

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

**2002**Open to Public  
Inspection**A** For the 2002 calendar year, or tax year period beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific instructions.

**C** Name of organization**PRESBYTERIAN HOMES & FAMILY SERVICES, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**150 LINDEN AVENUE**

City or town, state or country, and ZIP + 4

**LYNCHBURG, VA 24503****D** Employer identification number**54-0346118****E** Telephone number**(434) 384-3138****F** Accounting method☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site **www.phfs.org****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **14,296,563.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support		1a	1,962,576.		
	b	Indirect public support		1b			
	c	Government contributions (grants)		1c	74,274.		
	d	Total (add lines 1a through 1c) (cash \$ 2,036,850. noncash \$ )		1d	2,036,850.		
	2	Program service revenue including government contracts (from Part VII, line 93)		2	6,434,636.		
	3	Membership dues and assessments		3			
	4	Interest on savings and temporary cash investments		4			
	5	Dividends and interest from securities		5	1,022,739.		
	6a	Gross rents		6a			
6b	Less: rental expenses		6b				
6c	Net rental income or (loss) (subtract line 6b from line 6a)		6c				
7	Other investment income (describe ▶ )		7				
Expenses	8a	(A) Securities		8a	37,315.		
	Gross amount from sale of assets other than inventory		4,525,007.	(B) Other	17,563.		
	b	Less: cost or other basis and sales expenses		8b	19,752.		
	c	Gain or (loss) (attach schedule)		8c	<645,774.>		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	<645,774.>		
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ of contributions reported on line 1a)		9a			
	b	Less: direct expenses other than fundraising expenses		9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c			
	10a	Gross sales of inventory, less returns and allowances		10a			
10b	Less: cost of goods sold		10b				
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c				
11	Other revenue (from Part VII, line 103)		11	240,016.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	9,088,467.			
Net Assets	13	Program services (from line 44, column (B))		13	8,574,221.		
	14	Management and general (from line 44, column (C))		14	785,504.		
	15	Fundraising (from line 44, column (D))		15	269,583.		
	16	Payments to affiliates (attach schedule)		16			
	17	Total expenses (add lines 16 and 44, column (A))		17	9,629,308.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	<540,841.>			
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	57,551,688.			
20	Other changes in net assets or fund balances (attach explanation)		20	<2,876,821.>			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	54,134,026.			

223001  
01-22-03

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

**PRESBYTERIAN HOMES & FAMILY  
SERVICES, INC.**

54-0346118

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 180,000.	0.	105,000.	75,000.
26 Other salaries and wages	26 5,436,358.	5,036,632.	310,725.	89,001.
27 Pension plan contributions	27 362,674.	304,451.	49,156.	9,067.
28 Other employee benefits	28 721,397.	659,497.	50,357.	11,543.
29 Payroll taxes	29 422,401.	380,078.	30,033.	12,290.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 137,358.	102,507.	23,068.	11,783.
34 Telephone	34 89,394.	78,365.	8,486.	2,543.
35 Postage and shipping	35 41,374.	19,587.	5,819.	15,968.
36 Occupancy	36 209,319.	209,319.		
37 Equipment rental and maintenance	37 158,126.	158,126.		
38 Printing and publications	38 9,473.	9,473.		
39 Travel	39 24,949.	17,200.	3,957.	3,792.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 628,514.	577,816.	50,698.	
43 Other expenses not covered above (itemize) a _____ b _____ c _____ d _____ e See Statement 4	43a 43b 43c 43d 43e 1,207,971.	1,021,170.	148,205.	38,596.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 9,629,308.	8,574,221.	785,504.	269,583.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ►

**RESIDENTIAL CARE - CHILDREN/YOUNG ADULTS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a CHILDREN'S HOME - HOUSING, FOOD & CLOTHING FOR CHILDREN  (Grants and allocations \$ _____)	2,247,548.
b ZUNI HOMES - HOUSING, FOOD, CLOTHING & VOCATIONAL TRAINING OF YOUNG CHALLENGED ADULTS  (Grants and allocations \$ _____)	1,219,246.
c DANVILLE RESIDENTIAL TREATMENT PRGM- HOUSING, FOOD & CLOTHING FOR CHILDREN  (Grants and allocations \$ _____)	3,263,767.
d GENESIS HOUSE - EMERGENCY HOUSING, FOOD & CLOTHING FOR CHILDREN  (Grants and allocations \$ _____)	277,524.
e Other program services (attach schedule) <b>Statement 5</b> (Grants and allocations \$ _____)	1,566,136.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,574,221.

