EXTENDED TO JUNE 17, 2019

Form **990**

Department of the Treasury

Internal Revenue Service

SCANNED FEB 2 1 2027

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

▶ 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.

2017 Open to Public Inspection

Form 990 (2017)

A For the 2017 calendar year, or tax year beginning AUG 1, 2017 and ending JUL 31, 2018 D Employer identification number C Name of organization Check if applicable Address INC. PINES OF SARASOTA, Name change Doing business as 59-0700567 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1501 N. ORANGE AVENUE 941-365-0250 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended SARASOTA, FL 34236 H(a) Is this a group return Applica-F Name and address of principal officer, BRUCE BLAKE Yes X No for subordinates? pending SAME AS C ABOVE Yes H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) __ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J±Website: ► PINESOFSARASOTA.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > L Year of formation: 1948 M State of legal domicile: FL Part I Summary SEE SCHEDULE O Briefly describe the organization's mission or most significant activities: Check this box If the organization discontinued its operations or dispessed America 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, Fig. 2017)

Total number of individuals employed in calendar year 2017 (Part V, line Number of voting members of the governing body (Part VI, line 1a) 딿 _{1P)} 1202 **& 0** BUA 5 4 0 5 Ō Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. 225,713. 1,329,516. 519,509. 9 Program service revenue (Part VIII, line 2g) 92,794. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Ω. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,422,310. 745,222. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 758,997 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,740,102. 798,877. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,557,874. 1,740,102. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -135,564. -994,880.Revenue less expenses Subtract line 18 from line 12 5 End of Year Beginning of Current Year 30,043,204. 29,433,727. 20 Total assets (Part X, line 16) 10,234,445. 21 Total liabilities (Part X, line 26) 23,990,527. 19,808,759. 443,200. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete began all on of prepare other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign BRUCE BLAKE CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer s signature Check Paid JOSHUA PISA 05/21/21 P01736278 Firm's name WALTERS & ASSOCIATES Preparer Firm's EIN 59-3618759 Use Only 3277 FRUITVILLE RD., Firm's address SARASOTA, FL 34237 Phone no. (941)366-4450 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions

orm	990 (2017) PINES OF SARASOTA, INC.	59-070	0567	Page 2
Pa	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: OWN AND MAINTAIN AN ASSISTED LIVING FACILITY PRIMARILY INTRACEDED TO THE PRIMARITY INTERPRETATION OF THE PRIMARI	FOR AGED	AND	
			··· ····	
	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990·EZ? If "Yes," describe these new services on Schedule O		Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	•	Yes	X No
	If "Yes," describe these changes on Schedule O.			
1	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported			nd
1a	1 740 100	enue \$	519,	509.)
	OWN AND MAINTAIN AN ASSISTED LIVING FACILITY PRIMARILY			· · · · · · · · ·
	FINANCIALLY NEEDY RESIDENTS.			
				
			· · ·	
				
1b	(Code) (Expenses \$including grants of \$) (Rev	enue \$		
				
				
				
				,
łc	(Code) (Expenses \$ Including grants of \$) (Rev	enue \$		
				
				
14	Other program services (Describe in Schedule O.)	·	· · · · · · · · · · · · · · · · · · ·	
ŀd	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	·	```	

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Form 990 (2017) PINES OF SARASOTA, INC.
Part IV. Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	j	•	۴
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ا ا	v	
	Part VI	11a	Х	· · · -
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	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		Х
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	110		
ű	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х
		Form	990	2017

32 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)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?

If "Yes," complete Schedule R, Part V, line 2 ...

