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HOMESHSGFND 02/20/2013,11 38 AM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **2012** Open to Public

-		The organization may have to use a copy of this feturn to satisfy state	e reporting requir	ements	Inspection
<u>A</u>	For the 2012	calendar year, or tax year beginning , and ending			
B	Check if applicable	C Name of organization Presbyterian Homes and Housing		D Employ	yer identification number
	Address change	Foundation of Florida, Inc.			
$\bar{\Box}$	Name change	Doing Business As	_	59-	-2004109
\equiv	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
Ш	Initial return	1050 Burlington Avenue, North		727	7-894-0368
	Terminated	City, town or post office, state, and ZIP code	·		034 0300
$\overline{\Box}$	Amended return	St. Petersburg FL 33705		- •	1 164 660
\vdash	Amended return	F Name and address of principal officer		G Gross rece	eipts 1,164,669
\sqcup	Application pending	Trains and dedicate of principal officer	H(a) Is this a gre	oup return for	affiliates? Yes X No
			i	•	H. H.
			H(b) Are all affi		
			If "No,	" attach a list	(see instructions)
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
<u>J</u>	Website: ▶ 1	N/A	H(c) Group exe	mption numb	er 🕨
K	Form of organization	X Corporation Trust Association Other	Year of formation		M State of legal domicile
P	art I S	ummary			
		escribe the organization's mission or most significant activities.		-	
a		viding management services for Presbyterian low ren	+		
5		ernment assisted housing for elderly	•		
'n	900	simmene assisted housing for elderly			
Š	0.05				
ဖိ		nis box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	5% of its net ass	1 1	_
•ర		of voting members of the governing body (Part VI, line 1a)		3	7
ijes	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	7
Ξ	5 Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	
Activities & Governance	6 Total nu	mber of volunteers (estimate if necessary)		6	7
_	7a Total un	related business revenue from Part VIII, column (C), line 12		7a	0
	b Net unre	elated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea	·	Current Year
ø	8 Contribu	tions and grants (Part VIII, line 1h)		. 0	0
Revenue		service revenue (Part VIII, line 2g)	1,117	,656	1,146,183
Š	10 Investm	ent income (Part VIII, column (A), line (A) (A)	11	,327	17,774
œ	11 Other re	venue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)		,724	712
	1	venue – add lines 8 through 11 must equal Part VIII, column (A) line 12)	1,131		1,164,669
		and similar amounts paid (Part & column (A), lines 1-3)		0	
		paid to or for members (Part IX, column (A), line 4)		0	0
		, other compensation, employee benefits (Partital Column (A), lines 5–10)	610	,526	635,758
enses	1		010		
ë	1	onal fundraising fees (Part IX, column (A), line 11e)		이	0
ক্ষে	b lotal fur	ndraising expenses (Part IX, column (D), line 25) ▶ 0			
(7	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		, 923	195,651
3	18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,449	831,409
Netwisser Of UNIVERS	19 Revenue	e less expenses Subtract line 18 from line 12		3,258	333,260
			Beginning of Curr		End of Year
Set	20 Total as	sets (Part X, line 16)	3,346		3,685,469
250	21 Total lia	pilities (Part X, line 26)		975	36,149
32	22 Net asse	ets or fund balances Subtract line 21 from line 20	3,316	, 060	3,649,320
eB	art II S	gnature Block			
ස් ස්	nder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	st of my kn	owledge and belief, it is
κţr	ue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	÷ .	
Sig		Lui Kenda			
Sic	n 7	Signature of officer		Date	
He		Drie Kondor, Executive Director			03/13/200
	·~ •	Type or publi name and title			03/13 12-013
	Prost/T	pe preparer's name Preparer's sygnature	Date		C OTIN
Dai	a ``		ł	Check	If PTIN
Paid	rrea	B. Dees, Jr	02/20/	13 self-em	
	parer Firm's n		Fu	m's EIN 🕨	<u>59-2067969</u>
USe	Only	3440 Conway Blvd., Suite 2C	İ		
	Firm's a	ddress > Port Charlotte, FL 33952	PH	поле по	941-629-7595
May	the IRS discu	ss this return with the preparer shown above? (see instructions)			Yes No
		uction Act Notice, see the separate instructions.			Form 990 (2012)
DAA					1

