

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.

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year 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

Room/suite

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 ► **N/A****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** Group Exemption Number ► **N/A****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ► **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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **11,681,473.****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	3,234,871.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 3,234,871. noncash \$)	1d	3,234,871.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,873,592.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5	1,866,922.			
	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	Gross amount from sales of assets other than inventory	(A) Securities	2,393,245.	8a	(B) Other	19,481.
	b	Less: cost or other basis and sales expenses	8b	4,165.			
	c	Gain or (loss) (attach schedule)	8c	15,316.			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	2,408,561.			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	90,962.			
	b	Less: direct expenses other than fundraising expenses	9b	33,015.			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	57,947.			
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
Net Assets	c	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	202,400.			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	11,644,293.			
	13	Program services (from line 44, column (B))	13	6,747,299.			
	14	Management and general (from line 44, column (C))	14	1,191,357.			
	15	Fundraising (from line 44, column (D))	15	361,752.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 13 and 14, column (A))	17	8,300,408.			
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	3,343,885.			
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	61,815,264.			
20	Other changes in net assets or fund balances (attach explanation)	20	833,954.				
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	65,993,103.				

9/5 6

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

Form 990 (2005)

54-0346118 Page **2**

**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	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	176,021.	0.	140,028.	35,993.
26 Other salaries and wages	26	4,517,215.	3,838,239.	511,932.	167,044.
27 Pension plan contributions	27	324,995.	262,130.	48,481.	14,384.
28 Other employee benefits	28	640,766.	550,540.	78,795.	11,431.
29 Payroll taxes	29	373,677.	312,171.	46,484.	15,022.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	130,228.	85,144.	40,333.	4,751.
34 Telephone	34	70,807.	60,635.	6,972.	3,200.
35 Postage and shipping	35	24,658.	4,436.	4,731.	15,491.
36 Occupancy	36	9,435.	9,435.		
37 Equipment rental and maintenance	37	248,042.	248,042.		
38 Printing and publications	38	11,832.	599.		11,233.
39 Travel	39	62,018.	36,904.	20,284.	4,830.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	503,400.	432,900.	70,500.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 5	43g	1,207,314.	906,124.	222,817.	78,373.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	8,300,408.	6,747,299.	1,191,357.	361,752.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form **990** (2005)

** **SEE STATEMENT 6**

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

Form 990 (2005)

54-0346118 Page **3**

Part III **Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a <u>LYNCHBURG CHILDREN'S HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, EXCEPTIONAL EDUCATION, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,088,825.
b <u>ZUNI ADULT HOMES & COMMUNITY GROUP HOMES - PHFS PROVIDES HOMES, PERSONAL & VOCATIONAL TRAINING, AND SHELTERED WORKSHOP EMPLOYMENT FOR MENTALLY CHALLENGED ADULTS.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,001,935.
c <u>DANVILLE CHILDREN & YOUTH TREATMENT PROGRAM - PHFS PROVIDES TREATMENT SERVICES</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	171,091.
d <u>FREDERICKSBURG HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTION FOR MENTALLY CHALLENGED ADULTS</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	363,025.
e Other program services (attach schedule) SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,122,423.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,747,299.

Form **990** (2005)

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

Form 990 (2005)

54-0346118 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	555,787.	45	292,097.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	392,354.		
	47 b Less: allowance for doubtful accounts	8,604.	47c	383,750.
	48 a Pledges receivable	2,831,187.		
	48 b Less: allowance for doubtful accounts		48c	2,831,187.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	35,957.	53	55,135.
	54 Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	49,203,967.	54	48,127,632.
	55 a Investments - land, buildings, and equipment basis			
	55 b Less: accumulated depreciation		55c	
56 Investments - other SEE STATEMENT 10	904,609.	56	4,365,377.	
57 a Land, buildings, and equipment: basis	13,295,429.			
57 b Less: accumulated depreciation	6,692,951.	57c	6,602,478.	
58 Other assets (describe SEE STATEMENT 11)	3,783,919.	58	3,778,146.	
59 Total assets (must equal line 74). Add lines 45 through 58	62,894,882.	59	66,435,802.	
Liabilities	60 Accounts payable and accrued expenses	754,306.	60	384,995.
	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	
	64 b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ACCRUED EXPENSES)	325,312.	65	57,704.
66 Total liabilities. Add lines 60 through 65	1,079,618.	66	442,699.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	53,117,174.	67	55,837,758.
	68 Temporarily restricted	1,054,969.	68	2,402,214.
	69 Permanently restricted	7,643,121.	69	7,753,131.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	61,815,264.	73	65,993,103.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	62,894,882.	74	66,435,802.

