As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492319011029 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization PRESTERA GROUP HOME CORP ☐ Address change 55-0718610 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 5600 US ROUTE 60 EAST ☐ Final return/terminated (304) 399-1114 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return HUNTINGTON, WV 25705 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **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) 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 1 2 2 Program service revenue including government fees and contracts 40,800 3 Membership dues and assessments 4 20 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events **6**c 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 . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 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 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 9,918 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 20,089 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 12,393 17 17 Total expenses. Add lines 10 through 16 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 19 142,372 end-of-year figure reported on prior year's return) 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 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part I	Balance Sheets (see the instruction Check if the organization used Schedul		iuestion in this Par	t II			☑
					eginning of year		(B) End of year
22 Cash, sa	ivings, and investments		[(/		22	2,198
	d buildings				129,062	23	120,790
24 Other as	ssets (describe in Schedule O)				22,111	24	21,488
	ssets				151,223		144,476
	abilities (describe in Schedule O)		· · · <u> </u>		8,851	\neg	10,291
	ets or fund balances (line 27 of colum				142,372	27	134,185
Part Ⅲ	Statement of Program Service Check if the organization used Schedul	-			t III)		Expenses equired for section 501(c)
	organization's primary exempt purpose? E HOUSING TO MENTALLY IMPAIRED IND					org) and 501(c)(4) ganizations, optional for ners)
measured b	e organization's program service accomp y expenses. In a clear and concise mann nd other relevant information for each p	er, describe the service					
28 See Addition	nal Data Table						
(Grants \$)	If this amou	nt includes foreign gran	its, check here		. ▶ □	28a	
29	11 cms arriod	The mended foreign gran	ics, check here	•	. , .	29a	
(Grants \$)	If this amou	nt includes foreign gran	its, check here .		. ▶ □		
30						30a	
(Grants \$)	If this amou	nt includes foreign gran	ts, check here .		. ▶ 🗆		
31 Other pr	ogram services (describe in Schedule 0)					+	
(Grants \$)	• ,	nt includes foreign gran	its, check here .		. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28	a through 31a)			•	32	32,367
Part IV	List of Officers, Directors, Trustees Check if the organization used Schedul						
	(a) Name and title	(b) Average	(a) Papartabl	ıo I	(d) Health bene	-fite	(a) Estimated amount
	(a) Name and title	hours per week devoted to position	(c) Reportabl compensation (Forms W-2/10 MISC) (if not p	n 99-		nploye and	(e) Estimated amount of other compensation
CONNIE CH	ΔΡΜΔΝ	000 00	enter -0-)	0	·		
		000 00		Ĭ			
CHAIR KAREN YOS		000.00		0			
KAREN 105	I	000 00		١			
VICE-CHAIR							
FRANK MAR	KUN	000 00		0			
SECRETARY							
LINDA PLEA	SANTS	000 00		0			
DIRECTOR							
MARIA FINL	EY	000 00		0			
DIRECTOR							
CHRISTI FA	LLECKER	000 00		0			
				•			
DIRECTOR		000.00		0			
GREG BELL		000 00		١			
DIRECTOR							
JASON TONI	ΕΥ	000 00		0			
DIRECTOR							
DARDEN GR	EENE	000 00		0			
TREASURER	<u> </u>						
		_1	l .				

Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in the	е			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V					
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		110		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
Ь	Did the organization file Form 1120-POL for this year?	37b		No		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter	1				
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities	-				
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1				
	section 4911 ▶, section 4912 ▶, section 4955 ▶					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No		
С	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a copy of this return is filed					
42a		(204)	242 416	0		
THE	e organization's books are in care of ► <u>ELLIS & ELLIS PLLC</u> Telephone no	(304)	342-416	9		
	Located at ► 500 VIRGINIA STREET EAST SUITE 1000 CHARLESTON , WV ZIP + 4	► <u>25301</u>				
			Yes	No		
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)?	42b		No		
	If "Yes," enter the name of the foreign country					
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			No		
С	At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country.	42 c		No		
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						
			Yes	No		
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			No		