	Presbyterian Ho		59-2004109	Page 2
	_	rvice Accomplishments	a Dart III	
	ribe the organization's mission	ins a response to any question in thi	S Part III	
Providi	ng management se	ervices for Presbyteri	an low rent	
governme	ent assisted hou	sing for elderly		
		nt program services during the year which w	ere not listed on the	
•	190 or 990-EZ? scribe these new services on Sc	hedule O		Yes X No
		nedule o nake significant changes in how it conducts,	any program	
services?				Yes X No
	scribe these changes on Schedu		-t b	
expenses S		 accomplishments for each of its three large organizations are required to report the amountered each program service reported 		
4a (Code) (Expenses \$	831,409 including grants of \$) (Revenue \$	
		ervices for Presbyteri		,
governme	ent assisted how	sing for elderly		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4C (COGE	/ (Expenses o	including grants or \$) (Kevelide \$	
		,		
4d Other progra	am services (Describe in Sched	dule O)		
(Expenses		ncluding grants of \$) (Revenue \$	<u>)</u>
4e Total progr	am service expenses	831,409		- 000

			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	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6	-	<u> </u>
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		<u> </u>
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, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	x	
b	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	11a	^	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		-	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\overline{\mathbf{x}}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ĺ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	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?	1		
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a		20a		<u> </u>
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) Presbyterian Homes and Housing 59-2004109 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III X 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 X 23 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 24b through 24d and complete Schedule K If "No," go to line 25 X 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 990-EZ? If "Yes," complete Schedule L. Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 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," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

X Form **990** (2012)

37

38

X

	1 990 (2012) Presbyterian Homes and Housing 59-2004109 Art V Statements Regarding Other IRS Filings and Tax Compliance			Page
, ,	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	X
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	_
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
5a	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 ^
6a		50	<u> </u>	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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 goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├—
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
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?	9b		
10	Section 501(c)(7) organizations. Enter	"		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand		<u> </u>	707
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ı	X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

59-2004109 Form 990 (2012) Presbyterian Homes and Housing Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 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? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a 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 at X 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 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? X Did 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Presbyterian Homes & Housing 1050 Burlington Ave., North 727-894-0368 St. Petersburg FL 33705

Form 990 (20	12) Presbyterian Homes and Housing	59-2004109	Page
Part VII	Compensation of Officers, Directors, Trustees, Key I	Employees, Highest Compensa	ted Employees, and
	Independent Contractors		_
	Check if Schedule O contains a response to any question	n in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Comp	pensated 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

- 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, if any 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

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle ficer a	x, unless person is both an icer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv-2) (vs-MiSC)	organization and related organizations
(1) Nathaniel Pieper										-
	0.00									
President	0.00	X		X				0	0	0
(2) Cliff Ruud										
	0.00									
Vice President	0.00	X		X		Ш		0	0	0
(3) Jim Wilson										
	0.00									
2nd Vice President	0.00	X		X				0	0	0
(4) Gene Shannon										
	0.00									
Secretary	0.00	X		X				0	0	0
(5) Gloria Jones										
	0.00									
Assistant Secretary	0.00	X		X				0	0	0
(6) Harris Brown	-									
	0.00									
Treasurer	0.00	X		X				0	0	0
(7) Edward D. Wyke										
_	0.00		ŀ							
Assistant Treasurer	0.00	X		X				0	o	0
(8)										
(9)										
(10)										
(11)		-								
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Form 990 (2012) Presbyterian Homes and Housing Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) Name and title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an week from related other officer and a director/trustee) (list any the organizations compensation hours for organization (W-2/1099-MISC) from the Institutional trustee related Key employee (W-2/1099-MISC) lighest compensated mployee organization organizations vidual trustee lirector and related below dotted organizations line) (12)(13)(14)(15)(16)(17)(18)(19)1b Sub-total Total from continuation sheets to Part VII, Section A Þ Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (C) pensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O

