CHANGE OF ACCOUNTING PERIOD

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form **990** 

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For t	he 2018 calendar year, or tax year beginning $f AUG~1~,~2018$ and end	ing D	EC 31,	2018	3
В	Check applica	C Name of organization		D Employer	identii	fication number
	Add	TessPINES OF SARASOTA, INC.				
	Nan che	Doing business as	59-0	700567		
	Initi lnetu	n   Number and street (or P.U. box if mail is not delivered to street address)   Rooi	numb	er		
	Fine	m/ I I JU I N . ORANGE AVENUE			<u>941-</u>	-365-0250
_	tern	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipt	s \$	519,732.
Ļ	retu			H(a) Is this a	group i	
L	App tion pen-	The property of the property o	_	for subo	rdınate	s? Yes X No
		SAME AS C ABOVE	$\mathcal{A}$	H(b) Are all subs		
_		xempt status:501(c)(3)X _501(c)( _2 _) < _ (insert no.) 4947(a)(1) or	527			a list. (see instructions)
		ite: PINESOFSARASOTA.ORG				on number
	art I	of organization: X Corporation Trust Association Other V	L Year c	of formation: 1	94811	M State of legal domicile: FL
	T	· · · · · · · · · · · · · · · · · · ·	TEATS TO		—∕	/
ခ်	1	Briefly describe the organization's mission or most significant activities SEE SCI	1EDU.	LE O		
nau	2	Check this box I if the organization discontinued its operations or disposed.		45-050 -6V		<u> </u>
Governance	3	Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)	of firefer	TUBU K5% OLI	s net a	ssets.
Ĝ	4	Number of independent voting members of the governing body (Part VI, lifte 1b)		\ <u>\</u>	4	5
بن مع	5	Total number of individuals employed in calendar year 2018 (Part V, line 2)	1.5	2019 133	5	0
itie	6	Total number of volunteers (estimate if necessary)	• • • •		6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	TIFIN	iiT i	7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 38		· · · · · · · · · · · · · · · · · · ·	7b	0.
				Prior Year		Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		225,	713.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		519,	509.	519,732.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		745,2	222.	519,732.
	13	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)			0.	0.
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)			_0.	0.
X	1	Total fundraising expenses (Part IX, column (D), line 25)		1 740 1		604 000
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	1,740,1		604,222.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,740,1		604,222.
-S	19	Revenue less expenses. Subtract line 18 from line 12	- Doo!	-994,8		<u>-84,490.</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		nning of Curren		End of Year 64, 201, 915.
Ass	21	Total liabilities (Part X, line 26)		23,990,5		26,742,024.
新	22	Net assets or fund balances. Subtract line 21 from line 20	·	5,443,2		37,459,891.
Pa	art II	Signature Block		0/110/1		37713370321
Und	er pen	alties of periory, I declare that I have examined this return, including accompanying schedules and	statemer	nts, and to the be	est of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (Other than officer) is based on all information of which pr				,
		2mpto Wal		11	1131	15
Sig	n	Signature of officer		Date	-	
Her	е	MICHAEL WARD, PRESIDENT & CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Da'	l e	heck _	PTIN
Paid		KIMBALL R. BOBBITT	J0 6	/21/19		
Prep		Firm's name BOBBITT, PITTENGER & COMPANY, P.A.		Firm's E	IN 🛌	65-0437100
use	Only	Frim's address 3277 FRUITVILLE RD., BLDG. E			, ^	41 \ 266 4450
N.4	she ii	SARASOTA, FL 34237		[ Phone i	10. ( 9 4	41)366-4450
	1 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	<del></del>	·		X Yes No Form <b>990</b> (2018)
الاعدد	,, 16-3	······································				こうしょうしゅう しょうしゅう

