


Form **990** (2007)

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 (See the instructions.)

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) . . . . .	25a	148,320		148,320	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) . . . . .	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c . . . . .	26	5,113,610	4,132,021	705,368	276,221
27	Pension plan contributions not included on lines 25a, b and c . . . . .	27	286,235	216,567	62,117	7,551
28	Employee benefits not included on lines 25a - 27 . . . . .	28	705,272	568,732	107,658	28,882
29	Payroll taxes . . . . .	29	447,790	363,773	61,309	22,708
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31				
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	166,816	93,370	65,554	7,892
34	Telephone . . . . .	34	71,807	55,424	10,617	5,766
35	Postage and shipping . . . . .	35	25,104	3,854	7,586	13,664
36	Occupancy . . . . .	36	19,500	19,500		
37	Equipment rental and maintenance . . . . .	37	329,186	329,186		
38	Printing and publications . . . . .	38	40,479	1,065		39,414
39	Travel . . . . .	39	49,893	31,502	13,746	4,645
40	Conferences, conventions, and meetings . . . . .	40				
41	Interest . . . . .	41				
42	Depreciation, depletion, etc (attach schedule) 	42	530,478	493,309	37,169	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15) . . . . .	44	9,874,231	7,827,123	1,562,884	484,224

**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** *(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? <b>▶ PROVIDING CARE SERVICES TO CHILDREN AND ADULTS MARGINALIZED BY DYSFUNCTIONAL FAMILIES AND MENTAL HEALTH ISSUES</b>	<b>Program Service Expenses</b> (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.)	
<b>a</b> See Additional Data Table	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . <b>▶</b>	7,827,123

Part IV Balance Sheets (See the instructions.)

<b>Note:</b> 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 . . . . .		483,756	45	519,140	
	46	Savings and temporary cash investments . . . . .			46		
	47a	Accounts receivable . . . . .	47a	470,935			
	b	Less allowance for doubtful accounts	47b	7,233	356,872	47c	463,702
	48a	Pledges receivable . . . . .	48a	706,705			
	b	Less allowance for doubtful accounts	48b		1,340,675	48c	706,705
	49	Grants receivable . . . . .			49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .			50b		
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a				
	b	Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use . . . . .			52		
	53	Prepaid expenses and deferred charges . . . . .		37,811	53	61,158	
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		34,232,652	54a	35,082,952	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		24,305,424	54b	 26,552,332	
	55a	Investments—land, buildings, and equipment basis . . . . .	55a	2,250,000			
	b	Less accumulated depreciation (attach schedule) . . . . .	55b		1,700,000	55c	 2,250,000
	56	Investments—other (attach schedule) . . . . .			56		
57a	Land, buildings, and equipment basis	57a	14,548,435				
b	Less accumulated depreciation (attach schedule) . . . . .	57b	7,679,624	6,313,898	57c	 6,868,811	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____ )		4,057,813	58	 3,948,656		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . .		72,828,901	59	76,453,456		
Liabilities	60	Accounts payable and accrued expenses . . . . .		413,807	60	543,443	
	61	Grants payable . . . . .			61		
	62	Deferred revenue . . . . .			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63		
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .			64a		
	b	Mortgages and other notes payable (attach schedule) . . . . .			64b		
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____ )		210,509	65	 280,655	
	66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .		624,316	66	824,098	
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</b>						
	67	Unrestricted . . . . .		61,927,850	67	66,631,689	
	68	Temporarily restricted . . . . .		1,603,270	68	457,310	
	69	Permanently restricted . . . . .		8,673,465	69	8,540,359	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
	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 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		72,204,585	73	75,629,358	
74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . .		72,828,901	74	76,453,456		

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	13,536,411
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments . . . . .	b1	-1,318,136
2	Donated services and use of facilities . . . . .	b2	
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify) _____	b4	74,507
	Add lines b1 through b4 . . . . .	b	-1,243,629
c	Subtract line b from line a . . . . .	c	14,780,040
d	Amounts included on Part I, line 12, 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	-1,243,629
e	Total revenue (Part I, line 12) Add lines c and d . . . . .	e	14,780,040

