; AND (17) BLAKE HOUSE, 115 UNITS.

4c (Code: ) (Expenses \$ 1,945,606 including grants of \$ ) (Revenue \$ 1,048,385 )
HOUSING DEVELOPMENT - IN 2023, CONSTRUCTION WAS COMPLETED ON A PROPERTY LOCATED AT THE CORNER OF MADISON STREET AND BOYLSTON AVENUE (365 UNITS, OF WHICH 115 UNITS WHICH WERE OWNED AND MANAGED BY PLYMOUTH), KNOWN AS BLAKE HOUSE AND A BUILDING LOCATED AT OR ABOUT 13620 SE EASTGATE WAY IN BELLEVUE (95 UNITS). THESE PROPERTIES ARE NOW PROVIDING 210 UNITS OF LOW-INCOME RESIDENTIAL HOUSING, SERVING PREVIOUSLY HOMELESS RESIDENTS . PLYMOUTH CONTINUED CONSTRUCTIONON PACIFIC APARTMENTS LLC.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 64,120,637

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Contains 21 numbered questions regarding organizational requirements and reporting.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a and 1b regarding Form 1096 and W-2G forms.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

<b>1c</b>	Yes
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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	429		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			<b>2b</b>	No
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	Yes
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .			<b>3b</b>	Yes
<b>4a</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 account)? . . . . .			<b>4a</b>	No
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7a</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>	No



<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>		

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**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 20		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	Yes	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to conform the organization's govern-			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed WA
- 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:  
 JOHN SIDDALL 2113 THIRD AVENUE SEATTLE, WA 98121 (206) 210-0510

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW DEVORE ..... TRUSTEE	1.00 .....	X					0	0	0	
(2) BEN STRAUGHAN ..... VICE PRESIDENT	1.00 .....	X					0	0	0	
(3) CHUCK RILEY ..... TREASURER	1.00 .....	X					0	0	0	
(4) DAVID CHEN ..... TRUSTEE	1.00 .....	X					0	0	0	
(5) DEB WHITE ..... TRUSTEE	1.00 .....	X					0	0	0	
(6) EMILY HESTON ..... TRUSTEE	1.00 .....	X					0	0	0	
(7) JANE ZALUTSKY ..... IMMEDIATE PAST PRESIDENT	1.00 .....	X					0	0	0	
(8) KALEY RUNSTAD SWAN .....	1.00 .....	✓					0	0	0	

TRUSTEE											
(9) KAREN CHANG SECRETARY	1.00	X							0	0	0
(10) LAINEY SICKINGER PRESIDENT	1.00	X							0	0	0
(11) LAURA BACHMAN TRUSTEE	1.00	X							0	0	0
(12) LAVINA SADHWANI TRUSTEE	1.00	X							0	0	0
(13) MARK BARBIERI TRUSTEE	1.00	X							0	0	0
(14) MARY IVES TRUSTEE	1.00	X							0	0	0
(15) MATTHEW CAZIER TRUSTEE	1.00	X							0	0	0
(16) NELLY MUBASHI TRUSTEE	1.00	X							0	0	0
(17) OLIVIA DOYLE TRUSTEE	1.00	X							0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SATIS THOMAS TRUSTEE	1.00	X						0	0	0
(19) SEAN BRENNAN TRUSTEE	1.00	X						0	0	0
(20) STEPHANIE KRISTEN TRUSTEE	1.00	X						0	0	0
(21) JOHN R SIDDALL CHIEF FINANCIAL OFFICER	40.00			X				140,065	0	7,093
(22) KAREN LEE CHIEF EXECUTIVE OFFICER	40.00			X				320,449	0	18,638
(23) ANDREA CARNES CHIEF OPERATIONS OFFICER	40.00				X			258,589	0	21,226
(24) HUYNH CHHOR VICE PRESIDENT OF BEHAVIORAL HEALTH INTEGRATION	40.00					X		192,684	0	8,943
(25) KAREN PETERSON VICE PRESIDENT OF REAL ESTATE	40.00					X		199,987	0	18,784
(26) KIMBERLY ARRINGTON-WHITE VICE PRESIDENT OF SUPPORTIVE HOUSING	40.00					X		197,794	0	20,783