		OF SARASOTA, INC.	59-0700567	Page 2
P	art III Statement of Program	·		
		a response or note to any line in this Part III		
1	Briefly describe the organization's m			
		S ORGANIZED AND OPERATED		ſΥ,
		REFROM, AND DISTRIBUTE TH		
		THE PINES OF SARASOTA HEA		
	ORGANIZATION UNDER	SECTION 501(C)(3) OF THE	E INTERNAL REVENUE CODE.	
2	Did the organization undertake any s	significant program services during the year which		
	prior Form 990 or 990-EZ?			X No
	If "Yes," describe these new services	on Schedule O		
3		ng, or make significant changes in how it conducts	s, any program services?	X No
	If "Yes," describe these changes on			
4		service accomplishments for each of its three larg		
		izations are required to report the amount of gran	its and allocations to others, the total expenses,	and
	revenue, if any, for each program ser			
4a	(Code) (Expenses \$	604,222. Including grants of \$	) (Revenue \$519,	732.)
	HOLD TITLE TO PROP	ERTY		
				<u> </u>
ь	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
	***************************************			
	-	- · · · · · · · · · · · · · · · · · · ·		
	***************************************			<del></del>
			<del></del>	
_	<u></u>			<del></del>
С	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
		<del></del>		<del></del>
				<del></del>
1	Other program services (Describe in S	chedule O.)		
	(Expenses \$	· .	(Revenue \$	
•	Total program service expenses	604,222.	1	
_			Form 99	0 (2019)
00°	12-31-18		Folin <b>3</b> 8	→ (c 0 10)
		2		

# Form 990 (2018) 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Ì
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	l .		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		!	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		'	
	Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	[ ]		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	i l		
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		1	
	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, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,	l		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ĺ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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	j		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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		ł	
_	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		.,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	32
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	}	1	
		446		v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u>X</u>
15		45	]	Y
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	_	<u>X</u>
10		16	-	X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-†		
		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-13	$\dashv$	
	complete Schodule G. Port III	19	- 1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\dashv$	$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-+	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	$\dashv$	
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
			200	<del></del> -

L	- The contract of the dames a contract contains to			<del></del> -
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Ye	s N
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	. ]	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		+	1 4
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24:	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	1	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u>↓</u>	
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-	1	
	any tax-exempt bonds?	240		┽
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	╄	+
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	<del>'</del>	+-
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ		
	Schedule L, Part I	25b	.	1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	+	+
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		T	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<b>├</b>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	┼─	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M	28c 29	<del>                                     </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5	<del>                                     </del>	<del>  ^</del>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<del>                                     </del>
	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	ł
25-	Part V, line 1	34	X	<del>  ,,</del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Х
U		256	l	
36	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-charitable related organization?	35b	<b>—</b> —	
	If "Yes," complete Schedule R, Part V, line 2	36		1
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	37		х
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	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	·	
		<b></b> _	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ı I
С	(gambling) uungung ta pulaa u innaug?	ایدا		
32004		form 5	990/	20121
			(	/

		and Tax Complia	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			'''
	filed for the calendar year ending with or within the year covered by this return 2a 0			ļ
ь		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b	If "Yes," enter the name of the foreign country. ▶			
	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_	<b> </b>	
<b>6</b> a			1	ì
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<del></del>	<b></b>
7	Organizations that may receive deductible contributions under section 170(c).			٠
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?	7a	<del>  </del>	<u>X</u> _
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-	i J	X
	to file Form 8282?	7c		_♣_
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		- 1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del></del>	
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against		ľ	,
		- 1		
12a	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		$\neg \uparrow$	<del></del> ,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1	1	
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	T		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	}		
	organization is licensed to issue qualified health plans			,
С	Enter the amount of reserves on hand		<b></b> ↓	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\longrightarrow$	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		-	
	excess parachute payment(s) during the year?	15	$\longrightarrow$	<u> </u>
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16	-+	<u>X</u>
	11 1001 COMBINES TO MITTLES, COMBINES OF	Form	990 (2	2018)

Form 990 (2018) PINES OF SARASOTA, INC. 59-0700567 Page 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.

	to line da, ob, or rub bolow, abstitute the directinatances, processes, or changes in deficultions.			
Sec	Check if Schedule O contains a response or note to any line in this Part VI		<del></del> -	X
	Allow A Governing Body and Mariagonion.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		1
	If there are material differences in voting rights among members of the governing body, or if the governing		1	Ì
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent	5	[	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7	1	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	}		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		]	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		[	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
ь	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		- 1	
2001	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed FL			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply	s only)	avanar	II <del>O</del>
40		fur	امر	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ımano	ıaı	
	statements available to the public during the tax year.  State the page address, and telephone number of the passes who passesses the organization's backs and records.			
	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, FL 34236			—
	12-31-18	Form	990 (2	0181
22000	16 OT 10	COLLIE	<del></del>	y luj

Form 990 (2		<u> 59-0700567</u>	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	5	

