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HOMESHSGFND 02/18/2010 4 05 PM Return of Organization Exempt From Income Tax MB No 1545-0047 Egrn: 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department of the Treas-Internal Revenue Service benefit trust or private foundation) Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning Please Presbyterian Homes and Housing Employer identification number Check if applicable use IRS Foundation of Florida, Inc. Address change label or 59-2004109 Doing Business As print or Name change Telephone number Number and street (or P O box if mail is not delivered to street address) type Room/suite Initial return See 727-894-0368 1050 Burlington Avenue, North Specific Termination 1,000,810 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instructions St. Petersburg 33705 Amended return F Name and address of principal officer H(a) Is this a group return for Application pending affiliates? Yes H(b) Are all affiliates If "No," attach a list (see instructions) X 501(c) **3** 1 ◀ (insert no) 527 Tax-exempt status 4947(a)(1) or Website: ► N/A H(c) Group exemption number ▶ Type of organization X Corporation Association Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities Providing management services for Presbyterian low rent government assisted housing for elderly 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of employees (Part V. line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) RECEIVED 880,420 930,080 Program service revenue (Part VIII, line 2g) 27,109 28,861 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 7d) MAR 2 9 2010 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,527 41,869 909,056 1,000,810 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-OGDEN. UT 14 Benefits paid to or for members (Part IX, column (A), line 4) 572,385 601,927 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 139,856 152,539 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 712,241 754,466 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 196,815 246,344 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 2,821,201 2,563,204 20 Total assets (Part X, line 16) 26,571 38,224 21 Total liabilities (Part X, line 26) 782,977 22 Net assets or fund balances Subtract line 21 from line 20 536,633 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and con Sign Here Date Secretary <u>-10</u>-10 Type or print name and title Preparer's identifying number Date Check if Preparer's Paid P00013501 signature 02/18/10 employed > Preparer's 59-2067969 DEES DEES æ EIN • Firm's name (or your Use Only Blvd. Suite 2C 3440 Conway if self-employed), ▶ 941-629-7595 address, and ZIP + 4 Port Charlotte,

> Yes No Form **990** (2009)

O

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

		omes and Housing	59-2004109	Page 2
		Service Accomplishments		
	ribe the organization's mission	ervices for Presbyter	ian low rent	
		using for elderly	Tall Tow Tall	
30.0				
		ant program services during the year which	were not listed on	
	rm 990 or 990-EZ?	at a data O		Yes X No
	scribe these new services on S	cnedule O make significant changes in how it conduct:	s any program	
services?	anization cease conducting, or	make significant changes in now it conducts	o, any program	Yes X No
If "Yes," des	scribe these changes on Sched	lule O		
		ts for each of the organization's three large		
		ons and section 4947(a)(1) trusts are requir		
allocations t	to others, the total expenses, a	nd revenue, if any, for each program service	e reported	
4a (Code) (Expenses \$	754,466 including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · ·
		ervices for Presbyter		,
		using for elderly		
Ab (Codo	\/[\rangle	and when greats of C) (Payanya f	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
 			·····	
	am services (Describe in Sche	•		
(Expenses		including grants of \$) (Revenue \$	
4e lotal progr	am service expenses	754,466		Form 990 (2009)
				rom 230 (2009)

	art IV Checklist of Required Schedules	_	<u> </u>	age .
	THE TY Officeriate of required confedence		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	ľ		
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	1		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X as applicable	11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	42	x	
	Schedule D, Parts XI, XII, and XIII	12	^	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No. 1f "Yes." completing Schedule D. Parts XI, XII, and XIII is optional.	-	•	
4.0	Too, completing contract of the till, till, and till	13	i i	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170	 	
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	175		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			T
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16]	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			Ι_
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

19? Note. All Form 990 filers are required to complete Schedule O

Page 4 Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes." complete Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

Form 990 (2009)

