CHANGE OF ACCOUNTING PERIOD

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

<u>A</u> I	For th	e 2018 calendar year, or tax year beginning AUG 1, 2018 and ending	ng DE	C 31, 2018											
В	Check if	C Name of organization	C	Employer identific	cation number										
	Addre chang Name	PINES OF SARASOTA FOUNDATION, INC.	_	59-2	988752										
F	chang Initial return	10.00	n/suite F	Telephone number											
F	Final	1501 N ODANCE AVENUE	T/Suite	•	955-6293										
	termii ated		- 1	Gross receipts \$	36,261,740.										
	Amen	ded CADACOMA ET 24226		(a) is this a group re											
	Application	F Name and address of principal officer OANET A. GINN		for subordinates											
	pendi	SAME AS C ABOVE	الط	H(b) Are all subordinates in	cluded? Yes No										
		empt status X 501(c)(3)	527	If "No," attach a	list. (see instructions)										
		te: > WWW.PINESOFSARASOTA.ORG		(c) Group exemption											
			_ Year of	formation: 1989 N	State of legal domicile; FL										
Pa	art I	Summary			- <del></del>										
Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCH	FDOL	E O.											
ern	2	2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.													
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3											
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	11										
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		. 5											
Ĭ.	6	Total number of volunteers (estimate if necessary)		6	0.										
A	I	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 38		7a 7b	0.										
	В	iver difference business taxable income from 550-1, line 56		Prior Year	Current Year										
41	8	Contributions and grants (Part VIII, line 1h)		9,379,983.	36,105,183.										
n	9	Program service revenue (Part VIII, line 2g)  RECEIVED		0.	0.										
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		229,120.	-30,743.										
œ	11	Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, ed, 10c, land 11 of 2019  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		_ 0.	0.										
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,609,103.	36,074,440.										
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,510,619.	3,215,477.										
	14	Benefits paid to or for members (Part IX, column (A), line DGDEN, UT		0.	0.										
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		368,705.	<u>203,758.</u>										
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	ļ	54,080.	0.										
X		Total fundraising expenses (Part IX, column (D), line 25) 126,125.		240 044	101 511										
_	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	312,211.	104,511.										
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,245,615. 6,363,488.	3,523,746.										
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12			32,550,694.										
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		ning of Current Year 3,480,685.	End of Year 45,583,234.										
Ass	21	Total liabilities (Part X, line 16)		26,142.	36,985.										
Se Se	22	Net assets or fund balances Subtract line 21 from line 20	1	3,454,543.	45,546,249.										
Pa	rt II	Signature Block		<u> </u>	201010121										
		lities of perjury, I declare that I have examined this return, including accompanying schedules and s	statement	s, and to the best of my	knowledge and belief, it is										
$\Box$		it, and complete. Declaration of preparer (other than officer) is based on all information of which pre													
∞		almeta. Vim													
Sign	า	Signature of officer		Date /	12-2019										
Her	е	JAMET K. GINN, PRESIDENT		<u> </u>	12-2019										
Sign Her Sign		Type or print name and title	<u> </u>												
) Paid		Prind Type preparer's name Preparer's fignature	Date		PTIN										
Paid		RÎMBALL R. BOBBITT	06	/05/19 self-employed											
Prep		ÉTIM'S name BOBBITT, PITTENGER & COMPANY, P.A.		Firm's EIN	65-0437100										
Use	UNIY '	Firm's address 3277 FRUITVILLE RD., BLDG. E		05	111266 4450 0										
46	Ala = 15	SARASOTA, FL 34237		Prione no. ( 94	11)366-4450 <b>9</b>										
way	tne <u>ll</u>	RS discuss this return with the preparer shown above? (see instructions)			X Yes No										

Form	m 990 (2018) PINES OF SARASOTA FOUNDATION, INC.	<u>59-2988752                                   </u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	·	
1	Briefly describe the organization's mission SEE PART I, LINE 1		
	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported		
4a	ECA 407		)
	PINES OF SARASOTA FOUNDATION RAISES FUNDS TO SUPPORT OUR IS TO SUPPORT PINES OF SARASOTA HEALTHCARE, LLC RESIDENTS OUTLIVED THEIR MEANS. PINES OF SARASOTA FOUNDATION ALSO FOR CAPITAL IMPROVEMENTS TO THE CAMPUS TO ENSURE THAT OUTLIVING FACILITY CONTINUES TO PROVIDE A SAFE AND COMFORTAL LIVE. PINES OF SARASOTA HEALTHCARE, LLC SERVES OVER 3,50 ANNUALLY. PINES OF SARASOTA IS CELEBRATING ITS 70TH YEAR OUR RESIDENTS WITH THE CARE AND COMFORT THEY DESERVE.	RAISES FUN RAISES FUN RESIDENTS BLE PLACE TO OO SENIORS	0
4b	(Code) (Expenses \$ 2,650,990. including grants of \$ 2,650,990.) (Revenue \$	<u> </u>	)
	CAMPUS IMPROVEMENTS:  PINES REMAINS THE LARGEST PROVIDER OF LONG TERM CARE FOR PEOPLE IN THE REGION. TO MEET THE EVER CHANGING NEEDS IN PINES MADE A COMMITMENT TO RENOVATE THE ASSISTED LIVING FOR BRING IT TO A LEVEL THAT IS COMMENSURATE WITH OTHER HOUST COMMUNITY. IN ADDITION PINES CREATED A NEW TRAINING FACT THAT THERE WILL BE A POOL OF HIGHLY TRAINED PEOPLE TO CARRESIDENTS.	THE COMMUNITACILITY TO ING IN THE	
4c	(Code) (Expenses \$) (Revenue \$	,	)
4d	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	- · · · 2 21E 477		
	· · · · · · · · · · · · · · · · · ·	Form <b>9</b> 5	90 (2018)

PINES OF SARASOTA FOUNDATION, INC.