**PRESBYTERIAN HOMES & FAMILY  
SERVICES, INC.**

Form 990 (2002)

54-0346118

Page 3

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
<b>Assets</b>	45	Cash - non-interest-bearing	429,404.	45	431,537.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	720,782.		
	b	Less allowance for doubtful accounts		47c	720,782.
	48 a	Pledges receivable	1,465,547.		
	b	Less allowance for doubtful accounts		48c	1,465,547.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	26,568.		
	b	Less allowance for doubtful accounts		51c	26,568.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	39,533.	53	50,739.
	54	Investments - securities Stmt 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	42,187,633.	54	38,605,363.
	55 a	Investments land, buildings, and equipment basis			
	b	Less accumulated depreciation		55c	
56	Investments - other See Statement 7	1,155,956.	56	2,236,060.	
57 a	Land, buildings, and equipment: basis	13,464,070.			
b	Less accumulated depreciation	5,863,403.	57c	7,600,667.	
58	Other assets (describe ▶ See Statement 8 )	3,735,227.	58	3,211,277.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	57,755,623.	59	54,348,540.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	146,028.	60	164,137.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ <b>ACCRUED EXPENSES</b> )	57,907.	65	50,377.
66	<b>Total liabilities</b> (add lines 60 through 65)	203,935.	66	214,514.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	47,583,356.	67	45,421,329.
	68	Temporarily restricted	3,691,099.	68	2,683,533.
	69	Permanently restricted	6,277,233.	69	6,029,164.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	57,551,688.	73	54,134,026.
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	57,755,623.	74	54,348,540.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

SERVICES, INC.

Page 4

**PRESBYTERIAN HOMES & FAMILY  
SERVICES, INC.**

Form 990 (2002)

54-0346118

Page 5

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<b>X</b>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	<b>X</b>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<b>X</b>
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<b>X</b>
b	If "Yes," enter the name of the organization <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	<b>X</b>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<b>X</b>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) <span style="float: right;">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<b>X</b>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members <span style="float: right;">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float: right;">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float: right;">N/A</span>	85h	
86	501(c)(7) organizations: Enter a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b N/A</span>		
87	501(c)(12) organizations: Enter a Gross income from members or shareholders <span style="float: right;">87a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float: right;">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<b>X</b>
89 a	501(c)(3) organizations: Enter Amount of tax imposed on the organization during the year under section 4911 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0., section 4912 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0., section 4955 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0.		
b	501(c)(3) and 501(c)(4) organizations: Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<b>X</b>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float: right;">NONE</span>		
b	Number of employees employed in the pay period that includes March 12, 2002 <span style="float: right;">90b 248</span>		
91	The books are in care of <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> <b>REV. E. PETER GEITNER</b> Telephone no <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> <b>434-384-3131</b>		

Located at  **150 LINDEN AVENUE, LYNCHBURG, VA**

ZIP + 4  **24503**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>PRODUCT INCOME</b>					128,088.
b					
c					
d					
e					
f Medicare/Medicaid payments					275,961.
g Fees and contracts from government agencies					6,030,587.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,022,739.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<645,774.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS</b>					240,016.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		376,965.	6,674,652.
105 Total (add line 104, columns (B), (D), and (E))					7,051,617.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	INCOME FROM RESIDENT VOCATIONAL PROGRAMS
93G	TUITION INCOME - RECEIVED MAINLY FROM DEPTS. OF SOCIAL SERVICES
103A	MISCELLANEOUS INCOME - FROM VARIOUS SOURCES
93F	INCOME FROM MEDICAID FOR TEACHING LIFE SKILLS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information which preparer has any knowledge.