38

X

Pa	it V Statements Regarding Other IRS Filings and Tax Compliance					,
	T			<u> </u>	Yes	No
1а	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		0			I
	U.S. Information Returns. Enter -0- if not applicable	1a	0			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments.	ntable		4.		x
٥-	gaming (gambling) winnings to prize winners?	1		1 <u>1c</u>	+	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	8	į		
_	Statements, filed for the calendar year ending with or within the year covered by this return			2b	x	Ī
U	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	3'		20	1	
	instructions)					
22	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by				•
Ja	this return?	o,		За	j	x
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	1	
	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ithority		100	1	1
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other final	-				
	account)?	10.01		4a	1	x
h	If "Yes," enter the name of the foreign country				+	1
J	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B.	ank				1
	and Financial Accounts			Ī		1
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	1	T X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard					
ŭ	Prohibited Tax Shelter Transaction?	9		5c	1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					T -
	organization solicit any contributions that were not tax deductible?			6a	}	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or			1	
_	gifts were not tax deductible?			6b	}	1
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods		[1
	and services provided to the payor?			7a	_	L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			``[1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	rsonal		ŀ		1
	benefit contract?			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	xt?		7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		1		
	required?			<u>7h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u>[</u>		1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ŧ		Ī
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			. .		Ŧ
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			96	-	
0	Section 501(c)(7) organizations. Enter	ا ما	1			Į
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
1	Section 501(c)(12) organizations. Enter	ایرا	1			Ī
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	,,				Ī
_	amounts due or received from them)	11b				1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12:	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	E	<u>l</u>	. <u></u>

59-2004109 Form 990 (2009) Presbyterian Homes and Housing Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1b b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 X Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 10 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the

1050 Burlington Ave., North

FL 33705

St. Petersburg

organization > Presbyterian Homes & Housing

DAA

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	tion i		C)	that ap	לעלפס	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
EDWARD WYKE										
PRESIDENT		╄	<u> </u>	_	<u> </u>			0		
NAT PIEPER	1	}				1 1		0	o	
HENK ALBERTS		+		_	-					
SND Ab						i l		0	o	
IDRIS DAVIES						1 1				<u> </u>
SECRETARY		1						0	0	
CLIFF RUUD										
A/SECRETARY					<u> </u>			0	0	
HARRIS BROWN			Ì							
TREASURER DELTA		┼			ļ	1		0	<u>_</u> 0	
DENNIS REID A/TREASURER		-				1 1		0	0	
DELAMA KONDER		+-		-	-	1				
Exec. Direct	40.00			ļ		$ \mathbf{x} $		114,175	0	

Contract of the last of the la	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	у Ег	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)		r age o
	(A) Name and Title	(B) Average hours per			chec	,	hat a	, -	(D) Reportable compensation	(E) Reportable compensation	(F Estim amou	nated
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth comper from organi and re organia	ner nsation i the zation elated
			_									
					_		_					<u> </u>
			_									
			_									
									-			
	Total							>	114,175			
2 	Total number of individuals (in reportable compensation from				those	e listi	ed al	oove	e) who received more than s	\$100,000 in	<u></u>	
3	Did the organization list any fo								yee, or highest compensate	ed		Yes No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related of individual	e 1a, is the sum o	of rep	oorta	ble o	comp	ens	atıor			4	X
5	Did any person listed on line 1 services rendered to the organ									·	5	х
Sec 1	ction B. Independent Contract Complete this table for your five compensation from the organic	e highest compe	nsat	ed ir	ndep	ende	ent co	ontra	actors that received more th	nan \$100,000 of		<u> </u>
		(A) business address							Descrip	(B) ation of services	c	(C) Compensation
				_				ļ				
								_				
						_						·——
				_			_					
2	Total number of independent of more than \$100,000 in compe						d to	thos	e listed above) who receive	ed		
DAA							_				For	m 990 (2009)