37 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

38 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

5	44	
35a		X
35b		
36		X
37		X

32

33

Х

X

18 Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable b. Enter the number of Forms W2G included in Iner 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? 22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the celendar year entering with or within the year covered by this return. 5 If all least one is reported on line 2a, dot the organization file as required to e-die (see instructions) 33 Dot the organization above unrolated business gross income of \$1,000 or more during the year? 43 At any time during the celendar year, did the organization file as any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foregon country (such as a bina account; sections account, or other financial account)? 5 If Yes, "enter the name of the foreign country, lew See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 West, "to line Sa or Sb, did the organization file Form 8886.7" 6 Does the organization and party for a prohibited tax shelter than section? 6 If Yes, "to line Sa or Sb, did the organization file Form 8886.7" 7 Organizations but may receive deductible as charitable contributions? 8 If Yes, "do the organization netwer speriment in exists of S7 made party) as a contribution and party for goods and services provided to the payor? 9 Organization sheet was perment in exists of S7 made party) as a contribution of any approach to the payor of the companization receive a pointbushor of the value of the goods or services provided? 9 If Yes, "do the organization netwer as position of qualified intellectual property, de the organization file a Form 1098.0" 9 Sponsoring o	2 700 751	Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2G included in line 1a. Enter O-Ir not applicable	<u> </u>		CHESTER.	Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Einter the number of imployees reported on Form W3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. b if at least one is reported on the 2d, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-die (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more dump the year? 5b If "Yes," has it filed a Form 990 To this year? If y/o, "to the 3b, provide an explanation in Schedule O 5c If "Yes," are the filed a Form 990 To this year? If y/o, "to the 3b, provide an explanation in Schedule O 5d A At any time the name of the foreign country. 5d Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5d Dod any tixable party nority the organization file Form 8896-17 6d Does the organization and party to a prohibited tax shelfer transaction at any time during the tax year? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions: 6d Ay 1 H "Yes," to line 5a or 5b, did the organization file Form 8896-17 6d Portion of the organization mould give sincepts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions: 6a	1a	· · · · · · · · · · · · · · · · · · ·		整	
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2a Eller the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 18	С		THE THE	R.	
Filed for the calendar year ending with or within the year covered by this return. Secondary Seco		(gambling) winnings to prize winners?	1c	X	45.77
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to	2a				199
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3.0 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3.1 If "Yes," has it filed a Form 990-T for this year? If "No," to final 30, provide an explanation in Schedule O 4.3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► 5.4 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.6 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.7 Does the organization have ainual gross receipts that are normally greater than \$100,000, and did the organization store any contributions that were not tax deductible as charitable contributions? 5.6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6.6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7.0 Organizations that may receive deductible contributions under section 170(c). 8.1 Did the organization receive algosite of the payor of the year of the did the organization state that may receive deductible expression of the goods or services provided? 8.2 Did the organization receive algosite of the payor of the year of the did the organization for the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7.2 If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required? 8.1 If the organization received a contribution of cars, boats, arplanas, or other vehicles, did the organizat		filed for the calendar year ending with or within the year covered by this return	1	新港	海溪
3a X bif *Yes, *has it filed a Form 990* for this year? if *No, *to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? in a foreign country (such as a bank account, securities account, or other financial account?) bif *Yes, *terret 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 of the organization that it was or is a party to a prohibited that sheller transaction? cif *Yes, *to line 5a or 5b, did the organization file Form 8895-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization cellular any contributions that were not tax deductible as charable contributions? bif *Yes, *to line 5a or 5b, did the organization file Form 8896-17 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, sorchange, or otherwise dispose of tangbile personal property for which it was required to file Form 8282? bif *Yes, *tild the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? file of the organization received a contribution of cars, boats, arplanes, or other vehicles did the organization file Form 8899 as required? file the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8899 as business holdings at any time during the year? Sponsoring organization maintaining donor advised funds. Did the sponsoring organization maintaining donor advised funds. Did the sponsoring organization maintaining donor advised funds. Did the sponsoring organization maintaining donor advised funds. Section 501(c)	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			Abort as
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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? 5b Did any taxable party notify the organization that it was or as party to a prohibited tax shelter transaction? 5c I "Yes," to line 5a or 5b, did the organization file Form 8886-17 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? 6b I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c 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? 7b If "Yes," indicate the number of Forms 8282 filed during the year 9c Did the organization ell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9c Did the organization received a contribution of qualified intellectual property, did the organization flee Form 1099-C? 9c Sponsoring organization maintaining dinor advised funds. 9c Did the sonanization and partly the sponsoring organizations maintaining dinor advised funds. 9c Did the sponsoring organization make any taxable distributions under section 4966? 9c Sponsoring organizations maintaining dinor advised funds. 9c Did the sponsoring organizations maintaining dinor advised funds. 9c Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organizations maintaining dinor advised funds. 9c Did the sponsoring organization make any taxable distributions under section 4966? 9c Did the sponsoring organization make any taxable distribution to a donor, donor advised fund maintaine	_		_	Ham tini	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	Enter the amount of reserves on hand	金銭	鐵網	TO A
			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>	

59-0700567 Page 6 Form 990 (2017) 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 \overline{X} Section A. Governing Body and Management No Yes 5 1a Enter the number of voting members of the governing body at the end of the tax year 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. 5 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O 9 X Section 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 Х 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? Х 11a 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 Х 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safequard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons FL17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request ∪ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 941-365-0250 1501 N. ORANGE AVENUE, SARASOTA 34236