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements . . . . .	a	9,948,738
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) _____	b4	74,507
	Add lines b1 through b4 . . . . .	b	74,507
c	Subtract line b from line a . . . . .	c	9,874,231
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	
e	Total expenses (Part I, line 17) Add lines c and d . . . . .	e	9,874,231

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	14			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions	75c			No
d	Does the organization have a written conflict of interest policy? . . . . .	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other 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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76			No
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			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .	78a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79			No
80a	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			No
b	If "Yes," enter the name of the organization ► _____ _____and check whether it is <input type="checkbox"/> exempt <b>or</b> <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . <b>81a</b> _____	81b			No
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .				

Part VI

Other Information (continued)

Yes

No

82a

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

No

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

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

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 the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

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?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

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.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: 0, section 4912: 0, section 4955: 0

b

501(c)(3) and 501(c)(4) orgs. 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

No

c

Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0

d

Enter: Amount of tax on line 89c, above, reimbursed by the organization:

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed:

b

Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)

90b

153

91a

The books are in care of: JOSEPH MINNINI CPA Telephone no: (434) 384-3131

150 LINDEN AVENUE

Located at: 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)?

91b

No

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Yes

No

Yes

No

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country <span>▶</span> _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here . . . . . <span>▶</span> <span>┐</span>			
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <span>▶</span>		92	

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

<b>Note:</b> 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) Exclusion code	(D) Amount	
93 Program service revenue					
a PRODUCT INCOME					95,325
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					1,632,581
g Fees and contracts from government agencies					2,043,276
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities . . . . .			14	1,927,864	
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b non 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	6,904,778	
101 Net income or (loss) from special events . . . . .					23,139
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS					234,866
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				8,832,642	4,029,187
105 Total (add line 104, columns (B), (D), and (E)) . . . . . <span>▶</span>					12,861,829

**Note:** Line 105 plus line 1e, 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
	%			
	%			
	%			
	%			

**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? . . . . .	<span>┐</span> Yes <span>┐</span> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<span>┐</span> Yes <span>┐</span> No
<b>NOTE:</b> If "Yes" to (b), file Form 8870 <b>and</b> Form 4720 (see instructions).	



Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	No

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				
	*****			2008-05-13	
	Signature of officer Date				
	ROBERT S DENDY JR PRESIDENT				
	Type or print name and title				

Paid Preparer's Use Only	Preparer's signature Gary F Allen		Date 2008-05-13	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Cherry Bekaert & Holland LLP				EIN
	P O Box 1119 Lynchburg, VA 245051119				Phone no (434) 847-6643

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

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

2007

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	(FORMER) CONTROLLER 40 00	84,416	12,190	0
150 LINDEN AVE LYNCHBURG,VA 24503				
STANFORD LEE SOUTHWORTH	CHIEF OF OPERATIONS 40 00	90,028	13,619	0
150 LINDEN AVE LYNCHBURG,VA 24503				
JANICE GARFIELD	(FORMER) DIR OF DEV 40 00	92,790	5,529	0
150 LINDEN AVE LYNCHBURG,VA 24503				
JOHN S RAMEY	DIR ADULT SERVICES 40 00	95,838	14,004	0
150 LINDEN AVE LYNCHBURG,VA 24503				
DIANE KITTS	DIR HR 40 00	83,477	13,102	0
150 LINDEN AVE LYNCHBURG,VA 24503				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individual 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
CALLOWAY JOHNSON MOORE WEST ARCHITE	ARCHITECTS	223,027
1030 MAIN STREET LYNCHBURG,VA 24504		
THOMPSON IT CONSULTING	PROFESSIONAL CONSULTING	65,932
1053 SHADE TREE DRIVE FOREST,VA 24551		
Total number of others receiving over \$50,000 for professional services		