(27) SHOKO TOYAMA VP & CHIEF OF DEVELOPMENT & COMMUNITY	40.00					X		202,219	0	18,550
(28) TIMOTHY M JONES DIRECTOR OF INFORMATION TECHNOLOGY	40.00					X		188,265	0	18,646

<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,700,052	0	132,663

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 33

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DAVON EVANS DBA ABSOLUTE QUALITY MOVERS 4547 RAINIER AVE SOUTH STE 508 SEATTLE, WA 98118	TRASH REMOVAL/BIO HAZARD/RELOCATION	193,797
MONTGOMERY PURDUE BLANKINSHIP & AUSTIN P 701-5TH AVE SUITE 5500 SEATTLE, WA 98104	LAW FIRM	112,959
DAUBY O'CONNOR & ZALESKI LLC PO BOX 65429 UNIVERSITY PLACE, WA 98464	ACCOUNTING FIRM	106,552

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns	<b>1a</b>			
Contributions, Gifts, Grants, and Membership dues	<b>1b</b>			
OtherAmt Similar Amounts	<b>1c</b>			
Fundraising events	3,597,243			
d Related organizations	<b>1d</b>			
e Government grants (contributions)	<b>1e</b>			
	37,882,091			
f All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	5,898,397			

**g** Noncash contributions included in lines 1a - 1f: \$

**1g**

915,747

**h Total.** Add lines 1a-1f . . . . . 47,377,731

		Business Code			
<b>Program Service Revenue</b>	<b>2a</b> RENTAL INCOME				
		531110	13,448,227	13,431,390	16,837
<b>f</b> All other program service revenue.					
<b>9 Total.</b> Add lines 2a-2f. . . . .			13,448,227		

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,110,519		1,110,519
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents		(i) Real		(ii) Personal	
	<b>6a</b>	840,573			
	<b>b</b> Less: rental expenses		1,721,807		
	<b>6c</b>		-881,234		
<b>d</b> Net rental income or (loss) . . . . .			-881,234		-881,234
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities		(ii) Other	
	<b>7a</b>	763,044		160,274	
	<b>b</b> Less: cost or other basis and sales expenses		763,632		298,238
	<b>7c</b>		-588		-137,964
<b>d</b> Net gain or (loss) . . . . .			-138,552		-138,552
<b>a</b> Gross income from fundraising events (not including \$ 3,597,243 of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>8a</b>			0	
	<b>b</b> Less: direct expenses . . . . .			668,375	
<b>c</b> Net income or (loss) from fundraising events . . . . .			-668,375		-668,375
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>9a</b>			34,826	
	<b>b</b> Less: direct expenses . . . . .			1,200	
<b>c</b> Net income or (loss) from gaming activities . . . . .			33,626		33,626
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .					
	<b>10a</b>				
	<b>b</b> Less: cost of goods sold . . . . .				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					

		Business Code			
<b>Other Revenue</b>	<b>11a</b>				
	<b>b</b>				
<b>RevenueMiscAmt</b>					



d All other revenue . . . . .	108,614	108,614		
e Total. Add lines 11a-11d . . . . .	108,614			
12 Total revenue. See instructions . . . . .	60,390,556	13,540,004	16,837	-544,016

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Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	147,296	147,296		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	12,388,343	12,388,343		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,687,215	1,071,400	343,106	272,709
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	23,535,847	18,966,186	3,898,758	670,903
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	790,235	635,722	115,956	38,557
9 Other employee benefits . . . . .	2,690,099	2,128,009	381,853	180,237
10 Payroll taxes . . . . .	2,597,524	2,151,481	364,043	82,000
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	447,000	206,135	210,012	30,853
c Accounting . . . . .	171,456	158,118	13,129	209
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .	114,670	29,271	2,647	82,752
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,910,923	1,491,189	383,931	35,803
12 Advertising and promotion . . . . .	46,431	860	23,182	22,389
13 Office expenses . . . . .	583,215	515,780	56,657	10,778
14 Information technology . . . . .	1,782,526	946,738	775,356	60,432
15 Royalties . . . . .				
16 Occupancy . . . . .	9,719,409	9,672,451	40,228	6,730
17 Travel . . . . .	130,821	127,003	1,982	1,836
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	327,571	251,026	68,863	7,682
20 Interest . . . . .	1,596,085	1,596,085		
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	10,107,556	10,096,632	8,536	2,388
23 Insurance . . . . .	703,827	670,497	31,824	1,506
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING EXPENSES	350,760			350,760
b BAD DEBTS	324,808	324,628		180