732006 11-28-17

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five ourrent highest compensated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W 2 and/or Box 7 of Form 1090 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more to box, unless person is officer and a director			ore than one		Reportable	Reportable	Estimated
	hours per week	offi	, unle cer ar	ss per d a d	rson i irecto	is both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	_						the	organizations	compensation
	hours for	l e				- -			(W-2/1099-MISC)	from the
	related	stee o	rustee		_	eusat		(W-2/1099-MISC)	-	organization
	organizations		onal tr		lo ye	le e				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KYLE BOOTH	1.00									-
DIRECTOR		X					L	0.	0.	0.
(2) F. JOHN LACIVITA	1.00									
CHAIR		X	_	X	L_			0.	0.	0.
(3) K JUDSON BOEDECKER	1.00	1								
DIRECTOR		X	$ldsymbol{ld}}}}}}$					0.	0.	0.
(4) CATHY RUSTIN	1.00									
DIRECTOR	<u> </u>	X						0.	0.	0.
(5) RON ROYAL	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(6) JEFFREY L. SCHMIDT	1.00					•	Ì			
DIRECTOR		X						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	hes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	,,_		Pos				Reportable	Reportable	. 1	Estimated
	hours per	box	, unles	ss pei	rson l	than c s both	an	compensation	compensation		amount of
	week		cer an	dad	recto	r/trust	ee)	from	from related	1	other
	(list any	actor						the	organization		compensation
	hours for related	등	e,			ated		organization	(W-2/1099-MIS	3C)	from the
	organizations	ustee	truste		80	pens		(W-2/1099-MISC)			organization
	below	ualtı	lonal		ploye	t com					and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
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1b Sub-total						- 1	>	0.		0.	0.
c Total from continuation sheets to Part V	I, Section A					l	>	0.		0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.	0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportable	•	
compensation from the organization											0
									-		Yes No
3 Did the organization list any former officer	director, or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated en	nployee on	Γ	Mark of the contract
line 1a? If "Yes," complete Schedule J for s										Г	3 X
4 For any individual listed on line 1a, is the si		е со	mpe	nsa	tion	and	oth	er compensation from ti	ne organization	F	4.5
and related organizations greater than \$15									J	i-	4 X
5 Did any person listed on line 1a receive or									lual for services	3	or many or many
rendered to the organization? If "Yes." con	•				•			9			5 X
Section B. Independent Contractors			21 00	м				•			
Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ntra	ctor	s th	at received more than \$	100,000 of comr		on from
the organization. Report compensation for	•	-								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	511 11 51 11
(A)	<u>Jan.</u>	<u></u>		9			T	(B)	Jul.		(C)
Name and business	address	NC	NE	:				Description of s	ervices	Co	mpensation
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							\dashv				
							\dashv				
							\dashv				
							- 1				
C Total number of understandard and anti-	anti idina tertera				h c í	a 1				23.0	12.234.34.45.144
2 Total number of independent contractors (i	-	ינ וורו	uted	i iO t			ed a	abovej wno received mo	ne man	٠٠, ٢٠٠	1.7
\$100,000 of compensation from the organi	zation				0			··		, वर	、 こ で等の名の文

Form 990 (2017) PINES OF SARASOTA, INC.
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII	<u> </u>	·	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded ' from tax under sections 512 - 514
र्घ स	1	а	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts.		b	Membership dues	1b					
S, g		C	Fundraising events	1c					
# H		Ų	Related organizations	. 1d	225,713.				
S, (е	Government grants (contributi	ons) <u>1e</u>					
i i		f	All other contributions, gifts, grant	ts, and	•				
ğ			similar amounts not included above	/e 1f					
들일		g	Noncash contributions included in lines	1a-1f \$		北京			
<u> 2 #</u>		h	Total. Add lines 1a-1f		<u> </u>	225,713.			
					Business Code		PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU	清朝的祖常会	建筑建筑建筑
9	2	а	RENTAL INCOME		531110	519,509.	519,509.		
e Zi		b							
Seg		С	***************************************			,			
Ze Ze		d							
Program Service Revenue		е							
_			All other program service reve	nue .		E10 E00	设施的企业。但如此外的企业的		SEPATER SERVICE
$\overline{}$	_		Total. Add lines 2a-2f		<u> </u>	519,509.		制度基金使用等的基本	国在东州中部《杜勒斯
	3		Investment income (including	aiviaenas, intere	_				
			other similar amounts)		**				
	4		Income from investment of tax	c-exempt bond p	roceeds >				
	5		Royalties .	(i) Real	(II) Personal		产的现在分类的		
	_	_	Grans ranta	(i) neai	(ii) Personai				
	О	-	Gross rents Less: rental expenses						
			Rental income or (loss)	,					
			Net rental income or (loss)			THE WATER WITH STREET STREET,	FLASE DARKERT WERE RECOVERED THE	ASS. PROPERTY OF STREET, 19	人名公子 李明的记忆上台 明显的
	7		Gross amount from sales of	(i) Securities	(ii) Other				经 解编制
	'	а	assets other than inventory	(i) Gecanties	(ii) Other				
		h	Less. cost or other basis		······································				
		•	and sales expenses				医多类病		
		С	Gain or (loss)						
			Net gain or (loss)		•	The seed State and Classes at a seed on the	S TO S SHOW TO SHOW THE SHOW T	1	THE STATE OF STATE OF
	8		Gross income from fundraising	g events (not					
une			including \$	of					
Š			contributions reported on line	1c) See					
Other Reven			Part IV, line 18	a					
ŧ		þ	Less, direct expenses	. b			萨亚基斯的		
0		С	Net income or (loss) from fund	Iraising events				,	
	9		Gross income from gaming ac						
			Part IV, line 19	а					
		b	Less direct expenses	b				特别是一种企	
		C	Net income or (loss) from gam	ing activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances .	а	<u></u>				
			Less: cost of goods sold	b					
}		c	Net income or (loss) from sales			oren an esperantes and consider	Logical Assertation of Children States and Children Control of Chi	ALL-STORMS SHOPE STORMS WAS	N. CONTRACTOR PROCESS AND PROCESS AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE P
			Miscellaneous Revenue	е	Business Code			TO SECOND	种型學語言對學
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		b				ļ			
.		С						ļ	
			All other revenue		<u></u>	,	MANAGER BASE	WALKER AND LANGUAGE AND	**************************************
			Total. Add lines 11a 11d		•	745 000	F10 F00	从文本代写《大学》	A STATE OF THE STA
	12		Total revenue. See instructions.		<u> </u>	745,222.	519,509.	0.	0.