Form 990 (2005)

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a	Total expenses and losses per audited financial statements	a	8,333,423.
b	Amounts included on line a but not on Part I, line 17.		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>SPECIAL EVENTS EXPENSES</u>	b4	33,015.
	Add lines b1 through b4	b	33,015.
c	Subtract line b from line a	c	8,300,408.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17) Add lines c and d	e	8,300,408.

[illegible]

Form 990 (2005)

Page 6

Yes	No
-----	----

25

75b

75c

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

75d

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI	Other Information (See the instructions.)	Yes	No
----------------	--	------------	-----------

76

77

11

78a

N/A

78b

79

80a

N/A

812

0.

81b

81b

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

Form 990 (2005)

54-0346118 Page 7

Part VI Other Information (continued)

		Yes	No
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		X
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.)	82b	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
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?	85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
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		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
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		X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0.</u>	
d Enter. Amount of tax on line 89c, above, reimbursed by the organization		<u>0.</u>	
90 a List the states with which a copy of this return is filed NONE			
b Number of employees employed in the pay period that includes March 12, 2005	90b	182	
91 a The books are in care of DAVID R. WRIGHT, CPA Telephone no. (434) 384-3131 Located at 150 LINDEN AVENUE, LYNCHBURG, VA ZIP + 4 24503			
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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c		X
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	

Form 990 (2005)

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

Form 990 (2005)

54-0346118 Page 8

Part VII Analysis of Income-Producing Activities (See 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 PRODUCT INCOME					87,647.
b					
c					
d					
e					
f Medicare/Medicaid payments					1,249,434.
g Fees and contracts from government agencies					2,536,511.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,866,922.	
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	2,408,561.	
101 Net income or (loss) from special events					57,947.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					202,400.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,275,483.	4,133,939.
105 Total (add line 104, columns (B), (D), and (E))					8,409,422.

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 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 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 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).

Please Sign Here 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: [Signature] Date: 5-8-06 Type or print name and title: **PRESIDENT**

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 5-4-06 Check if self-employed: ☐ Preparer's SSN or PTIN: **P00019700**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **CHERRY, BEKAERT & HOLLAND, L.L.P.**
P.O. BOX 1119
LYNCHBURG, VA 24505-1119
 EIN: **56-0574444**
 Phone no.: **(434) 847-6643**

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 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

2005

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
DAVID WRIGHT 150 LINDEN AVE, LYNCHBURG, VA 24503	CONTROLLER 40.00	77,252.	6,953.	
DR. ESTHER WINTERS 150 LINDEN AVE, LYNCHBURG, VA 24503	DIR. CH.SER. 40.00	76,762.	6,909.	
ROBERT BISHOP 150 LINDEN AVE, LYNCHBURG, VA 24503	DIR. RELATIONS 40.00	71,420.	7,142.	
JOHN RAMEY 150 LINDEN AVE, LYNCHBURG, VA 24503	DIR. AD. SER. 40.00	69,978.	6,298.	
DIANE KITTS 150 LINDEN AVE, LYNCHBURG, VA 24503	DIR. HR 40.00	61,804.	5,562.	
Total number of other employees paid over \$50,000 ▶	2			

Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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 i 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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

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

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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 6 of the instructions.)

PRESBYTERIAN HOMES & FAMILY

Schedule A (Form 990 or 990-EZ) 2005

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,373,888.	2,430,369.	3,358,356.	1,552,785.	8,715,398.
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	4,668,073.	5,797,961.	6,321,331.	5,280,591.	22,067,956.
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	982,661.	999,169.	1,022,739.	1,049,034.	4,053,603.
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	7,024,622.	9,227,499.	10,702,426.	7,882,410.	34,836,957.
24 Line 23 minus line 17	2,356,549.	3,429,538.	4,381,095.	2,601,819.	12,769,001.
25 Enter 1% of line 23	70,246.	92,275.	107,024.	78,824.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 255,380.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,909,197.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,769,001.
d Add: Amounts from column (e) for lines: 18 4,053,603. 19					26d 5,962,800.
22 26b 1,909,197.					26e 6,806,201.
e Public support (line 26c minus line 26d total)					26f 53.3025%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2004) (2003) (2002) (2001)					
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 11b, 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					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
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 2001 through 2004, 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.