29-03

PRESIDENT

Type or print name and title

Date

Check if

Preparer's SSN or PTIN

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions )**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization **PRESBYTERIAN HOMES & FAMILY SERVICES, INC.** Employer identification number **54 0346118**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>JAMES E. HENRY</u> <u>LYNCHBURG, VA 24503</u>	DIR. OF SERV. 40	69,000.		
<u>ROBERT B. BISHOP</u> <u>POWHATAN, VA 23139</u>	DIR P.R. 40	66,000.		
<u>DAVID R. WRIGHT</u> <u>FOREST, VA 24551</u>	CONTROLLER 40	62,500.		
<u>NANNIE RUSSELL</u> <u>BLAIRS, VA 24527</u>	CLINICAL DIR. 40	53,800.		
<u>SHERRI B. HUFFMAN</u> <u>DRY FORK, VA 24549</u>	SUPER OF EDU. 40	53,208.		

Total number of other employees paid over \$50,000

► 1

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>None</u>		

Total number of others receiving over \$50,000 for professional services

► 0

## PRESBYTERIAN HOMES &amp; FAMILY

Schedule A (Form 990 or 990-EZ) 2002 SERVICES, INC.

54-0346118 Page 2

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Schedule A (Form 990 or 990-EZ) 2002



## PRESBYTERIAN HOMES &amp; FAMILY

Schedule A (Form 990 or 990-EZ) 2002 **SERVICES, INC.**

54-0346118 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,552,785.	1,735,814.	994,992.	2,627,732.	6,911,323.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,280,591.	5,078,071.	2,772,659.	1,452,934.	14,584,255.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,049,034.	2,120,654.	1,331,727.	1,612,930.	6,114,345.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	7,882,410.	8,934,539.	5,099,378.	5,693,596.	27,609,923.
24 Line 23 minus line 17	2,601,819.	3,856,468.	2,326,719.	4,240,662.	13,025,668.
25 Enter 1% of line 23	78,824.	89,345.	50,994.	56,936.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 260,513.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 352,314.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 13,025,668.
d Add: Amounts from column (e) for lines 18 6,114,345. 19 22 352,314.					26d 6,466,659.
e Public support (line 26c minus line 26d total)					26e 6,559,009.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 50.3545%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines 15 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**PRESBYTERIAN HOMES & FAMILY**

Schedule A (Form 990 or 990-EZ) 2002 **SERVICES, INC.**

54-0346118 Page 4

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2002

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
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	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Exempt Organizations** (See page 12 of the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- |        | Yes | No |
|--------|-----|----|
| 51a(i) |     | X  |
| a(ii)  |     | X  |
| b(i)   |     | X  |
| b(ii)  |     | X  |
| b(iii) |     | X  |
| b(iv)  |     | X  |
| b(v)   |     | X  |
| b(vi)  |     | X  |
| c      |     | X  |

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

N/A

[illegible]

---

---

Form 990	Gain (Loss) From Publicly Traded Securities	Statement	1
----------	---	-----------	---

---

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
SECURITIES	4,525,007.	5,190,533.	0.	<665,526.>
To Form 990, Part I, line 8	4,525,007.	5,190,533.	0.	<665,526.>

---

---

Form 990	Gain (Loss) From Sale of Other Assets	Statement	2
----------	---------------------------------------	-----------	---

Description	Date Acquired	Date Sold	Method Acquired		
VEHICLES	Various	Various	PURCHASED		
Name of Buyer	Gross Sales Price	Cost or Other Basis	Expense of Sale	Deprec	Net Gain or (Loss)
	37,315.	178,095.	0.	160,532.	19,752.
To Fm 990, Part I, ln 8	37,315.	178,095.	0.	160,532.	19,752.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
----------	--	-----------	---

Description	Amount
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	<2,876,821.>
Total to Form 990, Part I, line 20	<2,876,821.>

Form 990	Other Expenses	Statement	4
----------	----------------	-----------	---

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PROGRAM FOOD EXPENSES	210,116.	210,116.		
INVESTMENT FEES	18,348.		18,348.	
INSURANCE	125,864.	108,310.	17,554.	
ELECTRICITY AND WATER	150,774.	150,774.		
AUTO EXPENSES	77,793.	70,935.	2,900.	3,958.
FUEL	78,713.	78,713.		
EDUCATION EXPENSES	12,006.	12,006.		
MEDICAL ATTENTION	17,682.	17,682.		
DUES	3,065.	2,339.	726.	
PROFESSIONAL FEES	21,972.		21,972.	
BULLETIN	27,290.		27,290.	
STUDENT/RESIDENT EXPENSES	59,955.	59,955.		
STAFF TRAINING	106,860.	82,846.	21,349.	2,665.
BAD DEBTS	0.			