Part X Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 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(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 Management b Legal Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 42,000. 42,000. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 287,708. 287,708. 20 Interest Payments to affiliates 21 342,559. 342,559 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 64,571. 64,571. FOUNDATION GRANT EXPEND BANK CHARGES 3,264. 3,264. C d All other expenses 1,740,102. 1,740,102. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

FES	瓜松蟹	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X		·	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	868,108.	1	11,532.
	2	Savings and temporary cash investments	22,453.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,424,202.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			THE RESERVE TO THE PARTY OF THE
		Part II of Schedule L		5	
	ę	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(e)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
र्घ	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	4.5	7	
٩	8	Inventories for sale or use .	145,417.	8	
	9	Prepaid expenses and deferred charges	135,888.	9	State the transaction of the state of the st
	10a	Land, buildings, and equipment. cost or other			
		basis Complete I art VI of Schedule D 10a 34,439,282	• 34 34 36 36 36 36 36 36 36 36	1000	光光光光
	l	Less accumulated depreciation 10b 19,609,348	. 15,806,118.	10c	14,829,934.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<u>.</u>
	14 15	Intangible assets Other assets See Part IV, line 11	10,641,018.	14	14,592,261.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	30,043,204.	15 16	29,433,727.
	17	Accounts payable and accrued expenses	2,597,895.	17	277,924.
	18	Grants payable	2,331,033.	18	211,324.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
(A	22	Loans and other payables to current and former officers, directors, trustees,		海 爾鶴	
ij		key employees, highest compensated employees, and disqualified persons		2	
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	7,636,550.	23	7,303,476.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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 .	0.	25	16,409,127.
	26	Total liabilities. Add lines 17 through 25	10,234,445.	26	23,990,527.
		Organizations that follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and			
es		complete lines 27 through 29, and lines 33 and 34.		E	
auc	27	Unrestricted net assets	18,149,520.	27	5,443,200.
Bali	28	Temporarily restricted net assets	912,848.	28	0.
2	29	Permanently restricted net assets	746,391.	29	0.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			Particular to the second
ō		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	10 000 750	32	E 442 200
	33	Total habitities and not seed found balances	19,808,759.	33	5,443,200.
	34	Total liabilities and net assets/fund balances	30,043,204.	34	29,433,727.

	1990 (2017) PINES OF SARASOTA, INC.	59-	-0700567	Page	12
Pa	rt XI' Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,222	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,74	0,102	2.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,880	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,80	3,75 <u>9</u>	<u>9.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0,679	<u>9.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
n -	column (B))	10	<u>5,44</u> :	3,200	0.
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes N	10
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		,	
	separate basis, consolidated basis, or both.			ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	٠, -	ŧ
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		*	
	consolidated basis, or both				;
	Separate basis X Consolidated basis Both consolidated and separate basis		'.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			<u> </u>	: -
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Aud	lit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (20)17)

732012 11-28-17

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► 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 PINES OF SARASOTA, INC. 59-0700567 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (ı) Name of supported (n) EIN (iii) Type of organization (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) THE RESERVE THE PROPERTY OF THE PERSON OF TH

Schedule A (Form 990 or 990-EZ) 2017 PINES OF SARASOTA, INC. 59-0700 Partells 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.)

Se	ction A. Public Support				,	·	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and		1 - 1			X=/==	1.7
	membership fees received. (Do not				`		,
	include any "unusual grants.")	1182493.	2000595.			225,713.	3408801.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			1			
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to					,	
	-the organization without charge						
4	Total. Add lines 1 through 3	1182493.	2000595.			225,713.	3408801.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			2.004100			
	amount shown on line 11,						
	column (f)				加生物系统		
6	Public support. Subtract fine 5 from line 4			管理的理解的	建筑建筑地域		3408801.
Se	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1182493.	2000595.			225,713.	3408801.
8	Gross income from interest,	P					
	dividends, payments received on		·				
	securities loans, rents, royalties,			_	-		
	and income from similar sources	88,482.	143,540.	96,095.	92,794.		420,911.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			,			
	assets (Explain in Part VI.)	256,120.					521,615.
11	Total support. Add lines 7 through 10	的是是	econe people				4351327.
	Gross receipts from related activities,	•					<u>,820,021.</u>
13	First five years. If the Form 990 is for		first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publi		centage		<u> </u>		
	Public support percentage for 2017 (li		<u>-</u>	olumn (A)		14	78.34 %
	Public support percentage from 2016		•	namm (ij)		15	FO C1
	33 1/3% support test - 2017. If the c	•	•	line 13, and line 1	M is 33 1/3% or m		
. 50	stop here. The organization qualifies			inne io, and mile	17 13 00 1/0/0 0/ III	ore, check this box	x and ▶ X
h	33 1/3% support test - 2016. If the c		-	ne 13 or 16a and		or more, chack the	
~	and stop here. The organization quali				10 13 00 1/0/0	or more, check this	▶ □
172	10% -facts-and-circumstances test		_		13 16a or 16h a	and line 14 is 1004 a	or more
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					t vi now the organ	12aliOH
h	10% -facts-and-circumstances test		· ·		-		₽
	more, and if the organization meets th						
•	organization meets the "facts-and-circ				•		▶[
18	Private foundation. If the organization			·			
		. ald flot of look a L	on on mic ro, roa	, 100, 17a, 01 170		dule A (Form 990	
					Scrie		J. JUJ-LE/ ZU 1/