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Part IV	Checklist of Required Schedules	

				T
_	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A	1	x	
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			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
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		X
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		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, 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?	_		v
	If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	x	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
b	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	11b		Х
С	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	11c		_X_
d	Did the organization report an amount for other assets 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	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
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	405		х
40	Is the organization asswered two to line 12a, then completing Schedule B, Parts XI and XII is optional list the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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 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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17	<u> </u>	
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,"	40		v
^^	complete Schedule G, Part III	19 20a	-	<u>X</u> X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-41
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
			990 (	2018)

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Ven No Part X, column (A), line 27 // "vis.," complete Schedule (, Parts and III 22 // "vis.," complete Schedule (). Parts I and III 22 // "vis.," complete Schedule (). Parts I and III 22 // "vis.," complete Schedule (). Parts I and III 22 // "vis.," complete Schedule (). Parts I vis. Part I vis. Schedule (). Parts I vis. Parts	Pa	rt IV Checklist of Required Schedules (continued)			
22 X  23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, coling fives, "complete Schedule I, Part I and all II  23 Did the organization answer "Yes" to Part VII, Section A, Inia 9, 4, or 5 about compensation of the organization's current and former officers, directors, trustes, key employees, and highest compensated employees? If "Yes, "complete Schedule I, Part II was essued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule X, If No." got to line 25s.  24	•			Yes	No
Part X. column (A), line 27 II "res," complete Schedule I, Parts I and III  29 Did the organization insies "res* to Part XII, Section A, Ine 3, 4, or 55 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? II "Yes," complete Schedule I. Part IV is listed by of the year, that was issued after December 31, 2002? II "Yes," answer lines 24b through 24d and complete Schedule K. II "No." go to aim 25s  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person? II "Yes," complete Schedule I., Part II  25d Did the organization provide a grant evidentic committee members prior form 500 or 500 EZ? II" Yes," complete Schedule I., Part III  25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contribution or employee throat grant evidentic committee members or to a specific person? II "Yes," complete Schedule I., Part III  27d Did the organization and parts or other assistance to an officer, director, trustee, key employees, or disqualified person? II II" Yes, "complete Schedule II., Part III"  27d Did the organization receive more than \$25,000 in non-cash contribution of it "Yes," complete Schedule II., Part III"  28d Did the organization included that organizat	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Г
23 Dd the organization answer "Yes" to Part VII, Section A, Ina 3.4, or 5 about compensation of the organization souriest and former offices, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 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," arriver lines 24th through 24d and complete Schedule Is and the organization maintain an escrive account of the than a refunding escrive at any time during the year to defease any tax-exempt bonds?  d Dd the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  d Dd the organization account of the state of the state of the organization engage in an excess benefit transaction with a deaqualified person during the year? If "Yes," complete Schedule I, Part I b is the organization aware that it engaged in an excess benefit transaction have a feet and engaged on an excess benefit transaction than the transaction with a deaqualified person in a prior year, and that the transaction has not been reported on any of the organizations proor Forms 990 or 990 E27 If "Yes," complete Schedule I, Part I b is the organization approach aware that it engaged in an excess benefit transaction with a deaqualified person in a prior year, and that the transaction has not been reported on any of the organizations provide grant or other assistance to an officer, director, trustee, they employees, or disqualified person in a prior year, and that the transaction and the register is a section of the organization and the section some officer, director, trustee, related employees, or disqualified persons? If "Yes," complete Schedule I, Part IV and yor if these persons? If "Yes," complete Schedule I, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Sc			22		x
and former officers, directors, frustees, key employees, and highest compensated employees? // "Yes," complete Schedule // "Yes," or law exist and several to bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sixed after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25s  Did the organization meets any proceeds of fax exempt bonds beyond a temporary period exception?  Did the organization meets are an exclow account other than a refunding scrow at any time during the year?  25a Section 501(x)3, 501(x)4, and 501(x)30 organizations, Did the organization engage in an excess benefit transaction with a dequalified person during the year?  25b In the organization avairs as an "on behalf of" issuer for bonds outstanding at any time during the year?  25c Section 501(x)3, 501(x)4, and 501(x)30 organizations, Did the organization engage in an excess benefit transaction with a dequalified person during the year?  25c In the organization avairs that it engaged in an excess benefit transaction with a disqualified person at year, and that the transaction have the experted in any of the organization sport forms 901 or 909.627 if "Yes," complete Schedule L, Part I "Eschedule L, Part I "Eschedule L, Part I I "Esche	23				
Schedule / La Det 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 assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Yes," or for line 25b. Do the long annuation mixed any proceeds of tax-exempt bonds beyond a temporary period exception?  Do the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  d Do the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Do the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I					
24a Did the organization have at tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sueed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Wo," go to line 25a  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d			23	ł	X
stant day of the years, that was issued after December 31, 2002? If "Yes," <i>enswer lines 24b through 24d and complete Schedule K. If "No." go to line 25a</i> b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 24d 25d 24d 25d Section 50 (16(5)), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25s Section 501(6)(5), 501(6)(4), and 501(6)(29) organizations. Did the organization engage 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 E27 if "Yes," complete Schedule L, Part I  b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, levy employees, bighest compensated employees, or disqualified persons 7 if "Yes," complete Schedule L, Part IV organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thrence, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions of a "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions of a "Yes," complete Schedule L, Part IV and the organization receive more than \$2	24a	,		· · · ·	
Schedule K. If "Mo." po to line 25a b Did the organization mustian an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization acid so an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization acid so an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization acid so an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization what adequalited person during the year? If "Yes," complete Schedule L, Part I b is the organization wave 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 organizations prior forms 90c or 90-627 If "Yes," complete Schedule L, Part I V 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  d Name of the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV assistance, or granted in or former officer, director, trustee, or key employee (or a family member schedule L, Part IV A name of a current or former officer, director, trustee, or key employee (or a family member schedule L, Part IV A name of a current or former officer, director, trustee, or key employee (or a family member schedule L, Part IV A name of the organization receive contributions of art, instorical treasures, or other similar assists, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV B Did the organization receive ones than \$25,000 in non-cash contributions? If "Yes," comp					
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  C Did the organization marrial an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization are start at rengaged in an excess benefit transaction with a disqualified person and start in rengage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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-E2? If "Yes," complete Schedule L, Part I  D dthe organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II  D dthe organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  and Acument or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  a Acument or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  a A family member of a current or former officer, director, trustee, or key employee? If a family member thereofy was an officer, director, trustee, or key employee? If a family member thereofy was an officer, director, trustee, or key employee? If a family member thereofy was an officer, director, trustee, or key employee? If a family member thereofy was an officer, director, tru			24a		X
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?  did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  22a Section 501(c/3), 601(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furstess, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV  27c 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee of a family member thereof) was an officer, director, trustee, or where the analysis of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part IV  Did the organization reliated to any tax exempt or the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes,"	b		24b		
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
contributions? If "Yes," complete Schedule M  ID the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 II, III, or IV, and Part V, line 1  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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  36 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  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, Part VI  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  Part V   Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  22 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  35c 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  36 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  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, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  38 Did the organization ser required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  11 (gambling) winnings to prize winners?	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
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If "Yes," complete Schedule R, Part V, line 2  36			35b		
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ta 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  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X		The second of th	I	Vac	<u></u>
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	4.	Enter the number reported in Box 3 of Form 1006 Enter 0 if not applicable	$\vdash$	Te\$	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X					
(gambling) winnings to prize winners?				ľ	
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PINES OF SARASOTA FOUNDATION, 59-2988752 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 5 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? Х За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a 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). a 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? X 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 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? 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Entera initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х

Form **990** (2018)

X

15

16

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

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.

