

Form **990EZ**
 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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 ▶ \$ 40,820

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	40,800
	3 Membership dues and assessments	3	
	4 Investment income	4	20
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	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		
c 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	40,820	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	6,607
	13 Professional fees and other payments to independent contractors	13	9,918
	14 Occupancy, rent, utilities, and maintenance	14	20,089
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	12,393
	17 Total expenses. Add lines 10 through 16 ▶	17	49,007
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,187	
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	142,372
	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	134,185

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	50	22	2,198
23 Land and buildings	129,062	23	120,790
24 Other assets (describe in Schedule O)	22,111	24	21,488
25 Total assets	151,223	25	144,476
26 Total liabilities (describe in Schedule O).	8,851	26	10,291
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	142,372	27	134,185

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	32,367

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		
DIRECTOR				
MARIA FINLEY	000 00	0		
DIRECTOR				
CHRISTI FALLECKER	000 00	0		
DIRECTOR				
GREG BELL	000 00	0		
DIRECTOR				
JASON TONEY	000 00	0		
DIRECTOR				
DARDEN GREENE	000 00	0		
TREASURER				

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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ELLIS & ELLIS PLLC Telephone no (304) 342-4169
Located at 500 VIRGINIA STREET EAST SUITE 1000 CHARLESTON, WV ZIP + 4 25301

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
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

	Yes	No
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	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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."

(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.

***** Signature of officer	2019-09-30 Date
DARDEN GREENE TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KIMBERLY K WILLIAMS	Preparer's signature	Date 2019-11-15	Check <input type="checkbox"/> 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	32,367

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

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 2,756 TRAVEL EXPENSES 768 CONVENTIONS & MEETINGS 83 MISC TAXES 287 BANK CHARGES 75 BAD DEBTS 152 NON-INVESTMENT DEPRECIATION 8,272 TOTAL 12,393

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 757 0 TENANT SECURITY DEPOSITS 878 726 REPLACEMENT RESERVE 20,475 20,761 RESIDUAL RECEIPTS 1 1 TOTAL 22,111 21,488

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 8,136 9,410 DEFERRED REVENUE 2 168 TENANT SECURITY DEPOSITS 610 610 SECURITY DEPOSIT INTEREST 103 103