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	;					
include any "unusual grants.")	!					
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose					<u> </u>	·
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				İ		
or expended on its behalf			i			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				-	 	·
•				+	 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				+	 	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>		
8 Public support. (Subtracting 7c from line 6)	St. James B. Land	e de la companya de l	3.2	*	Series and the series of	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources				+		
			<u> </u>	 		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital					:	
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12)				" 	 	
**	the ergenization!	first second the	d fourth of fifth	toy your so a section	501(0)(2) 02222	
14 First five years. If the Form 990 is for	ule organization's	insi, secona, thir	u, iourtii, or iiπh i	lax year as a section	1 30 1 (c)(3) organizat	.ion,
check this box and stop here Section C. Computation of Publi	o Support Por	oontogo			 '-	
					T T	
15 Public support percentage for 2017 (li		•	olumn (f))		15	
16 Public support percentage from 2016					16	Ç
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	17 (line 10c, colum	nn (f) divided by lin	ne 13, column (f))		17	Ç
18 Investment income percentage from 2	2016 Schedule A, I	Part III, line 17			18	g
19a 33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and lin	ne 15 is more than 3	3 1/3%, and line 17	ıs not
more than 33 1/3%, check this box ar						▶□
b 33 1/3% support tests - 2016. If the		=		•		
line 18 is not more than 33 1/3%, che	-			•	-	
					-	[
20 Private foundation. If the organizatio	n ula not check a f	JUX UN IIITE 14, 198	a, or 190, check t	uns dox and see ins	tructions	▶∟

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?
- 6 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 (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)
- 8 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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Ra	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in P	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections 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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	確難	AND CONTROL OF THE	
	instructions for short tax year or assets held for part of year):			
<u>—</u> –	Average monthly value of securities	1a		112 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1930		
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		The second section is a second second
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,	Ť		****
•	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		
	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	PROPERTY OF THE PARTY OF THE PA	
4	Enter greater of line 2 or line 3	4	W//2/2/2/2/2004	
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		
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting organ	nization (see
•	instructions)	,	,	

Schedule A (Form 990 or 990-EZ) 2017

Sch	edule A (Form 990 or 990-EZ) 2017 PINES OF SARA	ASOTA, INC.	<u>'</u>	9-0700567 Page 7
Pa	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	}	
_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.			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			•
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	國際通過認識的		
2	Underdistributions, if any, for years prior to 2017 (reason-	建筑是建筑的		经实现的扩张型型设置工程

Section E - Distribution Allocations (see instruction	ns) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C,	line 6	不正式。这种情况对象的	
2 Underdistributions, if any, for years prior to 201	7 (reason-		
able cause required- explain in Part VI) See ins	structions		学来这种思想是
3 Excess distributions carryover, if any, to 2017		這是特別與問題問題	党新型基础制度的企业
a		表面配數學學學學學	性的經濟的學學是
b From 2013		開始起於對對於	通过的基础的
c From 2014			
d From 2015			
e From 2016			斯西斯拉門里本部
f Total of lines 3a through e	CHRIST AND ADDRESS AND ADDRESS WAS TAKEN A		公司工作解析第四个 公司正置
g Applied to underdistributions of prior years		Starting to the Proposition of the Anna Statement .	
h Applied to 2017 distributable amount			PRIME Stell or Large for Late (SAV and ON Compared Stellars and on
i Carryover from 2012 not applied (see instruction			
j Remainder Subtract lines 3g, 3h, and 3i from 3	f.		
4 Distributions for 2017 from Section D,			
line 7· \$		可以是这种关系的	
a Applied to underdistributions of prior years		TO BE SHOULD IN THE PARTY OF THE SHE SHE WAS A SHE	建筑工作的
b Applied to 2017 distributable amount			moderate and the complete and the comple
c Remainder, Subtract lines 4a and 4b from 4.	·	第一届一个工作,	THE RESERVE THE PARTY OF THE PA
5 Remaining underdistributions for years prior to	THE RESERVE THE PROPERTY OF TH		
any Subtract lines 3g and 4a from line 2. For re	sult greater		
than zero, explain in Part VI. See instructions.	是是《特定是特殊的思想》 在1990年9月1日 - 1990年1日	MATCHER WINDSHAMMAN SHAMMAN SHAM	学生是在1000年的
6 Remaining underdistributions for 2017. Subtract			
and 4b from line 1. For result greater than zero,	explain in		
Part VI See instructions	经验的基础的证据的证据的		PERCENT RECEIPTION OF THE PERCENT PROPERTY PROPERTY PR
7 Excess distributions carryover to 2018. Add	ines 3j		
and 4c 8 Breakdown of line 7			ADVINE OF THE PARTY OF THE PART
8 Breakdown of line 7: a Excess from 2013	。 	元型在1000年1月1日200年1月1日 1日	
b Excess from 2014	表表 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		在新代表。1982年1997年1997年1997年
c Excess from 2015	では、 は、 は、 は、 は、 は、 は、 は、 は、 は、		STATE OF THE PROPERTY OF THE PARTY OF THE PA
d Excess from 2016	STATE OF THE STATE		
e Excess from 2017	THE PROPERTY OF THE PROPERTY O	THE PARTY OF THE P	THE TAKE THE PROPERTY OF THE PARTY OF THE PA
E LACESS HUIII ZU I	Parties are an area and a second a second and a second and a second and a second and a second an	发现的现在分词是是一个人们的证明的对象的是一个人们的对象的是一个人们的一个人们的一个人们的一个人们的一个人们的一个人们们是一个人们们们们是一个人们们们们们们们们们们们们们们们们们们们们们们们	1848年1948年1946年195日 1950日 1