	Check if Schedule O contains a response or note to any line in this Part VI			<u>X</u>						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 11			•						
	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.	1	1							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			l						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		i	İ						
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		Х						
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						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a_		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done .	12c	<u> </u>							
13	Did the organization have a written whistleblower policy?	13	<u> </u>							
14	Did the organization have a written document retention and destruction policy?	14	_X_							
15	Did the process for determining compensation of the following persons include a review and approval by independent		ľ							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a_	_X_							
þ	Other officers or key employees of the organization	15b		<u> </u>						
	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 with a									
	taxable entity during the year?	16a		X						
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								
Sec	tion C. Disclosure		·							
17	List the states with which a copy of this Form 990 is required to be filed ▶FL									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3):	only)	avaıla	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	W Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records			<del>.</del>						
	THE ORGANIZATION - 941-955-6293									
	1501 N. ORANGE AVENUE, SARASOTA, FL 34236									

832006 12-31-18

Check if Schedule O contains a response or note to any line in this Part VII

### 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of componention 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.

Charles this have freether the experience per envisabled experience compensated any current officer director, or tricted

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per	(do	(do not check more to box, unless person is				one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	声	ا ۾			ated		organization	(W-2/1099-MISC)	from the
	related	uste	trust		83	Suadu		(W-2/1099-MISC)		organization and related
	organizations below	ta ta	fonal		eg e	stcon				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
(1) RICHARD ANGELOTTI	0.50									
1ST VICE CHAIR		Х	_	X		<u> </u>		0.	0.	0.
(2) L. THOMAS BAKER	0.50									
TRUSTEE		X	<u> </u>			H		0.	0.	0.
(3) KIMBERLY BALD	0.50									
2ND VICE CHAIR		Х	<u> </u>	X				0.	0.	0.
(4) STEWART BITTERMAN	0.50									
TRUSTEE	0.50	X				_		0.	0.	0.
(5) SHIRLEY FIEBER	0.50									•
TREASURER		X		X		H		0.	0.	0.
(6) SUE JACOBSON	0.50									
TRUSTEE	0.50	Х		_		ļ		0.	0.	0.
(7) ART MAHONEY	0.50	,,								0
TRUSTEE	0.50	X	_				_	0.	0.	0.
(8) CHARLA BURCHETT	0.50	<b>.</b> ,						0.		0
TRUSTEE	0.50	X		-		$\vdash$		0.	0.	0.
(9) EDMUND W. MORTON, III	0.50	x		x				0.	0.	0
CHAIR	0.50	^	$\vdash$	^		-			0.	0.
(10) MARILYN SHUMAN	0.50	x		x				0.	o.	0.
SECRETARY	0.50	Λ		Λ			_			0.
(11) PETER ABBOTT	0.30	x						0.	0.	0.
TRUSTEE CANDO	50.00	Λ				H				
(12) JANET K GINN	30.00			x				66,369.	0.	_ 0.
PRESIDENT			-	Λ		H		00,303.		
					· :					
			$\vdash$	$\dashv$		$\vdash$				
						$\vdash$				
	<u> </u>									
		$\Box$								<del></del>

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	(do not co box, unle officer an		recto	than is bot	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISO		amo ot compe fror organ and r	stimated mount of other appensation from the ganization d related anizations	
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but n		nose	liste	ed at	DOVE	e) wh	ono re	66,369. 66,369. eceived more than \$100		0. 0.		(	0. 0.
<ul> <li>Compensation from the organization</li> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commended to the organization?</li> </ul>	director, or truuch individual im of reportab 0,000? If "Yes, accrue compe	ustee le co " coa	e, ke ompo mple on f	y en ensa ete S	nplo ition Sche any	yee, and edule	or l	highest compensated enter compensation from for such individual	mployee on the organization		3 4	3	0 10 X X
Complete this table for your five highest co the organization. Report compensation for      (A)  Name and business	the calendar y	ear e		ng w					year.		(C)	<del>,</del>	
												•	
Total number of independent contractors (i \$100,000 of compensation from the organic		ot lii	mite	d to		se lis	sted	l above) who received m	nore than		orm <b>9</b> 9	<b>30</b> (20:	10\

			2018) PINES		SOIR FUUI	NDALION, I	IVC •	<u> </u>	77.72 Tago 5
Pa	rt V								<u></u>
	-		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	,	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ts, and ve 1f	170,880, 35,934,303,				
<u>5</u>		<u>h</u>	Total. Add lines 1a-1f		<b>D</b>	36,105,183,			<del></del>
Program Service Revenue		b c d e f	All other program service reve		Business Code				
	3	<u>g</u> _	Investment income (including	dividends intere	· · · · · · · · · · · · · · · · · · ·				<u> </u>
	4 5		other similar amounts) Income from investment of tal Royalties		▶	135,387.			135,387
	i		Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) rieal	(ii) i ersonal				
		b c	Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss)	(i) Securities  166,130, -166,130,	(ii) Other				
Other Revenue	8	а	Net gain or (loss) Gross income from fundraisin including \$ 170 contributions reported on line Part IV, line 18 Less direct expenses	.880. of	21,170, 21,170,	-166,130,			-166,130
)	9	а	Net income or (loss) from fund Gross income from gaming at Part IV, line 19 Less: direct expenses	-	<b>&gt;</b>	0.			
	10	c a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities	<b>&gt;</b>				
		<u>c</u>	Net income or (loss) from sale Miscellaneous Revenu	s of inventory e	Business Code				
		b b	All other revenue			_			
		-	Total. Add lines 11a-11d			· · · · · · · · · · · · · · · · · · ·			
	12	_	Total revenue. See instructions		•	36 074 440	0.	0	-30,743