<b>c</b> OTHER EXPENSES	324,284	288,310	34,047	1,927
<b>d</b> LICENSES & FEES	254,974	209,341	40,713	4,920
<b>e</b> All other expenses	48,136	48,136		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	72,781,011	64,120,637	6,794,823	1,865,551
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	12,420,917	<b>1</b>	9,001,967
	<b>2</b> Savings and temporary cash investments	1,409,877	<b>2</b>	1,415,406
	<b>3</b> Pledges and grants receivable, net	7,458,480	<b>3</b>	9,731,519
	<b>4</b> Accounts receivable, net	1,990,179	<b>4</b>	3,133,315
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	552,305	<b>9</b>	1,772,297
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 343,471,530		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 71,550,048	246,030,635	<b>10c</b> 271,921,482
	<b>11</b> Investments—publicly traded securities	4,882,654	<b>11</b>	3,020,639
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11	90,440	<b>13</b>	0
	<b>14</b> Intangible assets	1,192,741	<b>14</b>	1,640,224
	<b>15</b> Other assets. See Part IV, line 11	45,411,202	<b>15</b>	48,549,169
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	321,439,430	<b>16</b>	350,186,018	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	7,999,411	<b>17</b>	4,926,828
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	450,635	<b>19</b>	636,007
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	60,230	<b>21</b>	58,468
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	164,903,836	<b>23</b>	185,478,486
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,405,268	<b>25</b>	1,514,289
	<b>26 Total liabilities.</b> Add lines 17 through 25	174,819,380	<b>26</b>	192,614,078
<b>or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	129,712,103	<b>27</b>	146,548,569
	<b>28</b> Net assets with donor restrictions	16,907,947	<b>28</b>	11,023,371
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>		

Net Assets	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b>	Total net assets or fund balances . . . . .	146,620,050	<b>32</b>	157,571,940
	<b>33</b>	Total liabilities and net assets/fund balances . . . . .	321,439,430	<b>33</b>	350,186,018

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Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	60,390,556
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	72,781,011
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-12,390,455
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	146,620,050
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	4,457,290
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	18,885,055
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	157,571,940

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

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**Additional Data**

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Software ID:

Software Version:

**Form 990, Special Condition Description:**

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

PLYMOUTH HOUSING GROUP AND SUBSIDIARIES

Employer identification number

91-1122621

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

Cat. No. 11285F

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year



Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	59,638,737	35,299,547	36,183,167	31,729,410	47,412,557	210,263,418
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	59,638,737	35,299,547	36,183,167	31,729,410	47,412,557	210,263,418
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						210,263,418

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4. . . . .	59,638,737	35,299,547	36,183,167	31,729,410	47,412,557	210,263,418
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	586,414	383,530	176,491	232,845	492,284	1,871,564
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						212,134,982
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	58,464,064
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.120 %
<b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.030 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

Schedule A (Form 990) 2023

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business . . . . .						

4	not an unrelated trade or business under section 513 . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	<b>Total.</b> Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c	Add lines 7a and 7b. . . . .					
8	<b>Public support.</b> (Subtract line 7c from line 6.)					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6. . . . .					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
c	Add lines 10a and 10b.					
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					
14	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ▶ <input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
16	Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for <b>2023</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
18	Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

- 19a **33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- b **33 1/3% support tests-2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

**Schedule A (Form 990) 2023**

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
b		

determination.

- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
  - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
  - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
  - c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
  - b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2023

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a  The organization satisfied the Activities Test. Complete **line 2** below.
  - b  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	<b>2a</b>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

Schedule A (Form 990) 2023

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	<b>1</b>	
2	Recoveries of prior-year distributions	<b>2</b>	
3	Other gross income (see instructions)	<b>3</b>	
4	Add lines 1 through 3	<b>4</b>	
5	Depreciation and depletion	<b>5</b>	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
7	Other expenses (see instructions)	<b>7</b>	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
a	Average monthly value of securities	<b>1a</b>	
b	Average monthly cash balances	<b>1b</b>	
c	Fair market value of other non-exempt-use assets	<b>1c</b>	

<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

**Schedule A (Form 990) 2023**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>		
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>		
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>		
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>		
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>		
<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018. . . . .			
<b>b</b> From 2019. . . . .			
<b>c</b> From 2020. . . . .			
<b>d</b> From 2021. . . . .			
<b>e</b> From 2022. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			

<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2023 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2019. . . . .		
<b>b</b>	Excess from 2020. . . . .		
<b>c</b>	Excess from 2021. . . . .		
<b>d</b>	Excess from 2022. . . . .		
<b>e</b>	Excess from 2023. . . . .		

Schedule A (Form 990) (2023)

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2023

Additional Data

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Software ID:  
Software Version:



Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization PLYMOUTH HOUSING GROUP AND SUBSIDIARIES

Employer identification number 91-1122621

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization PLYMOUTH HOUSING GROUP AND SUBSIDIARIES	Employer identification number 91-1122621
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
------------------------	--	--	----------------------

-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization PLYMOUTH HOUSING GROUP AND SUBSIDIARIES	Employer identification number 91-1122621
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Transferee's name, address, and ZIP 4		(e) Transfer of gift Relationship of transferor to transferee	
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Transferee's name, address, and ZIP 4		(e) Transfer of gift Relationship of transferor to transferee	
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	

Schedule B (Form 990) (2023)

**Additional Data**

[Return to Form](#)

Software ID:  
Software Version:

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization PLYMOUTH HOUSING GROUP AND SUBSIDIARIES	Employer identification number 91-1122621
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

(a) Filing organization's totals	(b) Affiliated group totals

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....


**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	



f	Grants to other organizations for lobbying purposes? .....		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		9,846
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
i	Other activities? .....		No	
j	Total. Add lines 1c through 1i .....			9,846
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
b	If "Yes," enter the amount of any tax incurred under section 4912 .....			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members .....	1	
2 Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
a Current year .....	2a	
b Carryover from last year .....	2b	
c Total .....	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
5 Taxable amount of lobbying and political expenditures. See Instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	OUR STAFF ADVOCATED FOR LOW-INCOME HOUSING AND TENANT SERVICES, INCLUDING: MEETINGS WITH ELECTED OFFICIALS AND STAFF. TESTIMONY AT PUBLIC HEARINGS AND MEETINGS. MESSAGES TO ELECTED OFFICIALS AND STAFF. ACTION ALERTS ABOUT ADVOCACY TO ELECTED OFFICIALS. ISSUE RESEARCH AND DISSEMINATION OF RESEARCH.

Schedule C (Form 990) 2022

Additional Data

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Software ID:  
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (PLYMOUTH HOUSING GROUP AND SUBSIDIARIES) and Employer identification number (91-1122621)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1a-2b regarding collections of art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		32,156,138		32,156,138
<b>b</b> Buildings . . . . .		276,938,591	58,087,592	218,850,999
<b>c</b> Leasehold improvements		3,027,860	2,973,735	54,125
<b>d</b> Equipment . . . . .		14,339,175	8,254,464	6,084,711
<b>e</b> Other . . . . .		17,009,766	2,234,257	14,775,509
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				271,921,482

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	186,539
(2) RESERVES	21,394,190
(3) ENDOWMENT FUND	26,968,440
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	48,549,169

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ADVANCE FOR CDC PROGRAM	1,140,000

ADVANCE FOR SFC PROGRAM	1,140,004
SECURITY DEPOSITS	196,664
ASSET MGMT FEE PAYABLE	168,821
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,514,289

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Schedule D (Form 990) 2022**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	62,697,730
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,580,259
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,580,259
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	60,117,471
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	273,085
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	273,085
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	60,390,556

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	75,088,190
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,580,264
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,580,264
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	72,507,926
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	273,085
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	273,085
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	72,781,011