1	Г¢	erę v		if Schedule (taıns a	response	to any question in	this Part VIII.		
## Federated campagins 18	-				,			(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
22 MANAGEMENT FEES & ASSESSMENTS	ts s	1a	Federated can	npaigns	1a				Teverius		512, 513, Or 514
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22 MANAGEMENT FEES & ASSESSMENTS	Ğ,Ğ	c			 						
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22 MANAGEMENT FEES & ASSESSMENTS	hei	_			1 _f						
22 MANAGEMENT FEES & ASSESSMENTS	ĒĞ	a	Noncash contribution	s included in lines 1a-							,
22 MANAGEMENT FEES & ASSESSMENTS	Sor	h			" •	•	•				
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Do	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		ŀ		
2	Grants and other assistance to individuals in				······
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
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				
	persons described in section 4958(c)(3)(B)		150 110		
7	Other salaries and wages	470,446	470,446		
8	Pension plan accruals and contributions (include	42 550	40 550	1	
_	section 401(k) and 403(b) employer contributions)	43,558	43,558		
9	Other employee benefits	86,389	86,389		
10	Payroll taxes	35,365	35,365		
11	Fees for services (non-employees)				
a	Management Legal	2,988	2,988		
	Accounting	3,950	3,950		<u> </u>
	Lobbying	3,330	3,930		
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	30,360	30,360		·
14	Information technology		, , , , , , , , , , , , , , , , , , ,		
15	Royalties				
16	Occupancy	16,636	16,636		
17	Travel	23,437	23,437		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,369	17,369		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,338	18,338		
23	Insurance	22,039	22,039		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	22 222	22 222		
а	GENERAL	33,000	33,000		
þ	COPUTER	11,878	11,878		
C	DUES & MEMBERSHIPS	5,995	5,995		
d	INSURANCE CALIMS	5,000	5,000		
	All other expenses	4,661	4,661		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	831,409	831,409	0	0
~ U	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 343,480 Cash-non-interest bearing 463,793 1 1,842,942 2 Savings and temporary cash investments 2,081,774 3 Pledges and grants receivable, net 3 744,257 760,827 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use R 3,392 2,387 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 486,665 10a 251,977 b Less accumulated depreciation 10b 252,176 10c 234,688 159,788 142,000 11 Investments—publicly traded securities 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 15 3,346,035 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,685,469 16 29,975 17 Accounts payable and accrued expenses 36,149 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 29,975 36,149 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 3,316,060 3,649,320 32 Retained earnings, endowment, accumulated income, or other funds 3,316,060 Total net assets or fund balances 3,649,320 3,346,035 Total liabilities and net assets/fund balances 3,685,469

Form	990 (2012) Presbyterian Homes and Housing 59-2004109				Page 12
Pa	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	164	,669
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>,409</u>
3	Revenue less expenses Subtract line 2 from line 1	3		333	,260
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,	316	,060
5	Net unrealized gains (losses) on investments	5_			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,	649	,320
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990			- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b 3	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			- 1	
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		1	2c 3	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		<u></u> :	Ba	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		3	3b	

SCHEDULĘ A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

OMB No 1545-0047

ZU1ZOpen to Public

Inspection

Name of the organization Presbyterian Homes and Housing Foundation of Florida, Inc.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