							Yes	No
	the organization engage, directly or indiredidates for public office? If "Yes," complete			of or ın	opposition to			
Part VI		<u> </u>		•		46		No
rait VI	All section 501(c)(3) organization		ions 47- 49b and 52	2, and	complete the tabl	es for l	ines 50	and
	51.Check if the organization used Schedu	le O to respond to any q	uestion in this Part VI				[_
							Yes	No
	the organization engage in lobbying activi Yes," complete Schedule C, Part II	ties or have a section 50	01(h) election in effect	during	g the tax year?	47		
8 Is th	he organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		
19a Did	the organization make any transfers to ar	n exempt non-charitable	related organization?			49a		
b If "Y	Yes," was the related organization a sectio	n 527 organization? .				49b		
	nplete this table for the organization's five					and key	employ	ees)
	e each received more than \$100,000 of col a) Name and title of each employee	(b) Average	ganization If there is r		nter "None " i) Health benefits,	(e) Es	stimated	amour
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	ributions to employed benefit plans, and erred compensation	of oth	er compe	ensatio
		1						
f To	otal number of other employees paid over	\$100,000		<u> </u>	· · · · •			
51 Com	nplete this table for the organization's five	highest compensated in		· ·	each received more t	han \$10	00,000 oi	
51 Com	. , .	highest compensated ir is none, enter "None "	·				00,000 of	
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·					
51 Com	nplete this table for the organization's five ipensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None " each independent contr	actor					
51 Com	nplete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None " each independent contr	actor					
d To:	nplete this table for the organization's five ipensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) T	ype of service (c	Comp	ensation	
d To	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of the organization of the organization complete Schedule A?	highest compensated in is none, enter "None " each independent control ors each receiving over NOTE. All section 501(4)	\$100,000	(b) T	ype of service (c	Comp	ensation	
d To	nplete this table for the organization's five apensation from the organization. If there (a) Name and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) T	ch a	Comp	ensation	
d Too 52 Door nowledge as any kn	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) T	ch a	Comp	ensation	
d Too com	nplete this table for the organization's five inpensation from the organization. If there (a) Name and business address of otal number of other independent contract old the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) T	ch a sand statements, an ed on all information	Comp	ensation	
d Too com	nplete this table for the organization's five opensation from the organization. If there (a) Name and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) T	ch a	Comp	ensation	
d Totocom	potal number of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) T	ch a	Comp Ye d to the of whice	ensation	
d Too com d Too 52 Doo com nowledge as any knowledge as any knowledge	nplete this table for the organization's five inpensation from the organization. If there (a) Name and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	nighest compensated in is none, enter "None " each independent control ors each receiving over NOTE. All section 501(0	\$100,000	(b) T	ch a s and statements, an ed on all information 2019-09-30 Date	Comp Ye d to the of whice	ensation	
d Too com d Too 52 Doo com nowledge as any knowledge as any knowledge	nplete this table for the organization's five inpensation from the organization. If there (a) Name and business address of other independent contract of the organization complete Schedule A? ompleted Schedule A	nighest compensated in is none, enter "None " each independent control ors each receiving over NOTE. All section 501(0	\$100,000	(b) T	ch a 2019-09-30 Date Check If PTIN P0087 self-employed	Yed to the of whice	ensation	
d Total	proplete this table for the organization's five appensation from the organization. If there (a) Name and business address of particular of other independent contract of the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(a mined this return, include the Declaration of prepa	\$100,000	(b) T	ch a ch a 2019-09-30 Date Check	Yed to the of whice	ensation	

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Form 990-EZ (2018)

Additional Data

Software ID:

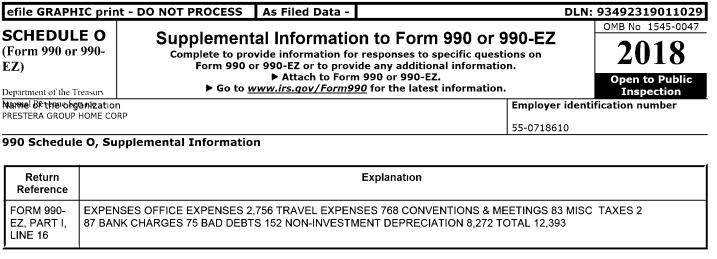
Software Version:

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.			(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 THE CORPORATION OPERATES AN APA ARE ATTRIBUTED TO THE FACILITY	RTMENT COMPLEX FOR MENTALLY IMPAIRED INDIVIDUALS ALL EXPENSES	28a	32,367		
(Grants \$)	If this amount includes foreign grants, check here \dots				



Return Explanation

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

990 Schedule O, Supplemental Information

LINE 24

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990-ACCOUNTS PAYABLE AND ACCRUED EXPENSES 8.136 9.410 DEFERRED REVENUE 2 168 TENANT SECURITY

DEPOSITS 610 610 SECURITY DEPOSIT INTEREST 103 103 EZ. PART II. LINE 26