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART IV, LINE 2B:	PLYMOUTH PROVIDES PAYMENT MANAGEMENT SERVICES FOR RESIDENTS WHO STRUGGLE TO MANAGE THEIR SOCIAL SECURITY OR SUPPLEMENTAL SECURITY INCOME PAYMENTS.
PART X, LINE 2:	PLYMOUTH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, THE FEDERAL AND STATE TAX RETURNS WERE SUBJECT TO EXAMINATIONS FROM THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED WITH THE APPLICABLE TAX AUTHORITY. EVEN THOUGH PLYMOUTH IS RECOGNIZED AS TAX EXEMPT, IT STILL MAY BE LIABLE FOR TAX ON ITS UNRELATED BUSINESS INCOME (UBI). PLYMOUTH EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI

AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2023 AND 2022, PLYMOUTH HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. HOUSING AT LINCS LLC, FIRST & CEDAR LLC, PONTIUS LLC, 2013 THIRD AVENUE LLC, CHERRY STREET LLC, BOYLSTON HOUSING LLC, SPRUCE HOUSING LLC, UPTOWN HOUSING LLC, AND EASTGATE HOUSING LLC ARE TREATED AS PASS-THROUGH ENTITIES FOR INCOME TAX PURPOSES AND, AS SUCH, ARE NOT SUBJECT TO INCOME TAXES. RATHER, ALL ITEMS OF TAXABLE INCOME, DEDUCTIONS AND TAX CREDITS ARE PASSED THROUGH TO AND ARE REPORTED BY THEIR OWNERS ON THEIR RESPECTIVE INCOME TAX RETURNS. THESE ENTITIES' FEDERAL TAX STATUSES AS PASS-THROUGH ENTITIES ARE BASED ON THEIR LEGAL STATUS AS LIMITED LIABILITY COMPANIES. ACCORDINGLY, THESE ENTITIES ARE NOT REQUIRED TO TAKE ANY TAX POSITIONS IN ORDER TO QUALIFY AS PASS-THROUGH ENTITIES. THESE ENTITIES ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE INTERNAL REVENUE SERVICE AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THESE ENTITIES HAVE NO OTHER TAX POSITIONS WHICH THEY MUST CONSIDER FOR DISCLOSURE. THERE HAVE BEEN NO INTEREST OR PENALTY AMOUNTS RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF FINANCIAL POSITION FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022. GENERALLY, THE FEDERAL RETURNS ARE SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED WITH THE APPLICABLE TAX AUTHORITY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSE 668,375. G/L ON SALE OF SECURITIES 588. COMMERCIAL EXPENSE 1,721,807. OTHER ADJUSTMENTS 188,289. RAFFLE EXPENSES 1,200.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	GRANTS 153,863. BAD DEBTS 103,817. INSURANCE CLAIMS 15,405.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSE 668,375. G/L ON SECURITIES 588. COMMERCIAL EXPENSE 1,721,807. OTHER ADJUSTMENTS 188,294. RAFFLE EXPENSES 1,200.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANTS 153,863. BAD DEBTS 103,817. INSURANCE CLAIMS 15,405.

Schedule D (Form 990) 2022

**Additional Data**

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**Software ID:**  
**Software Version:**





		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<b>SEATTLE DANCES</b> (event type)	<b>ANNUAL LUNCHEON</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,788,228	1,593,425	215,590	3,597,243
	<b>2</b> Less: Contributions . . . . .	1,788,228	1,593,425	215,590	3,597,243
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	2,120	108,771		110,891
	<b>7</b> Food and beverages . . . . .	108,494	1,707	37,954	148,155
	<b>8</b> Entertainment . . . . .	5,000		3,404	8,404
	<b>9</b> Other direct expenses . . . . .	274,286	114,022	12,617	400,925
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				668,375
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-668,375

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .			1,200	1,200
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					1,200
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					33,626

**9** Enter the state(s) in which the organization conducts gaming activities: WA

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b>	The organization's facility	<b>13a</b>	0 %
<b>b</b>	An outside facility	<b>13b</b>	100.000 %
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DIANA JOHAN PLYMOUTH HOUSING GROUP

Address ▶ 2113 THIRD AVENUE SEATTLE, WA 98121

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ SHOKO TOYAMA PLYMOUTH HOUSING GROU

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ PLANS AND OVERSEES EVENTS.