832009 12-31-18

Check if Schedule O contains a response or note to any line in the Part IX  Do not include amounts reported on lines 6b, 78, 8b, 9b, and 10b of Part VIII.  Francis and other assistance to demestic organizations and domestic government. See Part IV, line 21  Grants and other assistance to demestic organizations and domestic governments. See Part IV, line 22  Grants and other assistance to company organizations, foreign governments, and foreign individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals of the Part IV, line 12  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals of the Part IV, line 13  Dements and other assistance to foreign organizations, foreign governments, and foreign individuals of the Part IV, line 13  Dements and the expension of current officers, directors, trusters, and key employees  Compensation of current officers, directors, trusters, and key employees  Compensation of current officers, directors, trusters, and contributions (include section 4010); and advantage persons described in section 498(kg)(1)) and persons described in section 498(kg)(1) and 498(kg) employer contributions (include section 4010); and 498(kg) employer contributions (include section 4	Sec	tion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oth	ner organizations must co	omplete column (A).	
Total expenses Program saving and management and grandil expenses properties and other assistance to demestic organizations and domestic governments. See Part IV, line 21 and a seek part IV, line 22 and a seek part IV, line 23 and a seek part IV, line 24 and a seek part IV, line 25 and 16 and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 and		Check if Schedule O contains a respon	nse or note to any line in	this Part IX	•	
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to r for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4956(f(1)) and persons described in 4956(f(1))				Program service	Management and	Fundraising
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Individuals   See Part IV, Inters 15 and 16   Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   Compensation not included above, to disqualified persons (as defined under section 4958(IV)) and persons described in section 4958(IV)) and persons described in section 4958(IV)) and persons described and contributions (include section 4910) and 493(IV) and 493(IV) and 593(IV) and persons described in section 491(IV) and 493(IV) employer contributions)   Other employee benefits   Payroll taxes   Payroll taxes   Person plan accruals and contributions   Payroll taxes   Person penson plan accruals and contributions   Payroll taxes   Person penson penson accruals and contributions   Payroll taxes   Person penson penson accruals and contributions   Payroll taxes   Person penson accruals and contributions   Payroll taxes   Payroll	3	Grants and other assistance to foreign				
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6 Compensation not included above, to desqualited persons (as defined under section 4958(h(3)) and persons described in section 4958(h(3)) and persons described in section 4958(h(3)) and persons described in section 4958(h(3)) and 203) and 203, 758.    7 Other salaries and wages   Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   Other employee benefits   10 Payroll taxes   11 Fees for services (non-employees):   12 Agraphic   13 Management   14 Legal   15 Agraphic   16 Lobbyring   17 Investment management fees   18 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   19 Advertising and promotion   10 Office expenses   11 Travel   12 Agraphic   13 Agraphic   14 Intornation technology   15 Royalties   16 Cocupancy   17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   11 Internation technology   10 Insurance   11 Agraphic   12 Agryments to affiliates   12 Payments to affiliates   13 Payments of travel or entertainment expenses for any federal, state, or local public officials   10 Conferences, conventions, and meetings   11 Internation technology   12 Agryments to affiliates   13 Payments of travel or entertainment expenses   14 Payments to affiliates   15 Payments to affiliates   16 Payments to affiliates   17 Payments of travel or entertainment expenses   18 Payments of travel or entertainment expenses   19 Conferences, conventions, and meetings   11 Internation technology   19 Agraphic   19 Agrap	5	Compensation of current officers, directors,		•		
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Persons described in section 4958(c)(3)(8)   203,758.   113,395.   90,363.	6					
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16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 11,831. 1,831. 1,831. 1,831. 1,831. 1,831. 2,942. 2,		<del></del>				
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) 2 DONOR CULTIVATION 3 DONOR CULTIVATION 4 DONOR EXPENSES 5 DONOR CULTIVATION 5 BOARD EXPENSES 7 Dank CHARGES 7 Data functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·				<del></del>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings Interest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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 0.)  2 DONOR CULTIVATION  3 DONOR CULTIVATION  47. 9,103.  BOARD EXPENSES  1,677.  1,436.  DUES & SUBSCRIPTIONS  All other expenses  All other expenses  352.  549.  All other expenses. Add lines 1 through 24e  Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · ·		<del></del>		<u> </u>
for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  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 0.)  DONOR CULTIVATION  BOARD EXPENSES  DUES & SUBSCRIPTIONS  All other expenses  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-	` <b>[</b>				· <del></del>
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.)  a DONOR CULTIVATION b BOARD EXPENSES c BANK CHARGES d DUES & SUBSCRIPTIONS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		-				
Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  DONOR CULTIVATION BOARD EXPENSES DUES & SUBSCRIPTIONS All other expenses All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	19					
Depreciation, depletion, and amortization   1,831.   1,831.     2,942.						
23 Insurance 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 0.)  a DONOR CULTIVATION b BOARD EXPENSES c BANK CHARGES d DUES & SUBSCRIPTIONS e All other expenses Total functional expenses. Add lines 1 through 24e  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.	21	Payments to affiliates				
23 Insurance 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 0.)  a DONOR CULTIVATION b BOARD EXPENSES c BANK CHARGES d DUES & SUBSCRIPTIONS e All other expenses Total functional expenses. Add lines 1 through 24e  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.  2,942.	22	Depreciation, depletion, and amortization	1,831.		1,831.	
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 0.)  a DONOR CULTIVATION  b BOARD EXPENSES  c BANK CHARGES  d DUES & SUBSCRIPTIONS  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23	Insurance	2,942.		2,942.	
a DONOR CULTIVATION b BOARD EXPENSES c BANK CHARGES d DUES & SUBSCRIPTIONS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,523,746. 3,215,477. 182,144. 126,125.  26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b BOARD EXPENSES c BANK CHARGES d DUES & SUBSCRIPTIONS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		9,150.		47.	9,103.
c BANK CHARGES d DUES & SUBSCRIPTIONS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b				1,677.	
d DUES & SUBSCRIPTIONS e All other expenses  Total functional expenses. Add lines 1 through 24e  3,523,746. 3,215,477. 182,144. 126,125.  26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Total functional expenses. Add lines 1 through 24e 3,523,746. 3,215,477. 182,144. 126,125.  Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d	DUES & SUBSCRIPTIONS	549.			
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е		352.			
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	3,523,746.	3,215,477.	182,144.	126,125.
educational campaign and fundraising solicitation.	26	Joint costs Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
Check here If following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.				
		Check here If following SOP 98-2 (ASC 958-720)		<u></u>		