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BRYAN TOLSON W TILE-R-US	TILE REPAIR	77,841
20210 SHADY POND LANE ZUNI,VA 23898		
PYRAMID ROOFING	ROOFING CONTRACTOR	73,463
1001 48TH STREET NEWPORT NEWS,VA 23607		
BARBOURS PAINTING INC	PAINTING CONTRACTOR	51,341
1805 JAMES STREET LYNCHBURG,VA 24501		
Total number of other contractors receiving over \$50,000 for other services		

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

**Yes** **No**

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include 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 )	<b>1</b>		No
	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			
<b>2</b>	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.) 📎			
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) 📎	<b>3a</b>	Yes	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	Yes	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	<b>3c</b>		No
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		No
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	<b>4a</b>	Yes	
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► _____			
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	5,138,686	2,054,930	1,373,888	2,430,369	10,997,873
16 Membership fees received					0
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	3,851,292	3,943,265	4,668,073	5,797,961	18,260,591
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	1,451,311	1,866,922	982,661	999,169	5,300,063
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	10,441,289	7,865,117	7,024,622	9,227,499	34,558,527
24 Line 23 minus line 17	6,589,997	3,921,852	2,356,549	3,429,538	16,297,936
25 Enter 1% of line 23	104,413	78,651	70,246	92,275	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	325,959
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	1,471,583
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	16,297,936
d Add Amounts from column (e) for lines 18 5,300,063 19 0 22 26 b 1,471,583				26d	6,771,646
e Public support (line 26c minus line 26d total)				26e	9,526,290
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	5845 09 %
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 (2006) (2005) (2004) (2003)					
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 (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.)

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

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?		Yes	No
		29		
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?			
		30		
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 )			
		31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)  
(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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred )			
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— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
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 )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ➤	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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			
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			

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

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
-----	----

- |               |  |     |
|---------------|--|-----|
| <b>51a(i)</b> |  | N o |
| <b>a(ii)</b>  |  | N o |
| <b>b(i)</b>   |  | N o |
| <b>b(ii)</b>  |  | N o |
| <b>b(iii)</b> |  | N o |
| <b>b(iv)</b>  |  | N o |
| <b>b(v)</b>   |  | N o |
| <b>b(vi)</b>  |  | N o |
| <b>c</b>      |  | N o |

<b>C</b>		No
----------	--	----

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.

[illegible]

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**

**b** If "Yes," complete the following schedule

[illegible]



Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

► See separate instructions.    ► Attach to your tax return.

OMB No 1545-0172

2007

Attachment  
Sequence No 67

Department of the  
Treasury  
Internal Revenue  
Service

Name(s) shown on return PRESBYTERIAN HOMES & FAMILY SERVICES INC SERVICES INC	Business or activity to which this form relates  Form 990 Page 2	Identifying number  54-0346118
--	--	--------------------------------------

Part I

Election to Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	\$ 125,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$ 500,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 .►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

Part III

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007 . . . . .	17	481,089
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		226,962	3	MM	S/L	30,286
b 5-year property						
c 7-year property						
d 10-year property		226,847	10	MM	S/L	8,851
e 15-year property						
f 20-year property		300,252	20	MM	S/L	10,252
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV

Summary (see instructions)

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22	530,478
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2007 tax year (see instructions)					
43 A mortization of costs that began before your 2007 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 54-0346118

