

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
PRESTERA GROUP HOME CORP
Number and street (or P O box, if mail is not delivered to street address) Room/suite
5600 US ROUTE 60 EAST
City or town, state or province, country, and ZIP or foreign postal code
HUNTINGTON, WV 25705

D Employer identification number
55-0718610
E Telephone number
(304) 399-1114
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 36,241

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

| Revenue | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Contributions, gifts, grants, and similar amounts received |
| 2 | Program service revenue including government fees and contracts 36,214 |
| 3 | Membership dues and assessments |
| 4 | Investment income 27 |
| 5a | Gross amount from sale of assets other than inventory 5a |
| b | Less cost or other basis and sales expenses 5b |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c |
| 6 | Gaming and fundraising events |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) 6a |
| b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b |
| c | Less direct expenses from gaming and fundraising events 6c |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d |
| 7a | Gross sales of inventory, less returns and allowances 7a |
| b | Less cost of goods sold 7b |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c |
| 8 | Other revenue (describe in Schedule O) 8 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 36,241 |
| Expenses | |
| 10 | Grants and similar amounts paid (list in Schedule O) 10 |
| 11 | Benefits paid to or for members 11 |
| 12 | Salaries, other compensation, and employee benefits 12 10,228 |
| 13 | Professional fees and other payments to independent contractors 13 5,458 |
| 14 | Occupancy, rent, utilities, and maintenance 14 19,641 |
| 15 | Printing, publications, postage, and shipping 15 |
| 16 | Other expenses (describe in Schedule O) 16 12,983 |
| 17 | Total expenses. Add lines 10 through 16 17 48,310 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -12,069 |
| Net Assets | |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 154,442 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) 20 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 21 142,373 |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|----------------------------------------------------------------------------------------------|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 122 | 22 | 50 |
| 23 Land and buildings | 137,924 | 23 | 129,062 |
| 24 Other assets (describe in Schedule O) | 22,298 | 24 | 22,111 |
| 25 Total assets | 160,344 | 25 | 151,223 |
| 26 Total liabilities (describe in Schedule O). | 5,902 | 26 | 8,850 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 154,442 | 27 | 142,373 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO PROVIDE HOUSING TO MENTALLY IMPAIRED INDIVIDUALS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | | |
|--------------------------------------------------------------------------------------------------|--|------------|--------|
| 28 See Additional Data Table | | | |
| (Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/> | | 28a | |
| 29 | | 29a | |
| (Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/> | | | |
| 30 | | 30a | |
| (Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/> | | | |
| 31 Other program services (describe in Schedule O) | | | |
| (Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/> | | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) ▶ | | 32 | 32,546 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| CONNIE CHAPMAN | 000 00 | 0 | | |
| CHAIR | | | | |
| KAREN YOST | 000 00 | 0 | | |
| VICE-CHAIR | | | | |
| FRANK MARKUN | 000 00 | 0 | | |
| SECRETARY | | | | |
| LINDA PLEASANTS | 000 00 | 0 | | |
| TREASURER | | | | |
| MARIA FINLEY | 000 00 | 0 | | |
| DIRECTOR | | | | |
| CHRISTI BLACK | 000 00 | 0 | | |
| DIRECTOR | | | | |
| GREG BELL | 000 00 | 0 | | |
| DIRECTOR | | | | |
| JASON TONEY | 000 00 | 0 | | |
| DIRECTOR | | | | |
| SALLIE LAZARO | 000 00 | 0 | | |
| CFO | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

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

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

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ***** Signature of officer 2018-06-14 Date SALLIE LAZARO CFO Type or print name and title

Paid Preparer Use Only Print/Type preparer's name KIMBERLY K WILLIAMS Preparer's signature Date 2018-07-14 Check if self-employed PTIN P00877535 Firm's name ELLIS & ELLIS PLLC Firm's EIN 55-0771644 Firm's address 500 VIRGINIA ST E STE 1000 CHARLESTON, WV 25301 Phone no (304) 342-4169

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 55-0718610

Name: PRESTERA GROUP HOME CORP

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------|
| <p>28 THE CORPORATION OPERATES AN APARTMENT COMPLEX FOR MENTALLY IMPAIRED INDIVIDUALS ALL EXPENSES ARE ATTRIBUTED TO THE FACILITY (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 32,546 |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PRESTERA GROUP HOME CORP

Employer identification number

55-0718610

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES OFFICE EXPENSES 2,682 TRAVEL EXPENSES 432 CONVENTIONS & MEETINGS 235 MISC TAXES 262 BANK CHARGES 105 MISCELLANEOUS 405 NON-INVESTMENT DEPRECIATION 8,862 TOTAL 12,983 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART II, LINE 24 | ACCOUNTS RECEIVABLE 1,487 757 TENANT SECURITY DEPOSITS 675 878 REPLACEMENT RESERVE 20,135 20,475 RESIDUAL RECEIPTS 1 1 TOTAL 22,298 22,111 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 5,123 8,135 DEFERRED REVENUE 168 2 TENANT SECURITY DEPOSITS 508 610 SECURITY DEPOSIT INTEREST 103 103 |