Employer identification number 59-2004109

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv)). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv)). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv)). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv)). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) An organization organization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and unrelated business taxable income (less section 509(a)(4). An organization organization and unrelated business taxable income (less section 509(a)(4). An organization organization and unrelated business taxable income (less section 509(a)(4). An organization organization and unrelated business to secribed in section 509(a)(4). An organization organization device subject to certain exceptions, and (2) (3) or or or or or organization of organization org	3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(iii).							
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(IV). Complete Part II) A community trias described in section 170(b)(1)(A)(IV). Complete Part II) X An organization that mormally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations and complete lines 11st through 11th and 11st a	4				d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Ent	er the ho	ospital's na	ame,		
section 170(b)(1)(A)(iv). (Complete Part II) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) X A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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 and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and operated exclusively to test for public settly See section 59(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 59(a)(2). See section 59(a)(3). Check the box that describes the type of supporting organization and complete lines 11 te through 11 th a	5		•		of a callage or unwaredy sured						L				
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II) Xi An organization activities related to its exempt 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 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type IIII—Functionally integrated d Type III-Non-functionally integrated by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box General State	3					or operat	ed by a g	overnme	entai un	it descri	pea in				
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8	6					ection 1	70(b)(1)(A	()(v).							
described in section 179(b)t1/A)(vi). (Complete Parl II) 8	7	П							from the	e aenera	al public				
A community trust described in section 470(b)(1)(A)(vi), (Complete Part II) A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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 508(a)(2). (Complete Part III.) 10						3				, ga	pass				
Signature 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 exempt 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 569(a)(2), (Complete Parl III.) 10	8				·	t II)									
receipts from activities related to its exempt 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). (Complete Part III) 10	9	X					contributi	ons, me	mbersh	p fees.	and gro	ss			
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509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	11		An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, o	r to carr	y out the	9				
a			purposes of o	one or more publicly support	ed organizations described in s	ection 50	9(a)(1) or	section	509(a)(2	2) See	section				
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization? (iii) A 15% controlled entity of a person described in (i) above? (iii) A 25% controlled entity of a person described in (i) or (ii) above? (iii) A 15% controlled entity of a person described in (i) or (ii) above? (iii) A provide the following information about the supported organization(s) (iv) Is the organization in col (i) for your organization in col (i) organizati			509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	omplete li	nes 11e	through	11h					
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f		_	a Type	l b Type II	c Type III–Function	ally integr	ated	d	🗌 Тур	e III-No	n-functi	ionally inte	egrate	đ	
or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A manily member of a person described in (i) or (ii) above? (iii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) the organization? (iii) A family member of a person described in (i) or (ii) above? (iii) A person who directly or indirectly controlled entity of a person described in (i) or (ii) above? (iii) A family member of a person described in (i) or (ii) above? (iii) A family member of a person described in (i) or (ii) above? (iv) Is the organization organization organization organization in coll (i) signal in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll (i) organization in coll organizat	е		By checking t	this box, I certify that the org	ganization is not controlled direc	tly or indi	rectly by o	one or m	ore disc	ualified	person	s			
f If the organization received a written determination from the IRS that it is a Type I, Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (iii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization or coll (i) listed in your soll (i) listed in your support? (iv) Did you notify the organization in coll (i) listed in your soll (i) listed in your support? (iv) Did you notify the organization in coll (i) listed in your support? (iv) S the organization in coll (i) listed in your supported organization in coll (i) listed in your support? (iv) S the organization in coll (i) listed in your support? (iv) S the organization in coll (i) listed in your support? (iv) S the organization in coll (i) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support? (iv) S the organization in coll (ii) listed in your support support support support support support support support support support support support support sup			other than for	undation managers and other	er than one or more publicly sup	ported or	ganızatıor	ns descr	ibed in s	section	509(a)(1	1)			
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(iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (ii) Name of supported organization (iii) EIN (iii) Type of organization (iv) Is the organization in col (i) listed in your governing document? Yes No Yes No (Vi) Is the organization in col (i) organized in the support (Vii) organized in the support (Viii) Amount of monetary support (Viv) Amount of m				•	_	with perse	ons descr	ibed in (ii) and					es	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (D) (E) (Iii) A 35% controlled entity of a person described in (i) or (ii) above? (Iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (Iv) Is the organization in col (i) listed in your governing document? (Vi) Is the organization in col (ii) organization in col			(III) belov	w, the governing body of the	supported organization?							11	g(i)	_	
h Provide the following information about the supported organization (s) (i) Name of supported organization above the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (A)			(ii) A family	member of a person describ	bed in (i) above?							119	g(iı)	_	
(ii) Name of supported organization (described on lines 1–9 above or IRC section (see instructions)) (A) (B) (C) (D) (E) (Iii) EIN (Iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (Iv) Is the organization in col (i) Issted in your support? Yes No Yes No Yes No (V) Did you notify the organization in col (i) organization in col (ii) org												11	g(iii)		
Column C	<u>h</u>		Provide the f	ollowing information about t	he supported organization(s)	· · · · · · · · · · · · · · · · · · ·									
above or IRC section (see instructions))	. (1)			(II) EIN		1	_							onetary	/
(see instructions))		org	janization		,	1 ,.	-					:	support		
(A)						<u> </u>		sup	port?	U	57				
(B) (C) (D) (E) (Total	(A)					Yes	No	Yes	No	Yes	No				
(C) (D) (E) (Total			<u> </u>												
(D) (E) (Total	(B)														
(D) (E) (Total	(C)					<u> </u>									
(E)														_	
Total	(D)														
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		_								<u> </u>					
For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2	Tota	<u> </u>													
	For F	Pape	rwork Reduc	tion Act Notice, see the In	structions for					Sched	ule A (F	orm 990	or 990	-EZ) :	2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 Presbyterian Homes and Housing