Schedule A (Form 990 or 990-EZ) 2017

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.

OMB No 1545-0047 Inspection

Name of the organization

PINES OF SARASOTA

Employer identification number 59-0700567

Pa	rt I. Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the					
<u> </u>	organization answered "Yes" on Form 990, Part IV, line		Sompleto II the					
		(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 w	riting that the assets held in donor adv	sed funds					
_	are the organization's property, subject to the organization's ex	_	Yes No					
6	Did the organization inform all grantees, donors, and donor ad							
	for charitable purposes and not for the benefit of the donor or		•					
	impermissible private benefit?							
:Pa	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a hi	storically important land area					
	Protection of natural habitat		ertified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a 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					
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c					
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic struc	ture					
	listed in the National Register .		2d					
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ease	ment is located >	_					
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it h	nolds?	. Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year					
	—							
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year					
	\$							
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		L Yes L No					
9	In Part XIII, describe how the organization reports conservation							
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for					
1 Day	conservation easements. rt III Organizations Maintaining Collections of A	Art Historical Tracellines or C	than Cimilan Acasta					
Pai	Complete if the organization answered "Yes" on Form 9		ther Similar Assets.					
та	If the organization elected, as permitted under SFAS 116 (ASC							
	historical treasures, or other similar assets held for public exhibits a set of the feet as the feet asset of the feet a		ance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describe		A conflicted and the second of					
þ	If the organization elected, as permitted under SFAS 116 (ASC		·					
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	iblic service, provide the following amounts					
	relating to these items:		. .					
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
_	(ii) Assets included in Form 990, Part X		\$					
2	If the organization received or held works of art, historical treas		ai gain, provide					
_	the following amounts required to be reported under SFAS 116	(ASC 938) relating to these items:	•					
	Revenue included on Form 990, Part VIII, line 1		\$					
b	Assets included in Form 990, Part X	·	<u> </u>					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732051 10-09-17

Schedule D (Form 990) 2017

		F SARASOTA,						0567		age 2
Pa	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, o	r Other	Similar As	sets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a si	gnificant use o	f its, col	lection	ıtems	
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange progra	ams					
b	b Scholarly research e Other									
C	c Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exer	npt purpose in	Part X	III.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
'Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered	"Yes" on	Form 990, Pa	rt IV, lın	e 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other as:	sets not	included				_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table.							
							/	<u>Amount</u>	<u> </u>	
c	Beginning balance .					1c				
d	Additions during the year					1d	_			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial acco	unt liabil	ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	provided on	Part_XIII					<u></u>
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years	back	(e) Four	years	back_
1a	Beginning of year balance	1,292,231.	1,184,041.	1,60	2,174.	2,406,	054.	1,	978,	447.
b	Contributions	8,399,610.	108,190.	40	8,197.	406,	111.	1,	084,	750.
С	Net investment earnings, gains, and losses	16,312.		2	8,104.	-1,	048.		6,	401.
d	Grants or scholarships	2,585,432.		84	6,304.	1,149,	882.		633,	536.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				8,130.	59,	061.		30,	008.
g	End of year balance	7,122,721.	1,292,231.	1,18	4,041.	1,602,	174.	2,	406,	054.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as						
а	Board designated or quasi-endowment	.70	%	,						
b	Permanent endowment ► 10.52	%								
С	Temporarily restricted endowment ▶ 81	8.78 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	id administer	red for th	ie organization	1			
	by.								Yes	No
	(i) unrelated organizations		_					3a(i)		X
	(ii) related organizations		•					3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			•		3b	Х	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.							
Pai	Part VI Land, Buildings, and Equipment.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10				
-	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) A	ccumulated	(d) Bool	k value	е
		basis (investm	nent) basis	(other)	de	preciation	'			
1a	Land			7,043.	1 4.	1000		55'	7,04	43.
b	Buildings			1,947.			26	,75		
c	Leasehold improvements			8,934.	14,	459,349			0,4:	
d	Equipment			3,883.		843,176		,720		
-	Other			7,475.		306,823	•	6(0,6	52.
	Add lines 1a through 1a (Caluma (d) must or						1 4		9 9	