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 435,208. 298,733. 1 Cash - non-interest-bearing 2,550,058. 15,034,385. 2 Savings and temporary cash investments 2 116,744. 21,566,503. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 43,098. basis. Complete Part VI of Schedule D 10a 39,803. 5,126. 10b 10c 3,295. b Less accumulated depreciation 10,369,549 11 11 Investments - publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 4,281. 4,000 15 Other assets. See Part IV, line 11 15 45,583,234. 13,480,685. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,542. 36,985. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 20,600. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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 26,142. 36,985. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,381,822. <u>5,568,667.</u> 27 27 Unrestricted net assets 6,323,330. 39,228,191. 28 Temporarily restricted net assets 749,391. 749,391. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 45,546,249. 13,454,543. 33 33 Total net assets or fund balances 45,583,234. 13,480,685. 34 Total liabilities and net assets/fund balances

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

# **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

	PINE	ES OF SARAS	<u>SOTA FOUNDATI</u>	ON, I	NC.		5	<u> 59-2988752                                     </u>
Part I	Reason for Public				ns part ) S	ee instructions	<del></del>	
The orga	nization is not a private found							
1	A church, convention of ch		•	-			λ	
2 🗀	A school described in sect					''\\'''	$\sim V$	
3 🖂	A hospital or a cooperative					\	)1	
		-					/ \ Kiii) Entor	the beentel's name
4 📖	A medical research organiz	zation operated in Co	onjunction with a nospita	i describe	u III Secu	)(1)(a)(1)(A)	mi). Cinei	the nospital s name,
- [	city, and state:		. 11				- 4 1	
5 📖	An organization operated f		ollege or university owne	d or opera	ted by a g	jovernmentai u	init descri	oea in
	section 170(b)(1)(A)(iv). (							
6 🖳	A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A	)(v).		
7 [X]	An organization that norma	ally receives a subst	antial part of its support	from a gov	ernmenta	l unit or from t	ne general	public described in
	section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8 🗀	A community trust describe	ed in section 170(b	)(1)(A)(vi). (Complete Par	t II )				
9 🔲	An agricultural research or	ganization described	d in section 170(b)(1)(A)	ix) operat	ed in conji	unction with a	land-grant	college
	or university or a non-land-	grant college of agri	culture (see instructions)	Enter the	name, cit	y, and state of	the colleg	je or
	university						•	
10 🔲	An organization that norma	ally receives: (1) mor	e than 33 1/3% of its sur	port from	contributi	ons, members	hip fees, a	and gross receipts from
	activities related to its exer	•	-	•			•	-
	income and unrelated busi	•	·					<del>-</del>
	See section 509(a)(2). (Co		o (icoo occitori o i i tax) ii	0111 00010	ooco doqu	since by the on	garnzation	artor darie do, 1070
11 🔲	An organization organized	•	awaly to toot for public es	foty Soo	coation E	00(0)(4)		
12 🗔	•	•	•	•			rn, out the	nurnanna of ana ar
12	An organization organized	•	•	-			•	• •
	more publicly supported or	•						Drieck trie box in
_	lines 12a through 12d that							
a L_	☐ Type I. A supporting orga	•	·	•	•			
	the supported organization	• • •	• • • •	a majority	of the dire	ctors or truste	es of the s	supporting
_	organization You must o	complete Part IV, S	ections A and B.					
Ь∟	Type II. A supporting org	janization supervise	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving
	control or management of	of the supporting org	ganization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
	organization(s) You mus	st complete Part IV,	Sections A and C.					
c L	$oldsymbol{ol}}}}}}}}} $	egrated. A supportin	ng organization operated	in connec	tion with,	and functional	ly integrate	ed with,
	its supported organizatio	n(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d $\square$	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its suppor	ted organi	zation(s)
	that is not functionally int							
	requirement (see instruct	tions). You must co	mplete Part IV. Sections	A and D.	and Part	V.		
e [	Check this box if the orga		•				II. Type III	
• —	functionally integrated, o					, , , , , , , , , , , , , , , , ,	, .,,,	
€ Ent	er the number of supported		onany antogration copport					
	vide the following information	•	ed organization(s)					
	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
	organization	``	(described on lines 1-10	Yes	No No	support (see in	•	support (see instructions)
			above (see instructions))	163	140			
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<u>rotal</u>								

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			ļ			
	membership fees received. (Do not		•				
	include any "unusual grants.")	1,088,394,	1,024,361,	2,146,389,	2,397,926,	1,105,183,	7,762,253,
2	Tax revenues levied for the organ-	i					
	ızatıon'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	Total. Add lines 1 through 3	1,088,394,	1,024,361,	2,146,389.	2,397,926,	1,105,183,	7,762,253.
5	The portion of total contributions						
	by each person (other than a				į		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	i					
	column (f)						1,780,065.
6	Public support. Subtract line 5 from line 4						5 982 188
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,088,394,	1,024,361,	2,146,389,	2,397,926.	1,105,183,	7,762,253.
8	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties,						
	and income from similar sources	145,569.	124,599.	127,762.	185,206.	147,603.	730,739.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain			_			
	or loss from the sale of capital				ı		
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						8,492,992.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here	·				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		·	<u> </u>	
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	70.44 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	<u>75.17 %</u>
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization		•		►X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		•	▶∟
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization o	jualifies as a public	cly supported orga	ınızatıon	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>▶</u>
					Sche	dule A (Form 990	or 990-EZ) 2018

Ves No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain 2 Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sch	edule A (Form 990 or 990 EZ) 2018 PINES OF SARASOTA FOUND	ATION	. INC.	59-2988752 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain ii	n Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	_ 1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		1
7		7		
. 8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			· · · · · · · · · · · · · · · · · · ·
	factors (explain in detail in Part VI):	,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_ 3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_ 5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