59-2004109

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	-						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) To	tal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					_		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4				<u> </u>			
	tion B. Total Support		<u> </u>		· · · · · · · · · · · · · · · · · · ·	1		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) To	tal
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc	•					12	
13	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)		_
	organization, check this box and stop her							
	tion C. Computation of Public Su					-	,	
14	Public support percentage for 2012 (line 6	• • •	•	n (f))			14	<u>%</u>
15	Public support percentage from 2011 Sche			40 11 44 4	4//		15	<u>%</u>
168	33 1/3% support test—2012. If the organ				33 1/3% or more, (check this		
b	box and stop here. The organization quali 33 1/3% support test—2011. If the organ		_		15 is 33 1/3% or m	ore		
-	check this box and stop here. The organiz				10 13 00 170 70 01 111	010,		▶ □
17a	10%-facts-and-circumstances test—201	2. If the organizati	on did not check a	box on line 13, 16	Sa, or 16b, and line	e 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.							
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me	meets the "facts-a	nd-circumstances	" test, check this b	oox and stop here	•		
	supported organization							▶ □
18	Private foundation. If the organization did instructions	not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee		> [

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to	qualify under the	e tests listed be	elow, please co	mplete Part II)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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	880,420	930,080	959,743	1,117,656	1,146,895	5,034,794
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	880,420	930,080	959,743	1,117,656	1,146,895	5,034,794
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)						
500	tion B. Total Support		L	L	l		5,034,794
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(2) 2012	(f) Takal
9	Amounts from line 6	880,420	930,080	959,743	1,117,656	(e) 2012 1,146,895	(f) Total 5,034,794
10a		000,420	330,080	333,143	1,117,636	1,140,893	5,034,794
···	payments received on securities loans, rents,						
	royalties and income from similar sources	27,109	28,861	11,826	11,327	17,774	96,897
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	27,109	28,861	11,826	11,327	17,774	96,897
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,527	41,869	200	2,724	712	47,032
13	Total support. (Add lines 9, 10c, 11,		12,005		2,724	712	47,032
	and 12)	909,056	1,000,810	971,769	1,131,707	1,165,381	5,178,723
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year			
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su						
15	Public support percentage for 2012 (line 8			(f))		15	97.22%
16 Saa	Public support percentage from 2011 Sche					16	95.01%
<u>3ec</u> 17	tion D. Computation of Investme			1 (0)		<u> </u>	
17 18	Investment income percentage for 2012 (li		•	column (t))		17	2 %
19a	Investment income percentage from 2011 33 1/3% support tests—2012. If the organization of the company of the co			14 and line 15 is a	more than 33 1/20/	18 and line	2%
	17 is not more than 33 1/3%, check this bo						▶ X
b	33 1/3% support tests—2011. If the organ						, ==
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						▶∏

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Schedule A (Form 990 or 990-EZ) 2012 Presbyterian Homes and Housing 59-2004109

Part IV 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. Also complete this part for any additional information. (See instructions)

Part III, Line 12 - Other Income Detail

\$

47,032

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	of the organization	Employer identification number			
	resbyterian Homes and Housing				
	oundation of Florida, Inc.	59-2004109			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	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	t the assets held in donor advised			
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No		
6	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 done	or advisor, or for any other purpose			
	conferring impermissible private benefit?		Yes No		
Pa	rt II Conservation Easements. Complete if the orga	· · · · · · · · · · · · · · · · · · ·	990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	portant land area		
	Protection of natural habitat	Preservation of a certified historic	structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation		
	easement on the last day of the tax year				
			Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure incl	` '	2c		
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a			
	historic structure listed in the National Register		_ 2d		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during the		
	tax year ▶				
4	Number of states where property subject to conservation easement is				
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	п., п.,		
_	violations, and enforcement of the conservation easements it holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the ye	ear		
_					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year			
_	> \$	470/11/02			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	□ vaa □ Na		
_	(i) and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the	•	•		
	organization's accounting for conservation easements	organization's infancial statements that u	escribes trie		
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.		
•	Complete if the organization answered "Yes" to F				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and b	palance sheet		
	works of art, historical treasures, or other similar assets held for public	•			
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bala	nce sheet		
	works of art, historical treasures, or other similar assets held for public				
	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, pro	ovide the		
	following amounts required to be reported under SFAS 116 (ASC 958)				
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$		
	Assets included in Form 990, Part X				