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 current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organiza  (A)  Name and Title	(B) Average hours per week	(B) (C) Position (do not check more than one box, unless person is both an				than	one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below - line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KYLE BOOTH	1.00									
DIRECTOR	1 00	X	_		<u> </u>	L	ļ	0.	0.	0
(2) F. JOHN LACIVITA	1.00	x		X					ا م	•
CHAIR	1.00	A.	-	A		-	-	0.	0.	0
(3) K JUDSON BOEDECKER	1.00	x						0.	0.	0
DIRECTOR (4) CATHY RUSTIN	1.00	^		-	-	$\vdash$		U .	0.	
DIRECTOR	1.00	x						0.	0.	0
(5) JEFFREY L. SCHMIDT	1.00									
DIRECTOR		Х						0.	0.	0
							-			
									``	

832007 12-31-18

Form 990 (2018) PINES OF Part VII Section A. Officers, Directors, Trust						- ha	et C	ompensated Employe	59-0	700	56/	<u> </u>	age (
(A) Name and title	(B) Average hours per week	(do r	not ci untes	(C Posit heck m ss pers d a dir	tion nore t	than o	one han	(D)  Reportable compensation from	(E) Reportable compensation from related	n		(F) stimat mount other	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		org an	npens rom th ganiza id rela anizat	ne ition ited
-													
			-	-									
		+											
		1		+	+		_						
						. )		0. 0. 0.	000 -4	0.			0.
Total number of individuals (including but no compensation from the organization	Timited to the		stec	abc		wn			UOO of reportabl	<del>-</del>	ı	Yes	No.
<ul> <li>Did the organization list any former officer, d line 1a? If "Yes," complete Schedule J for sur</li> <li>For any individual listed on line 1a, is the sun</li> </ul>	ch ındıvidual				·					. [	3		х
and related organizations greater than \$150, 5 Did any person listed on line 1a receive or ac	000? If "Yes," crue compens	com satio	plei n fr	te Sc om a	hec ny ι	<i>lule</i> unre	J fo	r such ındıvidual			4		X
rendered to the organization? If "Yes," comp. Section B. Independent Contractors	lete Schedule	J foi	r suc	ch pe	erso	n.	-	1/ 5.3 Middle H. 1/3- h			5		X
Complete this table for your five highest com the organization. Report compensation for the										pensa	tion fi	rom	
(A) Name and business a	ddress	NO	NE					(B) Description of se	ervices	Co	(C omper		n
·	<u>-</u>												
											-		
											·		
Total number of independent contractors (inc.)	cluding but no	t limi	ted	to th	ose	list	ed a	lbove) who received mo	ore than			<del></del>	_

PINES OF SARASOTA, INC. 59-0700567 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues ..... 1b c Fundraising events ..... d Related organizations . . . e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 519,732. 2 a RENTAL INCOME 531110 519,732. Program Service Revenue f All other program service revenue 519,732 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) . . . .. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less cost or other basis and sales expenses d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses . .... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses .. ... . c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ... b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue ... . . . .

832009 12-31-18

e Total. Add lines 11a-11d .... ....

Total revenue. See instructions

519,732.

Part IX	Statement	of Funct	ional E	cpenses
---------	-----------	----------	---------	---------

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	<del></del>		complete column (A).	
_	Check if Schedule O contains a respon	nse or note to any line in  (A)	this Part IX (B)	(C)	. (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			1.	
	and domestic governments. See Part IV, line 21			<u>'</u>	
2	Grants and other assistance to domestic		li.		
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			,	
	individuals. See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members			<u> </u>	-
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<del>                                     </del>	
7	Other salanes and wages			<del> </del>	
8	Pension plan accruals and contributions (include			}	
_	section 401(k) and 403(b) employer contributions)			<del>   </del>	
9	Other employee benefits			<del> </del>	
10	Payroll taxes			<del> </del>	
11	Fees for services (non-employees):			1	
a	1				
b					
C	9 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<del></del>
d			<del></del>		
e	, ,				<del>_</del>
f	Investment management fees				· · · ·
g	column (A) amount, list line 11g expenses on Sch 0.)	İ		)	
12	Advertising and promotion			-	· · · · · · · · · · · · · · · · · · ·
13	045				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	126,677.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	546,019.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	BANK CHARGES	471.			
b	FOUNDATION GRANT EXPEND	-68,945.			
C					
d					
	All other expenses	504 555			
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	604,222.			
26	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)				Form 900 (2018)