Sche	edule A (Form 990 or 990-EZ) 2018 PINES OF SARA	SOTA FOUNDATIO	N, INC.	59-2988752 Page 7
Pa	rt V Type III Non-Functionally Integrated 509			
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	1			
3	organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purpositions.			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		<del></del>	
7	Total annual distributions, Add lines 1 through 6.		<del></del>	<del> </del>
<u>.</u> 8	Distributions to attentive supported organizations to which the	he organization is responsive		
Ü	(provide details in Part VI). See instructions.	ne organization is responsive	v	
9	Distributable amount for 2018 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount			
10_	Life 8 amount divided by life 9 amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7. \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			1
7	Excess distributions carryover to 2019. Add lines 3;			
	and 4c.			
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 PINES OF SARASOTA FOUNDATION, INC. 59-2988752 Page 8  Part VI  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:
DESCRIPTION: CASH/READILY MARKETABLE SECURITIES
DATE: 10/25/18 AMOUNT: 35000000.
PART II, SHORT YEAR EXPLANATION:
PUBLIC SUPPORT FOR 2018 IS FOR A SHORT YEAR - AUGUST 1, 2018 THROUGH
DECEMBER 31, 2018. ALL OTHER YEARS REPRESENT FULL YEARS OF ACTIVITY.
<del></del>
832028 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

PINES OF SARASOTA FOUNDATION, INC. Employer identification number 59-2988752

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 fu	inds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified I	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation 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
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	f [
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	inization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	= · · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation e	asements during the year
_	<b>&gt;</b> \$		DVA
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170(n)(4)(	
9	and section 170(h)(4)(B)(ii)?	on accoments in its revenue and evenues state	Yes No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	· · · · · · · · · · · · · · · · · · ·	
	conservation easements	tion's infancial statements that describes the of	ganization's accounting for
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		, p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	·	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 1	<del>-</del>	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
-HA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

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	edule D (Form 990) 2018 PINES C	F SARASOTA					2988752 Page 2
	<del></del>						
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	tollowing that	are a sign	micant use of i	ts collection items
_	(check all that apply)  Public exhibition	_	l oan or evo	hange progra	me		
a b	Scholarly research		Other	nang <del>e</del> progra	1115		
C	Preservation for future generations	•	e L Outer			<u> </u>	
4	Provide a description of the organization's c	ollections and evolu-	n how they further t	he organizatio	n'e avamn	t nurnose in E	Part YIII
5	During the year, did the organization solicit of	·	=				art Alli.
3	to be sold to raise funds rather than to be m		·	•	i Sirillai as	isots [	Yes No
Par	rt IV Escrow and Custodial Arran				Ves" on Fo	rm 990 Part I	
	reported an amount on Form 990, Pa	-	oto ii tilo organizatio	anoword	100 01110	000, 1 a.c.	V, III.0 0, 0.
	Is the organization an agent, trustee, custod	***************************************	hary for contribution	s or other ass	sets not inc	 :luded	
	on Form 990, Part X?	ian or other monitor	siary for corping core			[	Yes No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing table:			_	
	Too, oxplain the arengement are are xiii	and complete the re	moving tubio				Amount
c	Beginning balance					1c	7 4110-0114
	Additions during the year	• •		•		1d	
e	Distributions during the year					1e	-
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodiał accou	unt liability?		Yes No
	If "Yes," explain the arrangement in Part XIII.	•	•		•	•	
Pai							<del></del>
		(a) Current year	(b) Prior year	(c) Two years		Three years bad	k (e) Four years back
1a	Beginning of year balance	7,398,455,	1,292,231,	1,184	041,	1,602,17	
b	Contributions	32,904,861,	6,106,224,		190.	408,19	
С	Net investment earnings, gains, and losses					28,10	
ď	Grants or scholarships					846,304	
е	Other expenditures for facilities						
	and programs			<u> </u>			
f	Administrative expenses .					8,130	59.061.
g	End of year balance	40,303,316,	7,398,455.	1,292	231.	1,184,041	1,602,174.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as.			
а	Board designated or quasi-endowment	.81	_%				
b	Permanent endowment ► 1.86	%					
С	Temporarily restricted endowment ▶ 9	<u>7.33</u> %					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	nd administer	ed for the o	organization	
	by <sup>.</sup>						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	red on Schedule R?				3b
4	Describe in Part XIII the intended uses of the		wment funds				
Par							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990,	Part X, line	10.	
	Description of property	(a) Cost or o	1 1 1	or other	(c) Accu		(d) Book value
		basis (investr	nent) basis	(other)	depred	ciation	
1a	Land						
b	Buildings						
C	Leasehold improvements				<u>=</u>		
ď	Equipment	ļ	4	3,098.	3	9,803.	<u>3,295.</u>
	Other						
<b>Total</b>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	Oc.)			3,295.

D 4 1/11	1	041	
Part VIII	Investments	- Other Seci	urities.

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)  (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D)	(b) Book value		Cost or end-of-year market value
(2) Closely-held equity interests (3) Other (A) (B) (C)			
(3) Other			
(A) (B) (C)			
(B) (C)			
(C)			
(D)			
	-		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV,		
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d See Form 990, Part X, I	ine 15
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<b></b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV,		art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018.