	Schedule	D (Form	n 990) 2017	
--	----------	---------	-------------	--

	Investments -		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)	1	
(E)		
(F)		
(G)		
(H)		
otal (Col. (h) must equal Form 990, Part X, col. (B) line 12.)		经不过的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的证据的

Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, Part X, line 13
(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.)		海南部大学等等的关系是是对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对

Part X Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1) INTEREST IN NET ASSETS OF FOUNDATION		13,442,622.
(2) DEPOSITS		3,525.
(3) CONSTRUCTION IN PROGRESS	,	1,125,140.
(4) LOAN COSTS		20,974.
(5)		
(6)		
(7)		
(8)		
(9)	•	
Total (Column (b) must equal Form 900, Part Y, col. (R) line 15.)		14.592.261.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO POS, INC.	7,809,314.
(3) INTERFUND	8,558,926.
(4) DUE TO PINES OF SARASOTA	
(5) HEALTHCARE, LLC	16,760.
(6) LEASE PAYABLE	24,127.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 16,409,127.

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) 2017

Sche	dule D (Form 990) 2017 PINES OF SARASOTA, INC.		59-0700567 Page 4
Pa	t XI · Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		_1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		9 {
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d .	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	APAL F	5
Ра	rt XII' Reconciliation of Expenses per Audited Financial State	•	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	i l
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	 ,
C	Other losses	2c	 `
a	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1401	-
a	Other (Describe in Part XIII)	4a 4b	
0	Add lines 4a and 4b	40	10
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	4c 5
	rt XIII Supplemental Information.		1 5 1.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; R 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any		t V, line 4; Part X, line 2; Part XI,
PAI	RT X, LINE 2:		
PI	NES OF SARASOTA, INC. WAS ORGANIZED AS A	NOT-FOR-PROFIT	CORPORATION
UNI	DER THE LAWS OF THE STATE OF FLORIDA AND	WAS GRANTED RE	COGNITION OF ITS
TAX	X-EXEMPT STATUS UNDER SECTION 501(C)(3) C	OF THE INTERNAL	REVENUE CODE.
ACC	CORDINGLY, NO INCOME TAX LIABILITY OR PRO	OVISION FOR INC	COME TAXES IS
REI	LECTED IN THESE FINANCIAL STATEMENTS. PI	NES' INCOME TA	X FILINGS ARE
SUE	BJECT TO AUDIT BY VARIOUS TAXING AUTHORIT	TIES. PINES' IN	FORMATION RETURNS
	R 2015 AND LATER YEARS REMAIN OPEN TO INS		
<u> </u>	2015 AND DATER TEARS REMAIN OPEN TO INS	FECTION.	
		·	
		- <u>-</u>	

SCHEDULE O

Department of the Treasury

Internal Revenue Service

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

2017 2017

Name of the organization

PINES OF SARASOTA, INC.

Employer identification number 59-0700567

1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PURPOSE OF THE ORGANIZATION IS TO OWN AND MAINTAIN A 72 UNIT
ASSISTED LIVING FACILITY PRIMARILY FOR AGED AND FINANCIALLY NEEDY
RESIDENTS OF SARASOTA AND MANATEE COUNTIES, FLORIDA.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WILL BE PRESENTED TO THE BOARD AND WILL BE AVAILABLE TO ANY BOARD
MEMBER REQUESTING A COPY.
FORM 990, PART VI, SECTION B, LINE 12C:
WRITTEN QUESTIONNAIRE
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN INTEREST IN NET ASSETS OF PINES OF SARASOTA
FOUNDATION, INC. 6,438,080.
TRANSFER OF OPERATING ACCOUNTS TO PINES OF SARASOTA
HEALTHCARE, LLC -19,808,759.
TOTAL TO FORM 990, PART XI, LINE 9 -13,370,679.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

 $LHA \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2017

OMB No 1545-0047

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

INC.

PINES OF SARASOTA,

Name of the organization

Part 13

Department of the Treasury Internal Revenue Service

子Open to Public 化

Employer identification number 59-0700567

(f) Direct controlling entity			elated tax-exempt
(e) End-of-year assets			se it had one or more r
(d) Total income			rt IV, line 34, becaus
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990, Pa
(b) Primary activity			ons. Complete if the organization an
(a) Name, address, and EIN (if applicable) of disregarded entity			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.