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
29 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?		
30 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?		
31 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.)		
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d 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.)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
35 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		

PRESBYTERIAN HOMES & FAMILY

Schedule A (Form 990 or 990-EZ) 2005

SERVICES, INC.

54-0346118 Page 5

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

Exempt Organizations (See page 12 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

	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

[illegible]

► ☐ Yes ☒ No

b. If "Yes," complete the following schedule:

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	2,393,245.	0.	0.	2,393,245.	
TO FORM 990, PART I, LINE 8	2,393,245.	0.	0.	2,393,245.	

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS EQUIPMENT	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	19,481.	139,466.	0.	135,301.	15,316.
TO FM 990, PART I, LN 8	19,481.	139,466.	0.	135,301.	15,316.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
MAD HATTERS BALL	53,965.		53,965.	20,609.	33,356.
5K RUN	1,703.		1,703.	5,172.	<3,469.>
AUCTION	28,614.		28,614.		28,614.
FALL FESTIVAL	100.		100.	2,036.	<1,936.>
TURKEY TROT	6,225.		6,225.	2,831.	3,394.
TOY RUN	355.		355.	2,367.	<2,012.>
TO FM 990, PART I, LINE 9	90,962.		90,962.	33,015.	57,947.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	1,035,168.
LOSS ON ABANDONMENT AND OTHER COSTS OF CAMPUS CLOSURE	<201,214.>
TOTAL TO FORM 990, PART I, LINE 20	833,954.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM FOOD				
EXPENSES	185,285.	185,285.		
INVESTMENT FEES	22,199.		22,199.	
INSURANCE	143,043.	121,800.	21,243.	
ELECTRICITY AND				
WATER	121,939.	121,939.		
AUTO EXPENSES	98,285.	89,664.	3,653.	4,968.
FUEL	87,466.	87,466.		
EDUCATION EXPENSES	15,060.	15,060.		
MEDICAL ATTENTION	21,712.	21,712.		
DUES	7,104.	2,468.	3,501.	1,135.
PROFESSIONAL FEES	33,010.		33,010.	
BULLETIN	23,334.		23,334.	
STUDENT/RESIDENT				
EXPENSES	49,790.	49,790.		
STAFF TRAINING	125,853.	87,154.	20,579.	18,120.
BOARD EXPENSES	42,199.		42,199.	
COMPUTER EXPENSES	34,628.	17,497.	17,131.	
PROFESSIONAL				
RESOURCES	62,710.	17,724.	33,992.	10,994.
PROMOTION	63,701.	18,663.	1,882.	43,156.
PEANUT PROGRAM	49,520.	49,520.		
RECREATION	12,291.	12,291.		
SMALL EQUIPMENT AND				
TOOLS	8,185.	8,091.	94.	
TOTAL TO FM 990, LN 43	1,207,314.	906,124.	222,817.	78,373.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
ROBERT S. DENDY JR	127,308.	11,458.	1,262.	
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	127,308.	11,458.	1,262.	140,028.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
SANDRA S. BYRD	32,577.	2,932.	484.	
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	32,577.	2,932.	484.	35,993.

TOTAL PROGRAM SERVICES

TOTAL MANAGEMENT AND GENERAL

140,028.

TOTAL FUNDRAISING

35,993.

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25

176,021.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT 7

EXPLANATION

PROVIDING CARE SERVICES TO CHILDREN AND ADULTS MARGINALIZED BY DYSFUNCTIONAL FAMILIES AND MENTAL HEALTH ISSUES.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	8
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
WAYNESBORO HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS FOR MENTALLY CHALLENGED ADULTS.		359,457.	
LYNCHBURG HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS FOR MENTALLY CHALLENGED ADULTS.		350,268.	
ZUNI WORKSHOP - PHFS PROVIDES VOCATIONAL TRAINING OF MENTALLY CHALLENGED ADULTS ON THE ZUNI CAMPUS.		151,907.	
SOUTH HILL HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS FOR MENTALLY CHALLENGED ADULTS.		260,791.	
TOTAL TO FORM 990, PART III, LINE E		1,122,423.	