	tχ	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	11,532.	1	6,411
	2	Savings and temporary cash investments		2	
ĺ	3	Pledges and grants receivable, net		3	
ļ	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		l'_	
- {		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		l	
g		employees' beneficiary organizations (see instr). Complete Part II of Sch L	• •	6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
- 1		basis. Complete Part VI of Schedule D 10a 34,694,365.			
	ь	Less: accumulated depreciation 10b 20,155,367.	14,829,934.	10c	14,538,998
Ì	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	
ŀ	14	Intangible assets	-	14	
ļ	15	Other assets. See Part IV, line 11	14,592,261.	15	49,656,506
ı	16	Total assets. Add lines 1 through 15 (must equal line 34)	29,433,727.	16	64,201,915
$\neg$	17	Accounts payable and accrued expenses	277,924.	17	621,648
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
, l	22	Loans and other payables to current and former officers, directors, trustees,	<del></del>		
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ן בֿ	23	Secured mortgages and notes payable to unrelated third parties	7,303,476.	23	6,904,262
- !	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	16,409,127.	25	19,216,114
	26	Total liabilities. Add lines 17 through 25	23,990,527.	26	26,742,024.
$\neg$		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
u,		complete lines 27 through 29, and lines 33 and 34.			
wet Assets of Fund balances	27	Unrestricted net assets	5,443,200.	27	37,459,891.
	28	Temporarily restricted net assets		28	
ם ב	29	Permanently restricted net assets		29	
5	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		,	
<u></u>		and complete lines 30 through 34.		i [	
2	30	Capital stock or trust principal, or current funds	'	30	
8		Paid in or capital surplus, or land, building, or equipment fund		31	<del></del>
5	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
27		Total act accets or fund balances	5,443,200.	33	37,459,891.
ا ۔		Total liabilities and net assets/fund balances	29,433,727.		64,201,915.
_	<del>/ ,</del> ,	1		<del>-,-</del> 1	Form <b>990</b> (2018)

	n 990 (2018) PINES OF SARASOTA, INC.	<u> 59-0</u>	<u>700</u>	<u> 567</u>	Pa	age <b>12</b>
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				732.
2	Total expenses (must equal Part IX, column (A), line 25)	2				222.
3	Revenue less expenses Subtract line 2 from line 1	3				<u> 190.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5_	, 44	<u>3,2</u>	<u> 200.</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	32	,10	1,1	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	37	45	9,8	91.
Pa	rt XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response or note to any line in this Part XII	. <u> </u>				$\mathbf{x}$
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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:		Ì	Ì		
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	ł		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	ſ	}		
	consolidated basis, or both:					ĺ
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	- 1	Į		
	review, or compilation of its financial statements and selection of an independent accountant?		- 1	2c	l	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	•	$\neg \uparrow$		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				- 1	i
	Act and OMB Circular A-133?			за		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audrt	`			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			зь	ŀ	
		,			990 (	2018)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

<u> </u>	PINES OF SARASOTA,		1 59-0700567
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(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	<u> </u>	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	i funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	• • • • • • • • • • • • • • • • • • • •	cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
9	Total number of conservation easements		2a
b	The state of the s		
c	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	***	''' <del></del>
u	· · · · · · · · · · · · · · · · · · ·	·	2d
3	listed in the National Register		<u></u>
3	year	leased, extinguished, or terminated by the or	iganization duling the tax
	•	coment is leasted .	
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conser	valion easements during the year
-	Amount of expanses included in monitoring inspecting band	ling of violations, and onforcing concernation	m annomanta di impertina vicar
′	Amount of expenses incurred in monitoring, inspecting, hand > \$	illing of violations, and emorcing conservation	n easements during the year
_	· · · · · · · · · · · · · · · · · · ·	a potint the resumments of section 170/h)	(A) (T) (S)
8	Does each conservation easement reported on line 2(d) abov	e sausty the requirements of section 170(n)(	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the	organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or Oth	or Cimilar Accata
rai			er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	-
	historical treasures, or other similar assets held for public exh	· ·	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
Ь	If the organization elected, as permitted under SFAS 116 (AS	•	•
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(ı) 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 treat		ain, provide
	the following amounts required to be reported under SFAS 13	• •	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	A 1 41 - F 000 B 134		<b>&gt;</b> \$
_HA	For Parsrwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018
	10-29-18		•