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**Schedule G (Form 990) 2023**

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PLYMOUTH HOUSING GROUP AND SUBSIDIARIES

Employer identification number 91-1122621

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: PLYMOUTH CLOSELY MONITORS CLIENT ELIGIBILITY FOR RENT SUBSIDIES AND SOCIAL SERVICES SUPPORT PROVIDED USING GRANT FUNDS.

Additional Data

Return to Form

Software ID:
Software Version:

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2023**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization PLYMOUTH HOUSING GROUP AND SUBSIDIARIES	Employer identification number 91-1122621
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .	<b>5a</b>	No
<b>b</b> Any related organization? . . . . .	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .	<b>6a</b>	No
<b>b</b> Any related organization? . . . . .	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> KAREN LEE CHIEF EXECUTIVE OFFICER	(i)	320,324	125	0	4,442	14,196	339,087	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> ANDREA CARNES CHIEF OPERATIONS OFFICER	(i)	228,464	30,125	0	12,444	8,782	279,815	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> SHOKO TOYAMA VP & CHIEF OF DEVELOPMENT & COMMUNI	(i)	202,094	125	0	9,783	8,767	220,769	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> KAREN PETERSON VICE PRESIDENT OF REAL ESTATE	(i)	199,862	125	0	9,700	9,084	218,771	0
	(ii)	0	0	0	0	0	0	0

5 KIMBERLY ARRINGTON-WHITE  
VICE PRESIDENT OF SUPPORTIVE HOUSING

(i)	197,669	125	0	9,700	11,083	218,577	0
(ii)	0	0	0	0	0	0	0

6 TIMOTHY M JONES  
DIRECTOR OF INFORMATION TECHNOLOGY

(i)	184,140	4,125	0	1,703	16,943	206,911	0
(ii)	0	0	0	0	0	0	0

7 HUYNH CHHOR  
VICE PRESIDENT OF BEHAVIORAL HEALTH

(i)	192,559	125	0	1,509	7,434	201,627	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	THE BOARD OF DIRECTORS DETERMINES THE ANNUAL BONUS FOR THE CEO. THE CEO DETERMINES THE ANNUAL BONUS FOR THE OTHER OFFICERS.

Schedule J (Form 990) 2023

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PLYMOUTH HOUSING GROUP AND SUBSIDIARIES

**Employer identification number**  
91-1122621

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	6,566	763,632	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	12	17,325	FAIR MARKET VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( GIFT CARDS ) . . . . .	X	414	91,980	FAIR MARKET VALUE
DISCOUNT ON SERVICES . . . . .	X	2	23,650	FAIR MARKET VALUE
26 Other ▶ ( ) . . . . .				
HYGIENE . . . . .	X	4,448	19,748	FAIR MARKET VALUE
27 Other ▶ ( KITS ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	PLYMOUTH HOUSING GROUP HAS AN ACCOUNT AT A STOCK BROKERAGE COMPANY TO ACCEPT DONATIONS OF STOCK. THE STOCK BROKERAGE SELLS THE DONATED STOCK AND SENDS PLYMOUTH THE PROCEEDS.

Schedule M (Form 990) (2023)