FORM 990		NON-GOVERNMENT SECURITIES			STATEMENT	9
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES	
CORPORATE STOCKS	FMV	43,327,352.			43,327,352.	
BONDS	FMV		4,800,280.		4,800,280.	
TO FORM 990, LINE 54, COL B		43,327,352.	4,800,280.		48,127,632.	

FORM 990	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION	VALUATION METHOD	AMOUNT	
CASH AND TEMPORARY INVESTMENTS	MARKET VALUE	4,331,776.	
OTHER	MARKET VALUE	33,601.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,365,377.	

FORM 990	OTHER ASSETS	STATEMENT 11
DESCRIPTION		AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUSTS		3,778,146.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		3,778,146.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
----------	---	--------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MR. ROBERT S. DENDY, JR. 150 LINDEN AVE. LYNCHBURG, VA 24503	PRESIDENT 40.00	127,308.	11,458.	1,262.
MS. SANDRA S. BYRD - BEGAN 9/1/05 150 LINDEN AVE. LYNCHBURG, VA 24503	VP OF DEVELOPMENT 40.00	32,577.	2,932.	484.
MR. CHARLES W. CRIST, JR 150 LINDEN AVE. LYNCHBURG, VA 24503	CHAIRMAN 1.00	0.	0.	0.
JUDGE ROSS W. KRUMM 150 LINDEN AVE. LYNCHBURG, VA 24503	VICE-CHAIRMAN 1.00	0.	0.	0.
MR. MOSES L. MEADOWS 150 LINDEN AVE. LYNCHBURG, VA 24503	TREASURER 1.00	0.	0.	0.
MR. WILLIAM E. SUDDUTH 150 LINDEN AVE. LYNCHBURG, VA 24503	SECRETARY 1.00	0.	0.	0.
MR. TERRY L. ADAMS 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. WARRINER ATKINSON 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.

DR. LYNN CONNETTE 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. WILLIAM D. CRAIG 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MRS. SHARON G. DUCKWALL 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MS. GWENDOLYN M. EDWARDS 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MRS. MARY FRANCES GRAVITT 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. JAMES N. HAYNIE 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. WILLIAM T. JOHNSON 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. WICK LYNE 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. MICHAEL F. MOORMAN 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. KENNETH D. OBYE 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. JOHN G. OVERSTREET 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MS. YOLANDA REED 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.
MR. J. KEVEN RICE 150 LINDEN AVE. LYNCHBURG, VA 24503	DIRECTOR 1.00	0.	0.	0.

.. PRESBYTERIAN HOMES & FAMILY SERVICES, IN

54-0346118

DR. KENNETH ROGERS	DIRECTOR			
150 LINDEN AVE.	1.00	0.	0.	0.
LYNCHBURG, VA 24503				
MR. W. DAVID SHIELDS	DIRECTOR			
150 LINDEN AVE.	1.00	0.	0.	0.
LYNCHBURG, VA 24503				
MR. THOMAS M. SMITH	DIRECTOR			
150 LINDEN AVE.	1.00	0.	0.	0.
LYNCHBURG, VA 24503				
MR. PETER W. THOMAS	DIRECTOR			
150 LINDEN AVE.	1.00	0.	0.	0.
LYNCHBURG, VA 24503				
MR. JUANDIEGO R. WADE	DIRECTOR			
150 LINDEN AVE.	1.00	0.	0.	0.
LYNCHBURG, VA 24503				
DR. LESLIE T. WEST	DIRECTOR			
150 LINDEN AVE.	1.00	0.	0.	0.
LYNCHBURG, VA 24503				

TOTALS INCLUDED ON FORM 990, PART V

159,885.	14,390.	1,746.
----------	---------	--------

Form 990, Part IV, Line 57b

Depreciation schedules for the year ended December 31, 2004 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	\$ 1,309,514	\$ 509,616
Buildings & improvements	9,213,692	4,328,292
Machinery & equipment	1,032,418	632,712
Automobiles	846,306	433,528
Furniture & fixtures	887,556	788,803
Construction in progress	<u>5,943</u>	<u>-</u>
	<u>\$ 13,295,429</u>	<u>\$ 6,692,951</u>

Form 990, Schedule A, Part III, Line 2d:

Compensation over \$1,000 is paid to the officers each year. See Part V, Form 990.

Form 990, Schedule A, Part III, Line 3a:

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