Form	990	(2009) Presbyteria	n Hon	nes	and Hou	sing	59-2004109		Page 9
Par			nue		,, , , , , , , , , , , , , , , , , , ,		(B)	(C)	(D)
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a						
E SI		Membership dues	1b			1			
s, g		Fundraising events	1c					1	
	d	Related organizations	1d					1	
S.E	е	Government grants (contributions)	1e			1		1	
Program Service Revenue and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
盲	g	Noncash contributions included in lines 1a	⊢1f \$			1			
O e	h	Total. Add lines 1a-1f			P				
nue					Busn Code	930,080	930,080		
eve	2a	MEMBERSHIP DUES & A	ASSESSME	NTS		930,000	330,000		
9 2	b								
اق	C								
Sc	d								
ᇤ	e	All all are an area of control form	NAU O						
õ		All other program service reversal. Add lines 2a–2f	silue			930,080			
_			dividends	interes	st and				
	3	other similar amounts)	4111001100	,	•	28,861			28,861
	4	Income from investment of ta	x-exempt b	bond pr	oceeds ►				
	5	Royalties		•	▶ [
		(i) Real		(II) P	Personal				
	6a	Gross Rents				:			
	ь								
	C								
		Net rental income or (loss)			•				
		Gross amount from (i) Securiti	es	(11)	Other				
		sales of assets other than inventory							‡
	Ь	Less cost or other					1		
		basis & sales exps							‡
	c	Gain or (loss)					1		†
	d	Net gain or (loss)			<u> </u>				
o.	8a	Gross income from fundraising ev	ents]		
ğ	1	(not including \$					1		
ě]	of contributions reported on line 1	c)						
Other Revenue		See Part IV, line 18	a						1
Ę		Less direct expenses	b [_				1		†
		: Net income or (loss) from fur		events			1		
	98	Gross income from gaming activit	1						Ī
	1	See Part IV, line 19	a			-			
		Less direct expenses	b[_				<u> </u>	· · · · · · · · · · · · · · · · · ·	
		Net income or (loss) from ga		nties					
	10:	a Gross sales of inventory, les					1		1
	1.	returns and allowances	a _ b			1	‡		1
		Less cost of goods sold		nton/		1	Ī		
	\vdash	Net income or (loss) from sa Miscellaneous Rever		intory	Busn Code				
	-				1	41,86	41,869		
	11						,		
	1	o -							
		C d. All other revenue			 				
		d All other revenue Total. Add lines 11a–11d				41,86	9		
	4		tions		•	1,000,81			28,861
	12	rotal Revenue. See instruc				<u> </u>	· · · · · · · · · · · · · · · · · · ·		Form 990 (200

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

_	All other organizations must d		re not required to comple	te columns (B), (C), an	d (D)
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			gonoral expenses	CAPCIISES
•	organizations in the U.S. See Part IV, line 21				***
2	Grants and other assistance to individuals in			· -	
2	the U.S. See Part IV, line 22				į.
2	·				-
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16			······································	ļ
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	440 005	440 005		
7	Other salaries and wages	442,905	442,905		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	35,774	35,774		
9	Other employee benefits	88,640	88,640		
10	Payroll taxes	34,608	34,608		
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	17,854	17,854		
С	Accounting	3,875	3,875		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	27,921	27,921		
14	Information technology				
15	Royalties				
16	Occupancy	18,583	18,583		
17	Travel	17,137	17,137		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,319	15,319		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,712	19,712		
23	Insurance	16,661	16,661		
					Ī
24	Other expenses Itemize expenses not	-			<u> </u>
_,	covered above (Expenses grouped together	1	-		‡ ‡
	and labeled miscellaneous may not exceed	1			1
	5% of total expenses shown on line 25 below)	1			-
а	Dues and memberships	5,504	5,504		<u> </u>
b	Computer	4,338	4,338		
c	Public relation	4,214	4,214		
d	Rent	1,200	1,200	. –	
e	General	150	150		
	All other expenses	71	71		
25	Total functional expenses. Add lines 1 through 24f	754,466	754,466		
	Joint costs. Check here				
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				1
	from a combined educational campaign and fundraising solicitation				
DAA	Turis ading constant				Form 990 (2009)