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**



**SCHEDULE O**  
(Form 990)

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

**2023**

Open to Public Inspection

Name of the organization  
PLYMOUTH HOUSING GROUP AND SUBSIDIARIES

Employer identification number

91-1122621

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE OF THE BOARD REVIEWS AND ACCEPTS THE FORM 990. COPIES OF THE FORM 990 ARE ALSO PROVIDED TO THE FULL BOARD BEFORE THE 990 IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY BY BOARD MEMBERS, OFFICERS & KEY EMPLOYEES. FORMS NOTING A POSSIBLE CONFLICT ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER. CONFLICTS WHICH MIGHT AFFECT BOARD DECISION MAKING ARE PRESENTED TO THE BOARD PRESIDENT TO DETERMINE A COURSE OF ACTION.
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD, WITH INPUT FROM THE FULL BOARD. THE COMMITTEE REVIEWS DATA REGARDING COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AND DOCUMENTS ITS DECISION REGARDING THE EXECUTIVE DIRECTOR'S COMPENSATION. THE EXECUTIVE DIRECTOR IS NOT INVOLVED IN THIS COMPENSATION REVIEW/APPROVAL PROCESS. THE LAST COMPENSATION REVIEW OCCURRED DURING 2022.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	CAPITAL CONTRIBUTIONS 18,940,055. SYNDICATION COSTS -55,000.
FORM 990, PART XII, LINE 2C	THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES. THERE ARE NO CHANGES TO THIS POLICY FROM PREVIOUS YEARS.
SECTION 168(H) ELECTION - PACIFIC APARTMENTS MM, LLC	PACIFIC APARTMENTS MM, LLC TAXPAYER'S STATEMENT OF ELECTION UNDER 168(H)(6) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED 1. THE TAXPAYER'S IDENTIFYING INFORMATION IS AS FOLLOWS: (A) NAME: PACIFIC APARTMENTS MM, LLC (B) ADDRESS: 2113 THIRD AVE SEATTLE, WA 92619 (C) TAXPAYER ID: 93-3883421 2. TAXPAYER MAKES THE FOLLOWING ELECTION: THE TAXPAYER IS A TAX-EXEMPT CONTROLLED ENTITY (AS DEFINED IN 168(H)(6) (F)(III) OF THE INTERNAL REVENUE CODE (IRC) OF 1986 (AS AMENDED)). TAXPAYER ELECTS TO TREAT ANY GAIN RECOGNIZED BY ITS TAX-EXEMPT PARENT ON DISPOSITION OF ITS INTEREST IN THE TAXPAYER, AS WELL AS ANY DIVIDENDS OR INTEREST INCOME FROM THE TAXPAYER, AS UNRELATED BUSINESS TAXABLE INCOME UNDER IRC 511 PURSUANT TO IRC 168(H)(5) AND (6). TAXPAYER ELECTS NOT TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO THIS SECTION. 3. TAXPAYER MAKES THIS ELECTION UNDER THE FOLLOWING SECTION(S) OF THE INTERNAL REVENUE CODE OF 1986 (AS AMENDED) AND REGULATIONS THEREUNDER: IRC 168(H)(6)(F)(II) AND TREASURY REGULATION 301.9100-7T(A)(3)(I). 4. TAXPAYER MAKES THIS ELECTION AS TO THE FOLLOWING TAX PERIOD(S), PROPERTY, AND/OR OTHER ITEMS: TAX PERIOD: 2023 AND THEREAFTER PROPERTY: 317 MARION STREET SEATTLE, WA 98104 OTHER ITEMS: NONE 5. TAXPAYER IS ENTITLED TO MAKE THIS ELECTION UNDER THE FOLLOWING AUTHORITY: IRC 168(H)(6) (F)(II) ALLOWS A TAX-EXEMPT CONTROLLED ENTITY TO ELECT TO TREAT ANY GAIN RECOGNIZED BY ITS TAX-EXEMPT PARENT ON DISPOSITION OF ITS INTEREST IN THE TAX-EXEMPT CONTROLLED ENTITY, AS WELL AS ANY DIVIDENDS OR INTEREST RECEIVED OR ACCRUED FROM THE CONTROLLED ENTITY, AS UNRELATED BUSINESS TAXABLE INCOME UNDER IRC 511. THE ELECTION APPLIES FOR PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 25, 1985 (OR EARLIER IF SO ELECTED.) TAXPAYER UNDERSTANDS THAT THIS ELECTION IS IRREVOCABLE AND MUST BE MADE BY THE DUE DATE (INCLUDING EXTENSIONS) OF THE RETURN FOR THE FIRST TAX YEAR FOR WHICH THE ELECTION IS TO BE EFFECTIVE. TAXPAYER HAS, OR WILL TIMELY FILE, A COPY OF THIS ELECTION WITH ITS TAX RETURN AND A COPY OF THIS ELECTION STATEMENT HAS BEEN SENT TO EACH TAX- EXEMPT SHAREHOLDER OR BENEFICIARY OF THE TAXPAYER FOR ATTACHMENT AND FILING WITH THE FEDERAL TAX RETURN OF SUCH TAX-EXEMPT SHAREHOLDER(S) OR BENEFICIARY(IES). 6. TAXPAYER HAS PROVIDED THE FOLLOWING INFORMATION IN SUPPORT OF MAKING THE ELECTION: THE TAX-EXEMPT PARENT OF TAXPAYER IS AS FOLLOWS: (A) NAME: PLYMOUTH HOUSING GROUP (B) ADDRESS: 2113 THIRD AVE SEATTLE, WA 98121 (C) TAXPAYER ID: 91-1122621