(g) Section 512(b)(13) controlled entrty? Yes Direct controlling entity ε status (if section Public charity 501(c)(3)) <u>e</u> LINE 11 Exempt Code 501(C)(3) ਉ Legal domicile (state or foreign country) FLORIDA TO PINES OF SARASOTA, INC. PROVIDE FINANCIAL SUPPORT Primary activity <u>@</u> 59-2988752, 1501 N. ORANGE AVENUE, SARASOTA, PINES OF SARASOTA FOUNDATION, INC. Name, address, and EIN of related organization 1100 CENTRAL AVENUE CORPORATION FL 34236

S

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×

×

INE 12C,

III-FI

501(C)(3)

LORIDA

501(C)(2)

FLORIDA

TITLE HOLDING COMPANY

INE 12C,

III-FI

501(C)(3)

FLORIDA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

47-5261041, 1501 N. ORANGE AVENUE, SARASOTA,

34236

PINES OF SARASOTA MANAGEMENT CORP

FL 34236

47-5260713, 1501 N. ORANGE AVENUE, SARASOTA PINES OF SARASOTA HOLDING CORPORATION

1501 N. ORANGE AVENUE

SARASOTA, FL 34236

Schedule R (Form 990) 2017

59-0700567

PINES OF SARASOTA, INC.

Schedule R (Form 990)

Seatily Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	1) 12(b)(13) olled atton?
				501(c)(3))		Yes	8
PINES HOME HEALTH SERVICES, INC							
	HOME HELATH SERVICES	FLORIDA	501(C)(3)	LINE 7			×
PINES OF SARASOTA HEALTHCARE, LLC -							4
47-5272934, 1501 N. ORANGE AVENUE, SARASOTA,							•
	HEALTH SERVICES	FLORIDA	501(C)(3)	LINE 7			×
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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. Partills

General or Percentage managing ownership		,	
General or managing partner?	<u> </u>		
Code V-UBI e amount in box n 20 of Schedule L			
(h) Disproportionate allocations?	2		
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 5/20-5/4)			
(d) Direct controlling entity			
Legal domicile (state or foreign			
(b) Primary activity			į
(a) Name, address, and EIN of related organization			

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

<u></u>	of 13)	Yes No			 ,						
) ~	Section 512(b)(13) controlled	Yes									
(H)	Percentage ownership										
(6)	Share of end-of-year	assets									
(4)	Share of total income										
(e)	Type of entity (C corp, S corp,	or trust)								•	
(p)	Legal domicie Direct controlling Type of entity (C corp, S corp,						-			,	
<u></u>	Legal domicite (state or	country)									
 (q)	Primary activity										
(a)	Name, address, and EIN of related organization										

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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	ž
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 II	n Parts II-IV?			養養	150
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	:	•		:	1a		×
b Gift, grant, or capital contribution to related organization(s)		,	:		4		×
c Gift, grant, or capital contribution from related organization(s)	:				2	×	ļ
d Loans or loan guarantees to or for related organization(s)	:				19	_	×
e Loans or loan guarantees by related organization(s)	:				1 e	×	
f Dividends from related organization(s)					1		×
g Sale of assets to related organization(s)			. :		-1g	_	×
h Purchase of assets from related organization(s)				•	=	 	×
i Exchange of assets with related organization(s)	•	:	•	•	; =	_	×
i Lease of facilities, equipment, or other assets to related organization(s)	,	•	:		;		×
		:	:	:	鬱		
k Lease of facilities, equipment, or other assets from related organization(s)	;				+	_	×
l Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)				=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		:	•	Ē	×	
n Sharing of facilities; equipment, mailing lists, or other assets with related organization(s)	(s)uo	:			1	×	
 Sharing of paid employees with related organization(s) 		: :			10		×
		: :				器關係	
p Reimbursement paid to related organization(s) for expenses				:	10	_	X
q Reimbursement paid by related organization(s) for expenses					19		X
					1000	語を	
r Other transfer of cash or property to related organization(s)	:		;		+		×
s. Other transfer of cash or property from related organization(s)	: :			•	15		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	is line, including covered re	elationships and trans	action thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	Method	(d) Method of determining amount involved	nt involved	-	
(1)							
(2)							
(3)							
(4)							
(5)							
(9)					·		
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. PartW 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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(k) rcentag /nershij							90) 201
o 6° 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							rm 99
(j) General or managing partner? Yes No							R (Fo
-UBI box 20 lle K-1 065)							Schedule R (Form 990) 2017
(i) Code V- amount in of Schedu (Form 1							Š
(h) Disproportionate allocations? Yes No							
(g) Share of end-of-year assets							
(f) Share of total income							
			:				
(e) Are all partners sec. 501(c)(3) 0095? Yes No							
me d, d,							
(d) Predominant income p (related, unrelated, excluded from tax under sections 512-514)							
(d) dominant lated, un ded from ctions 51							
Prec (re exclus						·	
(c) Legal domicile (state or foreign country)							
(c) Legal domicile (state or foreign country)							
Leg (stat							
ıty							
(b) Primary activity							
(I							
Δ.							
2							
and E							
(a) dress, entity							
(a) Name, address, and EIN of entity							
Nam							
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Schedule R (Form 990) 2017 Part VIII Supplemental II	nformation.					
Provide additional in	formation for responses to que	estions on Sch	nedule R. See instruction	ıs.		
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