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		SARASOTA						⊃age
Par	·			nts Wi	th Revenue per	Retun	n.	
1	Complete if the organization answered  Total revenue, gains, and other support per au				<u> </u>	1	35,636,6	522
2	Amounts included on line 1 but not on Form 9					· · -	5575575	
a	Net unrealized gains (losses) on investments	•		2a	-448,617			
b	Donated services and use of facilities			2b				
¢	Recoveries of prior year grants			2c	<del></del>	_		
	Other (Describe in Part XIII.)			2d	10,799	ᆈ		
	Add lines 2a through 2d					2e	-437,8	
	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line <sup>:</sup>	10 h. d d l 1				3	36,074,4	<u>. 4 U</u>
	Investment expenses not included on Form 99	•		4a				
	Other (Describe in Part XIII )	o, rait viii, iiile rb		4b	<del>-</del>	┪ !		
	Add lines 4a and 4b		'			4c		0
5_	Total revenue Add lines 3 and 4c. (This must e	equal Form 990, Part	I, line 12)			5	36,074,4	40
Par	XII Reconciliation of Expenses pe			nts W	ith Expenses pe	r Retu	ırn.	
	Complete if the organization answered		Part IV, line 12a.			1 1	2 544 0	4.5
	Total expenses and losses per audited financia					1	3,544,9	16
	Amounts included on line 1 but not on Form 99 Donated services and use of facilities	30, Part IX, line 25.	!	ا مما				
	Prior year adjustments			2a 2b		┪		
	Other losses	•		2c		1		
	Other (Describe in Part XIII )	•		2d	21,170			
	Add lines 2a through 2d					2e	21,1	.70
3	Subtract line 2e from line 1					3	3,523,7	46
	Amounts included on Form 990, Part IX, line 25		ı	1 1				
	Investment expenses not included on Form 99	0, Part VIII, line 7b		_4a		-		
	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>	•	l	4b		ا ء ا		^
	Not lines <b>4a</b> and <b>4b</b> Total expenses Add lines 3 and 4c. (This must	equal Form 000 Par	t I line 18 l		•	4c 5	3,523,7	46
	XIII Supplemental Information.							
PAR	T V, LINE 4:							
<u>'HE</u>	ORGANIZATION INTENDS TO	O USE ITS F	ENDOWMENT	FUN	DS TO PURSU	JE I	IS STATED	
MT C	CION CURRORM OF RINES	OE CADACOMI	TN DEDD	rame t	mv			
<u>11 5</u>	SION, SUPPORT OF PINES	OF SARASUIF	1 IN PERP.	FIUI	11.			
<u>'AR</u>	T X, LINE 2:		·		<del></del>			
<u>'HE</u>	FOUNDATION IS ORGANIZE	D AS A NOT-	-FOR-PROF	IT C	ORPORATION	UNDI	ER THE LA	ws
)F_	THE STATE OF FLORIDA AND	D HAS BEEN	GRANTED	RECO	GNITION OF	ITS	TAX-EXEM	PТ
<u>AT:</u>	TUS UNDER SECTION 501(C	)(3) OF THE	INTERNA	L RE	VENUE CODE	. A(	CCORDINGL	Y,
10	INCOME TAX LIABILITY OR	PROVISION	FOR INCO	ме т	AXES IS REI	FLEC	red in	
	SE FINANCIAL STATEMENTS					_		
	JECT TO AUDIT BY VARIOUS					-		
	ORMATION RETURNS FOR 201							
	10-29-18		30				ule D (Form 990)	
406	05 785115 9615	2018.0305		F SA	RASOTA FOU	NDAT	IO 9615	1

Schedule D (Form 990) 2018 PINES OF SARASOTA FOUNDATION, INC.  Part XIII   Supplemental Information (continued)	59-2988752 Page 5
Gupplemental information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	04 450
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	
	10,799.
TOTAL TO BEHADOLE D, TAKE AL, LIKE 2D	10,133.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	21,170.

### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** PINES OF SARASOTA FOUNDATION, INC. 59-2988752 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations a X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No MARLENE SIMONS - 6185 NICOLE COURT SARASOTA FL 34243 GRANT WRITER X 310,589 26,000 284,589, 26,000 310,589 284 589. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration FL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 PINES OF SARASOTA FOUNDATION, INC. 59-2988752 Page 3
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility . 13a %
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.
Name ▶
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party.
Name ►
Address ▶
4C. Coming manager information:
16 Gaming manager information:
Name
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes No
retain the state gaming license?  L Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
832083 10-03-18 Schedule G (Form 990 or 990-EZ) 2018

<u>Schedule</u> G	(Form 990 or 990-EZ)	PINES OF	SARASOTA	FOUNDATION,	INC.	59-2988752 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continu	ied)			
		<u> </u>	<u>-</u>	<u> </u>		
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# Employer identification number Open to Public Inspection OMB No 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990)

Part 1 General Information on Grants and Assistance	OF SARASOTA	FOUNDATION,	INC.	5 5 6 9 9			59-2988752	7
1 Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
criteria used to award the grants or assistance?	stance?						X Yes	ĝ
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mon	tonng the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if addit	ional space is need	pa				-
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
PINES OF SARASOTA HEALTHCARE, LLC 1501 N. ORANGE AVENUE							FUNDS TO PROVIDE CAPITAL SUPPORT TO PINES OF	+
SARASOTA, FL 34236	47-5272934	501(C)(3)	3,215,477.	0,			SARASOTA,	1
·								1
	į							1
	and government o	ions	listed in the line 1 table					
٧.	is listed in the line	l table					<b>A</b>	1
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2018)	018)

Page 2 (f) Description of noncash assistance 59-2988752 (book, FMV, appraisal, other) THE PINES FOUNDATION REPORTS TO THE GRANTORS HOW AND WHEN THEIR GRANTS WERE THE PINES RECEIVES COPIES OF INVOICES DOCUMENTING THE EXPENDITURE OF Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance PINES OF SARASOTA FOUNDATION, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2018)

Part III Grants and Other GRANT FUNDS. USED.

Schedule I (Form 990) (2018)

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# SCHEDULE O

(Form 990 or 990-EZ)

# 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.

OMB No 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** 59-2988752 PINES OF SARASOTA FOUNDATION, INC. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, PINES OF SARASOTA FOUNDATION WAS INCORPORATED IN 1990 TO SUPPORT THE ENDOWMENT, CAPITAL AND PROGRAMMATIC NEEDS OF PINES OF SARASOTA, A NOT-FOR-PROFIT SENIOR CARE COMMUNITY SERVING RESIDENTS EVEN AFTER THEY HAVE OUTLIVED THEIR RESOURCES. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS SENT TO THE AUDIT/EXECUTIVE COMMITTEE OF THE PINES OF SARASOTA UPON REVIEW AND APPROVAL, THE TREASURER NOTIFIES THE FULL FOUNDATION. BOARD OF DIRECTORS THAT THE AUDIT/EXECUTIVE COMMITTEE HAS REVIEWED AND AN ELECTRONIC OR HARD COPY OF THE APPROVED 990 APPROVED THE CONTENTS. DRAFT IS ALSO SENT TO THE FULL BOARD WITH A REQUEST TO REVIEW, SUGGEST SUBMIT QUESTIONS OR COMMENTS OR RECOMMEND FOR FILING AS IS. RECEIVING A CONSENSUS, THE 990 IS SUBMITTED FOR FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT THE FIRST BOARD MEETING OF THE YEAR. EACH BOARD MEMBER RECEIVES THEIR RESPECTIVE SIGNED FORM, ALONG WITH AN ATTACHED SHEET INDICATING THAT THEY UNDERSTAND AND REMAIN IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. ANY BOARD MEMBER, NEW TO THE ORGANIZATION WHO HAS INADVERTENTLY NOT YET RECEIVED OR REVIEWED SAID POLICY IS GIVEN A NEW ONE. THE CHAIRMAN OR BOARD PRESIDENT REVIEWS THE POLICY, RESPONDS TO ANY QUESTIONS AND, THEN IF ALL