**Additional Data**

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Software ID:

Software Version:

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2023**  
Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PLYMOUTH HOUSING GROUP AND SUBSIDIARIES

Employer identification number  
91-1122621

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> PONTIUS LLC 2113 THIRD AVENUE SEATTLE, WA 98121 27-4429735	LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED				No		Yes		0.010 %
<b>(2)</b> FIRST & CEDAR LLC 2113 THIRD AVENUE SEATTLE, WA 98121 26-3836845	LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED	-31	1,413,170		No		Yes		0.010 %
<b>(3)</b> 2013 3RD AVENUE 2113 THIRD AVENUE SEATTLE, WA 98121 46-0730936	LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED	-61	38,739		No		Yes		0.010 %
<b>(4)</b> CHERRY ST LLC 2113 THIRD AVENUE SEATTLE, WA 98121 47-2694720	LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED	-118	3,664,122		No		Yes		0.010 %
<b>(5)</b> HOUSING AT LINCOS LLC 501 RAINIER AVENUE SOUTH SEATTLE, WA 98144 82-0716073	LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED	-115	814,763		No		Yes		0.010 %
<b>(6)</b> UPTOWN HOUSING LLC 2113 THIRD AVENUE SEATTLE, WA 98121 83-2904995	LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED		5,404,433	Yes			Yes		0.010 %
<b>(7)</b> SPRUCE HOUSING LLC	LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING	RELATED	-111	6,485,416	Yes			Yes		0.010 %

2113 THIRD AVENUE  
SEATTLE, WA 98121  
84-3851177

(8) BOYLSTON HOUSING LLC

2113 THIRD AVENUE  
SEATTLE, WA 98121  
83-3210490

(9) EASTGATE HOUSING LLC

2113 THIRD AVENUE  
SEATTLE, WA 98121  
85-3739526

(10) PACIFIC APARTMENTS LLC

2113 THIRD AVENUE  
SEATTLE, WA 98121  
87-4296055

GROUP											
LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED	-138	8,660,106	No	Yes				0.010 %
LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED	-133	1,602,161	No	Yes				0.010 %
LOW-INCOME HOUSING	WA	PLYMOUTH HOUSING GROUP	RELATED		7,677,562	Yes	Yes				0.010 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PACIFIC APARTMENTS MM LLC 2113 3RD AVENUE SEATTLE, WA 98121 93-3883421	GENERAL PARTNER OF PACIFIC APARTMENTS LLC	WA	PLYMOUTH HOUSING GROUP	C		7,677,562	100.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>1a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		No
<b>1b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>1c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>1d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>1e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>1f</b> Dividends from related organization(s) . . . . .		No
<b>1g</b> Sale of assets to related organization(s) . . . . .	Yes	
<b>1h</b> Purchase of assets from related organization(s) . . . . .		No
<b>1i</b> Exchange of assets with related organization(s) . . . . .		No
<b>1j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>1k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>1l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>1m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>1n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>1o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>1p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>1q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>1r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>1s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FIRST & CEDAR LLC	D	3,109,110	FAIR MARKET VALUE
(2) PONTIUS LLC	D	2,081,426	FAIR MARKET VALUE
(3) CHERRY ST LLC	D	4,464,383	FAIR MARKET VALUE
(4) HOUSING AT LINCS LLC	D	4,404,940	FAIR MARKET VALUE
(5) BOYLSTON HOUSING LLC	D	6,213,140	FAIR MARKET VALUE
(6) SPRUCE HOUSING LLC	D	6,481,245	FAIR MARKET VALUE
(7) UPTOWN HOUSING LLC	D	5,420,708	FAIR MARKET VALUE
(8) EASTGATE HOUSING LLC	D	2,884,373	FAIR MARKET VALUE
(9) PACIFIC APARTMENTS LLC	D	978,636	FAIR MARKET VALUE