		(2009) Presbyterian Homes and	Housing	59-	-2004109		Page 11
_12	art X	Balance Sheet			(A)		(D)
					(A) Beginning of year	ı	(B) End of year
					75,372	_	280,488
	1	Cash—non-interest bearing		-	1,179,877	1	1,390,675
	_	Savings and temporary cash investments		}	1,119,011	2	1,390,673
	3	Pledges and grants receivable, net		-	911,639	3 4	709,255
	4	Accounts receivable, net		-	911,639	4	109,233
	5	Receivables from current and former officers, directors, to	• •			1	
		employees, and highest compensated employees. Comp	piete Part II of			_	
	_	Schedule L		<u> </u>		5	
	6	Receivables from other disqualified persons (as defined				I	
ì		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	f		٠. أ	
ß	_	Part II of Schedule L		-		7	
Assets	7	Notes and loans receivable, net		}			
As	8	Inventories for sale or use		-	2,693	8	1,595
-	9	Prepaid expenses and deferred charges	1 1	ļ	2,093	9	1,393
	10a	Land, buildings, and equipment cost or	1.0	477 011		Ī	
	_	other basis Complete Part VI of Schedule D	10a	477,911 198,511	275 210	40.	270 400
		Less accumulated depreciation	10b	190,311	275,218 118,405		279,400 159,788
	11	Investments—publicly traded securities		}	110,403	11	139,100
	12	Investments—other securities See Part IV, line 11		-		12	
	13	Investments—program-related See Part IV, line 11		}		13	
	14	Intangible assets		-		14	
	15	Other assets See Part IV, line 11		}	2,563,204	15	2,821,201
_	16	Total assets. Add lines 1 through 15 (must equal line 34	<u></u>		26,571	16	38,224
	17	Accounts payable and accrued expenses		}	_20,371	17	30,224
	18	Grants payable		}		18	
	19	Deferred revenue		F		19	
,	20	Tax-exempt bond liabilities		-		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of		ŀ		21	
Ħ	22	Payables to current and former officers, directors, truster					
iab		employees, highest compensated employees, and disqu	alified	ŀ	i		
		persons Complete Part II of Schedule L	1 4			22	
	23	Secured mortgages and notes payable to unrelated third		-		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities Complete Part X of Schedule D		ŀ	26,571	25 26	38,224
	26	Total liabilities. Add lines 17 through 25	7		20,311	26	30,224
Balances		Organizations that follow SFAS 117, check here	and	ŀ			
au		complete lines 27 through 29, and lines 33 and 34.		ŀ		27	
3al	27	Unrestricted net assets		H		27	
	28	Temporarily restricted net assets		-		28	·
Ĭ	29	Permanently restricted net assets	\ [V]	<u> </u>		29	· · · · · · · · · · · · · · · · · · ·
Ē		Organizations that do not follow SFAS 117, check he	re 🖊 🔼				
Assets or Fund	20	and complete lines 30 through 34.		ŀ		20	
ets	30	Capital stock or trust principal, or current funds	k &	}		30	
55(31	Paid-in or capital surplus, or land, building, or equipmen		ŀ	2,536,633	31	2,782,977
ď	32	Retained earnings, endowment, accumulated income, o	r other tunas	}	2,536,633		2,782,977
Net	33	Total net assets or fund balances		ŀ	2,563,204		2,821,201
_	34	Total liabilities and net assets/fund balances			2,303,204	34	50m 990 (2009)

Form **990** (2009)

Form	1 990 (2009) Presbyterian Homes and Housing 59-2004109		Pag	ge 12
	ert XI Financial Statements and Reporting	_		
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	. []		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			į
	Schedule O			Ė
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	the state of the s	2b	X	ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ė
	Schedule O			İ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both			ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Presbyterian Homes and Housing Foundation of Florida, Inc.

Employer identification number 59-2004109

P2	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part)	See ir	struct	lions		
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 11, cl	heck only	one box)							
1		A church, cor	nvention of churches, or ass	ociation of churches described in	n section	170(b)(1)	(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital servi	ce organization described in sec	tion 170(b)(1)(A)(ii	i).						
4	\Box	A medical res	search organization operate	d in conjunction with a hospital d	escribed i	n section	170(b)	1)(A)(ni). Enter	the hos	spital's name,		
	_	city, and state	9						•				
5		An organizati	on operated for the benefit of	of a college or university owned o	or operate	d by a go	vernmer	ntal unit	describ	ed in			
		-	b)(1)(A)(iv). (Complete Part	-									
6	\Box			overnmental unit described in se	ection 170)(Б)(1)(А)	(v).						
7	\sqcap			substantial part of its support fro				om the c	eneral	public			
	لسسا	_	section 170(b)(1)(A)(vi). (C		3				,				
8				70(b)(1)(A)(vi). (Complete Part I	II)								
9	X	-		1) more than 33 1/3 % of its supp	-	ontributio	ns. men	bership	fees. a	nd aros	s		
	Ч	-		npt functions—subject to certain									
				nd unrelated business taxable inc									
			-	0, 1975 See section 509(a)(2).	•								
10			•	exclusively to test for public safe	•								
11	П	-	-	exclusively for the benefit of, to p				o carry	out the				
	_	•	•	ed organizations described in se				-		ection			
		509(a)(3). Ch	eck the box that describes t	he type of supporting organization	on and cor	mplete line	es 11e tl	nrough 1	l1h				
		a Type	I b Type II	c Type III-Functions	ally integra	ated	d [Тур	e III-Ot	her			
е		By checking t	his box, I certify that the org	anization is not controlled directly	y or indire	ctly by on	e or mor	e disqu	alified				
	_		_	and other than one or more pub						section			
			section 509(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I, ⁻	Гуре II, or	Type III	support	ing				
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contribu	ition from	any of the	:						_
		following per	rsons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together v	vith perso	ns describ	ed in (ii))				Yes	No
		and (III) b	below, the governing body o	f the supported organization?							11g(ı)		
		(ii) A family	member of a person describ	ped in (i) above?							11g(ii)		
		(ıii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(m)		
h		Provide the f	following information about t	he supported organization(s)									
(ı)	Name	e of supported	(iı) EIN	(iii) Type of organization	(IV) is the o	organization	(v) Did y			s the	(vii) Amo	ount of	
	org	anization		(described on lines 1–9		sted in your	the organ	nization in	organizat	on in col zed in the	supp	ort	
				above or (RC section (see instructions))	governing	document?		ort?		S 7			
					Yes	No	Yes	No	Yes	No			
					<u> </u>					<u> </u>			
					ļ								_
					1								
													