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Pa	art III Organizations Maintainir	ng Collections of	Art, His	storical Tr	easures,	or Othe	r Simila	<u>ar Asset</u>	s (continued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	s, check a	iny of the foll	lowing that ai	re a signif	icant use	of its	
а	Public exhibition	d 🗌	Loan or ex	xchange prog	grams				
b	Scholarly research	e 🗍	Other		-				
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explai	n how they	further the o	organization's	s exempt	purpose ii	n Part	
	XIII	•	·						
5	During the year, did the organization solicit	or receive donations	of art, histo	orical treasui	res, or other :	sımılar			
	assets to be sold to raise funds rather than								Yes No
Pa	art IV Escrow and Custodial A	rrangements. Co	mplete it	f the orgar	nization an	swered	"Yes" to	Form 9	90, Part IV,
	line 9, or reported an amou				_				
1a	Is the organization an agent, trustee, custo	dian or other intermed	lary for co	ntributions o	r other asset	s not			
	included on Form 990, Part X?								Yes No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing tal	ole					
									Amount
С	Beginning balance							1c	
d	Additions during the year							1d	
е	Distributions during the year						Γ	1e	
f	Ending balance							1f	
2a	Did the organization include an amount on	Form 990, Part X, line	217				_		Yes No
b	If "Yes," explain the arrangement in Part XI	II Check here if the e	xplanation	has been pr	ovided in Pa	rt XIII			
Pa	art V Endowment Funds. Com	plete if the organi	zation ai	nswered "\	Yes" to For	rm 990,	Part IV,	line 10	
	_	(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Thre	e years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses		Ì]		Ì
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance					_			
2	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1a	column (a))	held as				
	Board designated or quasi-endowment ▶	%	· (00.0 (2))	11010 00				
	Permanent endowment ▶ %								
	Temporarily restricted endowment ▶	%							
•	The percentages in lines 2a, 2b, and 2c sh								
3a			ation that a	are held and	administered	for the			
	Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No						Yes No		
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
h	If "Yes" to 3a(ii), are the related organization	ns listed as required o	n Schedu	le R?					3b
4	Describe in Part XIII the intended uses of the								0.0
1111 1	art VI Land, Buildings, and Equ				10				
	Description of property	(a) Cost or other		(b) Cost or o		(c) /	Accumulated		(d) Book value
	a a a surprise of property	(investment)		(othe			epreciation		(4) 555 10,00
10	Land	<u> </u>			· ·				<u></u>
	Buildings			2	62,500				362,500
	-		 -		40,021				40,021
	Leasehold improvements				62,866				62,866
	Equipment		+		21,278		251,	977	-230,699
	Other II. Add lines 1a through 1e (Column (d) mus	t equal Form 000, Por	t Y colum				231,	311	234,688
ıvıd	ii. Add iiiles Ta tillough Te (Column (u) mus	equalifolili 990, Pal	· A, COIUM	ii (O), iiile IC	<u> </u>				234,000

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Part VII Investments—Other Securities. See For	m 990, Part X, line 12	<u> </u>	
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market	value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		1	
(C)			
(D)	<u> </u>		
(E)			
(F)		 	
(G)		 	
(H)			
			·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	DO 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part VIII Investments—Program Related. See Fo			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value ———————
(1)			
(2)			
(3)			
(4)			<u></u>
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	15		
Part IX Other Assets. See Form 990, Part X, line			
(a) Descrip	tion		(b) Book value
(1)			
(2)	 -		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, I		·	······
1. (a) Description of liability	(b) Book value	4	
(1) Federal income taxes		4	
(2)		4	
(3)		4	
(4)		4	
(5)		4	
(6)		4	
		4	
(8)		_	
(9)		4	
(10)		4	
(11)		,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	<u> </u>	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the foo			zation's
liability for uncertain tax positions under FIN 48 (ASC 740) Check he	re if the text of the footnote has b	een provided in Part XIII	

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return						
1	Total revenue, gains, and other support per audited financial statements		1	1,164,669		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b	_] [
С	Recoveries of prior year grants	2c]			
d	Other (Describe in Part XIII)	2d	7			
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3	1,164,669		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b		4c			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,164,669		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	r Returr] 		
1	Total expenses and losses per audited financial statements		1	831,409		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	_]]			
C	Other losses	2c	_			
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d		2e	<u> </u>		
3	Subtract line 2e from line 1		3	831,409		
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	_			
b	Other (Describe in Part XIII)	4b	_			
C	Add lines 4a and 4b		4c			
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	831 409		

Part XIII Supplemental Information

Complete 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2012 Presbyterian Homes and Housing
Part XIII Supplemental Information (continued)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Presbyterian Homes and Housing Foundation of Florida, Inc.

Employer identification number 59-2004109

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Copy of this return provided to the Board of Directors for a review and approval before it was filed.

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.