Sche		OF SARASOTA				<del>-</del>			700567		ge <b>2</b>
Pa	rt III   Organizations Maintaining	Collections of A	\rt, Hi	storical T	reasures,	or Oth	ner Simi	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	e following th	nat are a	significant	use of its	collection	items	;
	(check all that apply):		_	7							
а	Public exhibition	,	╸╠┈	7	change prog	rams					
ь	Scholarly research	1	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's of							ose in Pai	rt XIII.		
5	During the year, did the organization solicit								٦	$\overline{}$	
Do	to be sold to raise funds rather than to be m								Yes		No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		lete if th	ne organizatio	on answered	l "Yes" o	n Form 99	J, Part IV,	line 9, or		
		<del></del>				onata na	a in aludad				—
19	Is the organization an agent, trustee, custoo on Form 990, Part X?						i included	_	Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ res	ш	140
U	ii 163, explain the allangement iii Patt XIII	and complete the K	ZiiOWiiig	table.				Γ	Amount		
_	Beginning balance						1c		ranount		—
q	Additions during the year	•	• • • •		•, •		1d				
	Distributions during the year				•	• •	1e				
f	Ending balance						11				
	Did the organization include an amount on F		21. for	escrow or c	ustodial acc	ount liab			Yes		No
	If "Yes," explain the arrangement in Part XIII										-
Pai	t V Endowment Funds. Complete	ıf the organization ar	nswered	d "Yes" on Fo	orm 990, Pa	rt IV, line	10.				
		(a) Current year	(b)	Pnor year	(c) Two year	ars back	(d) Three	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses				<u> </u>						
d	Grants or scholarships				ļ						
е	Other expenditures for facilities -							I			
	and programs										
f	Administrative expenses										
9	End of year balance				_						
2	Provide the estimated percentage of the cur	•	e (line '	1g, column (a	a)) heid as.						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation th	at are held a	nd administi	ered for t	he organiz	ation	<u> </u>	<del></del>	<del> </del>
	by:									es 1	10
	(i) unrelated organizations				• •			· · · ·	3a(i)		—
L	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations					• • •			3a(ii)		—
۵	Describe in Part XIII the intended uses of the							•••••	_3b		
Par	t VI Land, Buildings, and Equipm		willelif	lulius			-				
<u> </u>	Complete if the organization answere		) Part l	V line 11a S	See Form 99	). Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	<del>_</del>	(d) Book v	alue	—
	-	basis (investr		basis (			preciation	٠	(a) Dook V	4146	
	Land		,		7,043.				557	04	<del>-</del>
	Buildings				7,000.	14.	666,9	75. 1	2,130		_
	Leasehold improvements				8,934.		183,85			07	
	Equipment				7,225.		997,12		1,700		
	Other				4,163.		307,41		136		
	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur					<b>▶</b> 1.			_
									D /Form 0		

Schedule D (Form 990) 2018

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO POS, INC.	7,814,121.
(3) INTERFUND	11,391,080.
(4) DUE TO PINES OF SARASOTA	
(5) HEALTHCARE, LLC	11,732.
(6) LEASE PAYABLE	16,292.
(7) LOAN COSTS	-17,111.
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,216,114.

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

Schedule D (Form 990) 2018

.