BOARD EXPENSES	20,322.		20,322.	
COMPUTER EXPENSES	16,523.	10,295.	6,228.	
PROFESSIONAL				
RESOURCES	133,931.	121,312.	11,516.	1,103.
PROMOTION	42,909.	12,039.		30,870.
PEANUT PROGRAM	55,654.	55,654.		
HORTICULTURE PROGRAM	9,057.	9,057.		
RECREATION	19,137.	19,137.		
PROGRAM SUPPORT	0.			
Total to Fm 990, ln 43	1,207,971.	1,021,170.	148,205.	38,596.

Form 990	Other Program Services	Statement	5
----------	------------------------	-----------	---

Description	Grants and Allocations	Expenses
FREDERICKSBURG HOME - HOUSING MENTALLY CHALLENGED ADULTS		271,539.
WAYNESBORO HOME - HOUSING MENTALLY CHALLENGED ADULTS		234,074.
LYNCHBURG HOME - HOUSING MENTALLY CHALLENGED ADULTS		246,036.
ZUNI WORKSHOP - PROVIDES VOCATIONAL TRAINING OF YOUNG CHALLENGED ADULTS		167,299.
DANVILLE SCHOOL - EDUCATIONAL SERVICES FOR THE DANVILLE RES. TREATMENT PRGM		462,258.
SOUTH HILL HOME - HOUSING MENTALLY CHALLENGED ADULTS		184,930.
Total to Form 990, Part III, line e		1,566,136.

Form 990	Non-Government Securities	Statement	6
----------	---------------------------	-----------	---

Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
CORPORATE STOCKS	25,958,329.				25,958,329.
BONDS		12,647,034.			12,647,034.
To 990, ln 54 Col B	25,958,329.	12,647,034.			38,605,363.

Form 990	Other Investments	Statement	7
----------	-------------------	-----------	---

Description	Valuation Method	Amount
CASH AND TEMPORARY INVESTMENTS	Market Value	2,215,860.
OTHER	Market Value	20,200.
Total to Form 990, Part IV, line 56, Column B		2,236,060.

Form 990	Other Assets	Statement	8
----------	--------------	-----------	---

Description	Amount
BENEFICIAL INTERESTS IN TRUSTS	3,211,277.
Total to Form 990, Part IV, line 58, Column B	3,211,277.

Form 990	Part V - List of Officers, Directors, Trustees and Key Employees	Statement	9
----------	--	-----------	---

Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
REV. E. PETER GEITNER 415 ELMWOOD AVENUE LYNCHBURG, VA 24503	PRESIDENT 40	105,000.	12,600.	5,539.
THOMAS M. WRENN, SR 108 HASTINGS COURT LYNCHBURG, VA 24503	VICE PRESIDENT 40	75,000.	6,750.	0.
ROBERT A CREEKMORE 137 OLD DRIVE CHESAPEAKE, VA 23322	CHAIRMAN 2	0.	0.	0.
WILLIAM E. SUDDUTH 273 WATERLOO STREET WARRENTON, VA 20186-2709	VICE CHAIRMAN 2	0.	0.	0.
B. FRANKLIN MOOMAW, JR. 889 RUSSELL WOODS DRIVE LYNCHBURG, VA 24502	TREASURER 2	0.	0.	0.