_													
				<u> </u>	<u> </u>						· · · · · · · · · · · · · · · · · · ·		
				1	1								

-	Cross recorpts from related delivides, etc. (eec mondations)	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
	organization, check this box and stop here	•
Sec	tion C. Computation of Public Support Percentage	

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	 %_
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	 %
40-	00.4/0.0/		

33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	Complete only if you constitution A. Public Support	ecked the box o	on line 9 of Par	(1)							
	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(8) 2000	(5) 2300	(6) 2301	(4) 2505	(0) 2000	(i) Total				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	669,811	759,875	860,583	880,420	930,080	4,100,769				
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge					_					
6	Total. Add lines 1 through 5	669,811	759,875	860,583	880,420	930,080	4,100,769				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received										
	from other than disqualified persons that										
	exceed the greater of \$5,000 or 1% of the					{					
	amount on line 13 for the year										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6)						4,100,769				
$\overline{}$	ction B. Total Support										
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
9	Amounts from line 6	669,811	759,875	860,583	880,420	930,080	4,100,769				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,749	36,449	30,123	27,109	28,861	149,291				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
С	Add lines 10a and 10b	26,749	36,449	30,123	27,109	28,861	149,291				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,516	50,685	93,932	1,527	41,869	195,529				
13	Total support. (Add lines 9, 10c, 11,										
	and 12) 704,076 847,009 984,638 909,056 1,000,										
14	First five years. If the Form 990 is for the o	-	second, third, fourtl	h, or fifth tax year a	is a section 501(c)	(3)	<u></u>				
	organization, check this box and stop here						>				
Sec	ction C. Computation of Public Su										
15	Public support percentage for 2009 (line 8,	, column (f) divided l	by line 13, column	(f))		15	92.24%				
16	Public support percentage from 2008 Sche				 	16	%				
Sec	ction D. Computation of Investme										
17	Investment income percentage for 2009 (lin	• •	•	olumn (f))		17	3 %				
18	Investment income percentage from 2008	18	%_								
19a b	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	ox and stop here. T	he organization qu	alifies as a publicly	supported organiz	zation	▶ [X				
	line 18 is not more than 33 1/3 %, check th					=	▶ □				
20	Private foundation, if the organization did	not check a box on	line 14 19a or 19	b check this box a	nd see instructions	۹.	▶ []				