Name: PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<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
a PROGRAM FOOD EXPENSES	43a	235,555	235,555		
b INVESTMENT FEES	43b	38,705		38,705	
c INSURANCE	43c	169,278	137,499	31,779	
d ELECTRICITY AND WATER	43d	142,806	142,806		
e AUTO EXPENSES	43e	134,319	125,185	6,771	2,363
f FUEL	43f	74,321	74,321		
g SCHOOL AND EDUCATION	43g	14,627	14,627		
h MEDICAL ATTENTION	43h	48,296	48,296		
i DUES	43i	6,399	1,881	2,461	2,057
j PROFESSIONAL FEES	43j	45,987		45,987	
k BULLETIN	43k	10,323		10,323	
l STUDENTRESIDENT EXPENSES	43l	101,218	101,218		
m STAFF TRAINING	43m	183,079	130,996	47,995	4,088
n BOARD EXPENSES	43n	40,101		40,101	
o COMPUTER EXPENSES	43o	49,102	18,888	30,214	
p PROFESSIONAL RESOURCES	43p	308,901	221,410	47,390	40,101
q PROMOTION	43q	132,288	61,945	41,471	28,872
r PEANUT PROGRAM	43r	54,941	54,941		
s RECREATION	43s	16,358	16,358		
t SMALL EQUIPMENT AND TOOLS	43t	47,619	47,376	243	
u ADVANCED EDUCATION	43u	27,387	27,387		
v CHRISTIAN EDUCATION	43v	6,199	6,199		
w HORTICULTURE PROGRAM	43w	607	607		
x HOUSEHOLD SUPPLIES	43x	51,325	51,325		

Form 990, Part III - Program Service Accomplishments:

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.)
<div>a</div> <div>LYNCHBURG CHILDREN'S HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, EXCEPTIONAL EDUCATION, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS</div> <div>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></div>		3,546,910
<div>b</div> <div>ZUNI ADULT HOMES &amp; COMMUNITY GROUP HOMES - PHFS PROVIDES HOMES, PERSONAL &amp; VOCATIONAL TRAINING, AND SHELTERED WORKSHOP EMPLOYMENT FOR MENTALLY CHALLENGED ADULTS</div> <div>(Grants and allocations \$ 81,300) If this amount includes foreign grants, check here <input type="checkbox"/></div>		2,436,495
<div>c</div> <div>DANVILLE CHILDREN &amp; YOUTH TREATMENT PROGRAM - PHFS PROVIDES TREATMENT SERVICES</div> <div>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></div>		126,291
<div>d</div> <div>FREDERICKSBURG HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTION FOR MENTALLY CHALLENGED ADULTS</div> <div>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></div>		459,147
<div>e</div> <div>WAYNESBORO HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS FOR MENTALLY CHALLENGED ADULTS</div> <div>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></div>		373,486
<div>f</div> <div>LYNCHBURG HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS FOR MENTALLY CHALLENGED ADULTS</div> <div>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></div>		407,526
<div>g</div> <div>ZUNI WORKSHOP - PHFS PROVIDES VOCATIONAL TRAINING OF MENTALLY CHALLENGED ADULTS ON THE ZUNI CAMPUS</div> <div>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></div>		182,355
<div>h</div> <div>SOUTH HILL HOME - PHFS PROVIDES HIGH QUALITY HOME ENVIRONMENT, NUTRITIOUS FOOD, AND PERSONAL ATTENTIONS FOR MENTALLY CHALLENGED ADULTS</div> <div>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></div>		294,913

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MR ROBERT S DENDY 150 LINDEN AVENUE LYNCHBURG,VA 24503	PRESIDENT 40 00	148,320	19,007	0
MR WILLIAM T JOHNSON 150 LINDEN AVENUE LYNCHBURG,VA 24503	CHAIRMAN 1 00	0	0	0
MR PETER W THOMAS 150 LINDEN AVENUE LYNCHBURG,VA 24503	TREASURER 1 00	0	0	0
REV DR KENNETH ROGERS 150 LINDEN AVENUE LYNCHBURG,VA 24503	SECRETARY 1 00	0	0	0
JUDGE ROSS W KRUMM 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MS YOLANDA REED 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MR JUANDIEGO R WADE 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MR JAMES N HAYNIE 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MR WILLIAM D CRAIG 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MRS MARY FRANCES GRAVITT 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MRS LINDA L MALLORY 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MR MICHAEL F MOORMAN 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MR LEWIS M NELSON JR 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
DR LESLIE T WEST 150 LINDEN AVENUE LYNCHBURG,VA 24503	DIRECTOR 1 00	0	0	0
MR W DAVID SHIELDS 150 LINDEN AVENUE LYNCHBURG,VA 24503	VICE CHAIR 1 00	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name:

PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

EIN:

54-0346118

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
2002 DODGE CARAVAN	2002-04	PURCHASED	2007-07		750	16,616		0	750	16,616
2006 DODGE CARAVAN	2005-12	PURCHASED	2007-02		15,864	17,921		0	3,543	5,600

**TY 2007 Gain/Loss from Sale of Public Securities Schedule**

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

**Gross Sales Price:** 6,900,485

**Basis:** 0

**Sales Expenses:** 0

**Total (net):** 6,900,485



## TY 2007 Investments - Land Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
INVESTMENT IN LAND - 25 INTEREST IN REXRODEAUGUSTA PROPERTY	200,000		200,000
INVESTMENT IN LAND - 75 INTEREST IN REXRODEHIGHLAND PROPERTY	750,000		750,000
INVESTMENT IN LAND - INTEREST IN CREEKMORECHESAPEAKE PROPERTY	1,300,000		1,300,000

TY 2007 Investments - Securities Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC  
**EIN:** 54-0346118

Description	Book Value	Cost/FMV
private investment funds	26,552,332	F

## TY 2007 Land etc. Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND & IMPROVEMENTS	1,386,621	580,631	805,990
BUILDINGS & IMPROVEMENTS	9,494,791	4,804,358	4,690,433
MACHINERY & EQUIPMENT	1,284,842	799,636	485,206
AUTOMOBILES	876,898	654,791	222,107
FURNITURE & FIXTURES	1,109,009	840,208	268,801
CONSTRUCTION IN PROGRESS	396,274		396,274

TY 2007 Other Assets Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

Description	Beginning of Year Amount	End of Year Amount
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	4,057,813	3,948,656

TY 2007 Other Changes in Net Assets Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC  
**EIN:** 54-0346118

Description	Amount
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	-1,318,136
PRIOR PERIOD ADJUSTMENT	-162,900

TY 2007 Other Expenses Included Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC  
**EIN:** 54-0346118

Description	Amount
SPECIAL EVENTS EXPENSES	74,507

TY 2007 Other Liabilities Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC  
**EIN:** 54-0346118

Description	Beginning of Year Amount	End of Year Amount
ACCRUED EXPENSES	210,509	280,655

TY 2007 Other Revenues Included Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

Description	Amount
SPECIAL EVENTS EXPENSES	74,507



## TY 2007 Special Events Schedule

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
MAD HATTERS BALL	81,060	0	81,060	65,185	15,875
5K RUN	4,722	0	4,722	6,043	-1,321
TURKEY TROT	11,864	0	11,864	3,279	8,585

## TY 2007 Scholarship Award Statement

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

**Statement:** phfs receives contributions designated for advanced education of current and previous residents. these funds are awarded on a year-to-year competitive basis to assist in funding for college and/or vocational training. recipients must maintain good grades, and display conduct consistent with the phfs mission. applicants are required to submit an application to the director of education, along with sat scores, transcripts, financial information and a letter of recommendation. the advanced education committee (including alumnus, the director of educational services, a high school guidance counselor, and a direct care representative) review applications and make recommendations to the leadership team. the leadership team awards funding annually on a competitive basis. funds may be used for tuition, enrollment deposits, expenses to complete the curriculum, room and board. books, fees, fines, and spending money should be covered by each student's part-time and summer earnings.

**TY 2007 Self Dealing Statement**

**Name:** PRESBYTERIAN HOMES & FAMILY SERVICES INC  
SERVICES INC

**EIN:** 54-0346118

Line Number	Explanation
2d	\$192,228 INSURANCE PREMIUMS PAID TO COMPANY RELATED TO PHFS BY A COMMON OFFICER.