COVER SHEET INDICATING THEY HAVE REVIEWED AND IN GOOD FAITH AGREE THEY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TRUSTEES AGREE THAY ARE IN COMPLIANCE, THEY ARE ASKED TO SIGN AND DATE A

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization PINES OF SARASOTA FOUNDATION, INC.	Employer identification number 59-2988752
REMAIN IN COMPLIANCE. SHOULD THERE BE A SITUATION WHERE	A BOARD MEMBER IS
NO LONGER IN COMPLIANCE, A MEMBER OF THE EXECUTIVE COMITT	EE WILL MEET
INDIVIDUALLY WITH THE TRUSTEE TO DISCUSS AND RESOLVE THE	ISSUE. BOARD
MEMBERS MUST BE IN COMPLIANCE WITH THE CONFLICT OF INTERE	ST POLICY IN ORDER
TO REMAIN IN GOOD STANDING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THERE IS A PROCESS BY WHICH THE COMPENSATION OF THE PRESI	DENT, THE
FOUNDATION'S TOP PAID MANAGEMENT OFFICIAL, IS REVIEWED AN	D DETERMINED. THE
CHAIRMAN OF THE FOUNDATION FORMS A SMALL TASK FORCE TO BO	TH EVALUATE THE
PRESIDENT AND RECOMMEND COMPENSATION. THE PROCESS INCLUD	ES REVIEW OF THE
CURRENT COMPENSATION STATISTICS GATHERED FROM LOCAL 990'S	OF ORGANIZATIONS
OF SIMILAR SIZE OPERATING BUDGETS.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:	<del></del>
THE ORGANIZATION'S WEBSITE AND NEWSLETTERS INCLUDE A STAT	EMENT INDICATING
THAT ITS GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTER	EST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-10,371.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2018

OMB No 1545-0047

59-2988752

Open to Public **Employer identification number** Direct controlling entity  $\boldsymbol{\varepsilon}$ End-of-year assets Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income ਉ Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) ► Attach to Form 990. INC. PINES OF SARASOTA FOUNDATION, Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Parti

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part.II.

(a)	(q)	(0)	(D)	(e)	(£)	(6)	
Name, address, and EIN of related organization	Pnmary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b) controlled entity?	12(b)(13) illed y?
				501(c)(3))		Yes	o N
PINES OF SARASOTA HEALTHCARE, LLC -	OPERATE AND MAINTAIN						
47-5272934, 1501 N ORANGE AVE, SARASOTA, FL SKILLED NURSING AND	SKILLED NURSING AND						
34236	ASSISTED LIVING FACILITY	FLORIDA	501(C)(3)	LINE 7			×
PINES OF SARASOTA HOLDING CORPORATION -	OPERATE AND MAINTAIN						
47-5260713, 1501 N ORANGE AVE, SARASOTA, FL	SKILLED NURSING AND			LINE 12C,			
34236	ASSISTED LIVING FACILITY	FLORIDA	501(C)(3)	III-FI			×
PINES OF SARASOTA MANAGEMENT CORPORATION -	OPERATE AND MAINTAIN						
47-5261041, 1501 N ORANGE AVE, SARASOTA, FL	SKILLED NURSING AND			LINE 12C,			
34236	ASSISTED LIVING FACILITY	FLORIDA	501(C)(3)	III-FI	!		×
PINES OF SARASOTA, INC 59-0700567							
1501 N ORANGE AVE							
SARASOTA FL 34236	FITLE HOLDING COMPANY	FLORIDA	501(C)(2)				×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2018	(Form 99	0) 2018

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59-2988752

PINES OF SARASOTA FOUNDATION, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	2(b)(13) lted tion?
1100 CENTRAL AVENUE CORPORATION - 46-1562505 1501 N ORANGE AVE SARASOTA, FL 34236 T	TITLE HOLDING COMPANY	FLORIDA	501(C)(2)				· ·
							1
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						1	
							! 

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59-2988752

Schedule R (Form 990) 2018 PINES OF SARASOTA FOUNDATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Name, address, and EIN Primary activity I class of controlling activity of controlling controlling activity of controlling activity of controlling activity of controlling activity activity of controlling activity activity activity activity of controlling activity	(a)	(q)	(၁)	(p)	(e)	ω)	(6)	E	(6)	s	€
Sections 512-514)  Yes No K-1 (Form 1065)	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of end-of-year assets		Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
			country)		sections 512-514)			ž	K-1 (Form 1065)	Yes No	
		•									
										_	
										$\frac{1}{1}$	
										_	
		-						_			
										-	

organizations treated as a corporation or trust during the tax year. Part IV

(a) (e)
Primary activity

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Schedule R (Form 990) 2018

e

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	n Parts II·IV?	`
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				M M
e Loans or loan guarantees by related organization(s)				te X
				•
f Dividends from related organization(s)				¥ ×
g Sale of assets to related organization(s)		:	,	1g X
		:		#
i Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				+
	ınızatıon(s)			×
Performance of services or membership or fundraising solicitations by re	nization(s)			Tm +
	(e) IO			1
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			:	10 X
a Doumhurcoment and to related organization(s) for expenses				ţ
q nellibulserietik palu by refateu organization(s) ior expenses	•			
r Other transfer of cash or property to related organization(s)				×
				ds X
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
(6)				
(4)				
(9)				
832183 10-02-18	4.3		Schedu	Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 PINES OF SARASOTA FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(a) Name, address, and EIN of entity									
Name, address, and EIN of entity	(p)		(d) (e)			ε	(3)	5	3
	Primary activity	Legal domicile (state or foreign country)	Predominant income parties sec (related, unrelated, 501(c)(3) excluded from tax under sections 512-514)   Yes   No	sec Share of (3) total (ncome	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI Imount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
				-		_			
								-	
				_					
						-			

Schedule R (Form 990) 2018