Schedule A (Form 990 or 990-EZ) 2009 Presbyterian Homes and Housing

59-2004109

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions

Part III, Line 12 - Other Income Detail

\$ 195,529

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization Employer identification number Presbyterian Homes and Housing 59-2004109 Foundation of Florida, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | Yes | No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Presbyteri	an Homes and	d Housing		004109 Similar Assets	Page 2
Part III Organizations Maintaining					(continued)
3 Using the organization's acquisition, accession, collection items (check all that apply)	and other records, che	ck any or the rollowing	i mar are a signinca	in use or its	
a Public exhibition	d 🔲 Loan	or exchange program	ns		
b Scholarly research	e 💹 Othe	「 _			
c Preservation for future generations					
Provide a description of the organization's colle Part XIV	ctions and explain how	they further the organ	ization's exempt pu	rpose in	
5 During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, e maintained as part of	historical treasures, o the organization's coll	r other similar lection?		Yes No
Part IV Escrow and Custodial Arrai	ngements. Comple	ete if the organization	ation answered	"Yes" to Form 9	90, Part
IV, line 9, or reported an am	ount on Form 990	, Part X, line 21.			
1a Is the organization an agent, trustee, custodian			er assets not		
included on Form 990, Part X?	•				Yes No
b if "Yes," explain the arrangement in Part XIV an	d complete the followin	a table			
b ii 100, explain the arrangement active an		5			Amount
c Beginning balance				1c	
				1d	
d Additions during the year				1e	
e Distributions during the year				1f	
f Ending balance	- 000 Dad V II-a 212			<u> </u>	Yes No
2a Did the organization include an amount on For	n 990, Part A, line 217				res no
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete	to if organization	answered "Vee" f	to Form 990 P	art IV line 10	
Part V Endowment Funds. Comple		(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
	(a) Current year	(b) Prior year	(C) Two years back	(u) Three years back	(e) rour years back
1a Beginning of year balance	 				
b Contributions					
 Net investment earnings, gains, 					
and losses	<u> </u>			ļ	
d Grants or scholarships				<u> </u>	
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance			<u></u>	<u> </u>	
2 Provide the estimated percentage of the year e	end balance held as				
a Board designated or quasi-endowment	%				
b Permanent endowment ▶ %					
c Term endowment ▶ %					
3a Are there endowment funds not in the possess	ion of the organization t	hat are held and adm	inistered for the		
organization by	- · · · U				Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If "Yes" to 3a(ii), are the related organizations i	isted as required on Sci	hedule R?			3b
4 Describe in Part XIV the intended uses of the c					
Part VI Investments—Land, Buildi	ngs and Equipme	ent See Form 99	0 Part X line	10	
Description of investment	(a) Cost or other basis	1		ccumulated	(d) Book value
Description of investment	(investment)	basis (other	1 ''	preciation	: :
4-1	 	- 			
1a Land		362	,500		362,500
b Buildings			,021		40,021
c Leasehold improvements			,112		54,112
d Equipment			,278	198,511	-177,233
e Other	15		,210		279,400
Total. Add lines 1a through 1e (Column (d) must eq	uai Form 990, Part X, c	olumn (B), line 10(c))			213,400

Schedule D (Form 990) 2009 Presbyterian Homes and		59-2004109	Page 3
Part VII Investments—Other Securities. See Form 99	90, Part X, line 12		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
	·	 	
	·	 	
	· ·		
	·	 	
			
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	.	, — , — , — , — , — , — , — , — , — , —	
Part VIII Investments—Program Related. See Form 9			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(-)	(4)	Cost or end-of-year market value	
			 -
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	·		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Boo	k value
			
			
			
			
			 -
			·
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 2	25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes		4	
		4	
	ļ	<u>_</u>	
		- {	
	 	-{	
		-[
		-{	
	 	-{	
Total (Column (b) must equal Form 990 Part X col (B) line 25.)	 	-{	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the orga	_ 	nte that reports the	
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organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 Presbyterian Homes and Housi			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,000,810
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	754,466
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	246,344
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	246 244
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	246,344
	rt XII Reconciliation of Revenue per Audited Financial Staten	nents with Revenue per R	\neg	1,000,810
1	Total revenue, gains, and other support per audited financial statements		1	1,000,810
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 2-1		
a	Net unrealized gains on investments	2a	-	
ь	Donated services and use of facilities	2b	-	
C .	Recoveries of prior year grants	2c	-	
đ	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e 3	1,000,810
3	Subtract line 2e from line 1) [3	1,000,810
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
b	Other (Describe in Part XIV)	4b	1 40 1	
C	Add lines 4a and 4b		4c	1,000,810
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses no		
1	Total expenses and losses per audited financial statements	THE THE EXPENSES PER	1	754,466
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b	1 1	
c	Other losses	2c	7 1	
d	Other (Describe in Part XIV)	2d	7 1	
e	Add lines 2a through 2d		7 2e	
3	Subtract line 2e from line 1		3	754,466
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	} {		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7 1	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	754,466
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4, Part IV, lines 1b		
and :	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	lines 2d and 4b Also complete		
this p	part to provide any additional information			
			. – –	

Schedule D (F	orm 990) 20	009	Pres	byte	eria	n Ho	mes	and	oH f	usi	ng	5	9-2	0041	109				Page 5
Schedule D (F	Supple	ment	al Info	rmati	on (co	ntinu	ed)												
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SCHEDULE O (Form 990) Supplemental Information to Form 990

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

• Attach to Form 990

2009 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

Presbyterian Homes and Housing Foundation of Florida, Inc.

Employer identification number 59-2004109

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The compensation for the Organization's Executive Director is reviewed and approved annually by the Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Organization makes its governing documents, conflict of interest policy
and financial statements available to the public upon request.