## PRESBYTERIAN HOMES &amp; FAMILY SERVICES, IN

54-0346118

MRS. S. THOMAS MARTIN 1644 SPOTTSWOOD PLACE LYNCHBURG, VA 24503	SECRETARY 2	0.	0.	0.
DR. LYNN M. CONNETTE 2579 GARTH ROAD CHARLOTTESVILLE, VA 22901	DIRECTOR 1	0.	0.	0.
JAMES C. COOLEY 112 SUNSET DRIVE FRANKLIN, VA 23851	DIRECTOR 1	0.	0.	0.
DR. JANE S. CRAIG 3820 HASTINGS DRIVE RICHMOND, VA 23235	DIRECTOR 1	0.	0.	0.
MRS VIVIAN W. GILES 402 RANDOLPH STREET DANVILLE, VA 24541	DIRECTOR 1	0.	0.	0.
R. GENE GOLEY 15660 FOREST ROAD FOREST, VA 24551	DIRECTOR 1	0.	0.	0.
T. DALTON MILLER 1014 OAKWOOD DRIVE S.W. ROANOKE, VA 24015	DIRECTOR 1	0.	0.	0.
WARREN D. NEAL 213 PRESTON PLACE DANVILLE, VA 24541	DIRECTOR 1	0.	0.	0.
KEVEN RICE 3239 LOCUST GROVE LANE SALEM, VA 24153	DIRECTOR 1	0.	0.	0.
TERRY L. ADAMS 3421 IVYLINK PLACE LYNCHBURG, VA 24503	DIRECTOR 1	0.	0.	0.
E. WARRINER ATKINSON 4504 BUCKINGHAM DRIVE PORTSMOUTH, VA 23703	DIRECTOR 1	0.	0.	0.
WILLIAM C. BANKS 2627 MARROW DRIVE NEWPORT NEWS, VA 23606	DIRECTOR 1	0.	0.	0.
MRS. SHARON G. DUCKWALL 3332 SOUTHWOOD VILLAGE COURT ROANOKE, VA 24014	DIRECTOR 1	0.	0.	0.

## PRESBYTERIAN HOMES &amp; FAMILY SERVICES, IN

54-0346118

KENNETH D. OBYE 1644 SPOTTSWOOD PLACE LYNCHBURG, VA 24503	DIRECTOR 1	0.	0.	0.
PETER W. THOMAS 808 LONGWOOD AVE. BEDFORD, VA 24523	DIRECTOR 1	0.	0.	0.
WILLARD L. BUNDY 5722 VALLEY GREEN DRIVE BROAD RUN, VA 20137	DIRECTOR 1	0.	0.	0.
WILLIAM D. CRAIG 4111 FOREST HILL AVENUE RICHMOND, VA 23225	DIRECTOR 1	0.	0.	0.
DR. JAMES T. FOSTER P.O. BOX 504 DANVILLE, VA 24543	DIRECTOR 1	0.	0.	0.
THE REVEREND GEORGE C. GOODMAN P.O. BOX 2416 LYNCHBURG, VA 24501	DIRECTOR 1	0.	0.	0.
THE REVEREND J. KENNETH ROGERS 504 IVY LAKE DRIVE FOREST, VA 24551	DIRECTOR 1	0.	0.	0.
THOMAS M. SMITH 928 LOVELL DRIVE VIRGINIA BEACH, VA 23454	DIRECTOR 1	0.	0.	0.
SUSAN P. SUMMERS 190 DAYSPRING ROAD RUSTBURG, VA 24588	DIRECTOR 1	0.	0.	0.
JUANDIEGO R. WADE 909 ST. CHARLES AVENUE CHARLOTTESVILLE, VA 22901	DIRECTOR 1	0.	0.	0.
LOUISE B. WHITAKER 12247 SPICERS MILL ROAD ORANGE, VA 22960	DIRECTOR 1	0.	0.	0.

Totals Included on Form 990, Part V

180,000.	19,350.	5,539.
----------	---------	--------

FORM 990, Part IV, Line 57b

Depreciation schedules for the year ended December 31, 2002 have not been attached due to the large volume of pages included in these schedules. Depreciation schedules are available upon request. The following is a summary of fixed assets and related depreciation:

	<u>BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>
Land & Improvements	\$ 1,247,658	\$ 408,351
Buildings & Improvements	8,739,040	3,782,688
Leasehold Improvements	1,151,758	156,496
Machinery & Equipment	659,148	389,517
Automobiles	614,687	354,707
Furniture & Fixtures	938,759	771,644
Construction in progress	<u>113,020</u>	<u>-</u>
	\$ <u>13,464,070</u>	\$ <u>5,863,403</u>

Form 990, Schedule A, Part III, Line 4

Scholarships are provided to former residents of the Corporation's residential programs. Recipients are determined based on provisions of restricted gift instruments.