832053 10-29-18

<u>Sch</u>	edule D (Form 990) 2018 PINES OF SARASOTA, INC.	59-0700567 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements 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.	1
а	Net unrealized gains (losses) on investments	_
b	Donated services and use of facilities	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII )	]
е		2e
3	Subtract line 2e from line 1	3
ŀ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII )	] [
¢	Add lines 4a and 4b	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
a	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r 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:	
а	Donated services and use of facilities 2a	
,	Prior year adjustments	7
5	Other losses 2c	7
1	Other (Describe in Part XIII.)	7
•	Add lines 2a through 2d	7 <sub>2e</sub>
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	7
,	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
ΑI	RT X, LINE 2:	
TN	NES OF SARASOTA, INC. WAS ORGANIZED AS A NOT-FOR-PROFIT CO	NO TO A GOOD
	125 OF BURESOTHY THEY WAS ONCOMETABLE IN THE TOUR PROPERTY OF	<u> </u>
NI	DER THE LAWS OF THE STATE OF FLORIDA AND WAS GRANTED RECOG	ENITION OF ITS
_		
AΣ	X-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL RE	EVENUE CODE.
<b>N</b> T	COMODED 2015 DIVER OF CARAGONA THE THE COMMENTS TO	MTMI B ***
N	OCTOBER 2015, PINES OF SARASOTA, INC. WAS CONVERTED TO A	TITLE-HOLDING
<u>OF</u>	RPORATION UNDER THE LAWS OF THE STATE OF FLORIDA AND IS DE	ESCRIBED AS AN
ΧE	MPT ORGANIZATION DEFINED UNDER SECTION 501(C)(2) OF THE I	NTERNAL
ΕV	YENUE CODE. PINES OF SARASOTA HOLDING CORPORATION AND PIN	IES OF SARASOTA
	AGEMENT CORPORATION WERE ORGANIZED AS NOT-FOR-PROFIT CORP	ססותוון פוארודית שוונ
A.N		CRAITOND UNDER
	LAWS OF THE STATE OF FLORIDA AND HAVE BEEN GRANTED RECOG	
HE	LAWS OF THE STATE OF FLORIDA AND HAVE BEEN GRANTED RECOG	NITION OF
HE HE		NAL REVENUE
HE HE	EIR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTER  PE. PINES OF SARASOTA HEALTHCARE, LLC WAS ORGANIZED AS A 10-28-18	NAL REVENUE
HE OD	EIR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTER	NAL REVENUE  NOT-FOR-PROFIT Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 PINES OF SARASOTA, INC. 59-0700567 Page 9
Part XIII   Supplemental Information (continued)
LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA AND WAS
GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE
CODE. 1100 CENTRAL AVENUE CORPORATION IS ORGANIZED AS A TITLE-HOLDING
CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA AND HAS BEEN GRANTED
RECOGNITION OF ITS TAX-EXEMPT STATUS UNDER SECTION 501(C)(2) OF THE
INTERNAL REVENUE CODE. ACCORDINGLY, NO INCOME TAX LIABILITY OR PROVISION
FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS. PINES' INCOME
TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. PINES'
INFORMATION RETURNS FOR 2015 AND LATER YEARS REMAIN OPEN TO INSPECTION.
•
·
,
,
· · · · · · · · · · · · · · · · · · ·
•
K

832055 10-29-18

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

**Employer identification number** PINES OF SARASOTA, INC. 59-0700567 FORM 990, PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION: THE ORGANIZATION IS ORGANIZED AND OPERATED TO HOLD TITLE TO PROPERTY, COLLECT INCOME THEREFROM, AND DISTRIBUTE THE ENTIRE AMOUNT THEREOF LESS EXPENSES, TO THE PINES OF SARASOTA HEALTHCARE, LLC, AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. 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. 32,101,181. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

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

SCHEDULE R (Form 930)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

2018

OMB No 1545-0047

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

Open to Public Inspection

PINES OF SARASOTA, INC.

Employer identification number 59-0700567 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Direct controlling entity € End-of-year assets <u>e</u> Total income 9 Legal domicile (state or foreign country) Pnmary activity 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. Part

(a) Name, address, and EIN of related organization	(b) Pnmary 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 entity?	2(bX13) led 7
				501(c)(3))		Yes	N <sub>o</sub>
PINES OF SARASOTA FOUNDATION, INC							
59-2988752, 1501 N. ORANGE AVENUE, SARASOTA	PROVIDE FINANCIAL SUPPORT						
PL 34236	TO PINES OF SARASOTA, INC. FLORIDA	FLORIDA	501(0)(3)	T.TME 11			>
1100 CENTRAL AVENUE CORPORATION			72 72	11			4
1501 N. ORANGE AVENUE							
SARASOTA, FL 34236	FITLE HOLDING COMPANY	FLORIDA	501(0)(2)				<b>&gt;</b>
PINES OF SARASOTA HOLDING CORPORATION -			/2//2/20				4
47-5260713, 1501 N. ORANGE AVENUE, SARASOTA.				13C			
FL 34236		FLORIDA	501(0)(3)	TITE TOC.			<b>&gt;</b>
PINES OF SARASOTA MANAGEMENT CORP -				7.7-7-7			۵
47-5261041, 1501 N, ORANGE AVENUE, SARASOTA,				751 TWF.1			
FL 34236		PLORIDA	501(C)(3)	111-11-11-11-11-11-11-11-11-11-11-11-11	-		Þ
For Paperwork Reduction Act Notice, see the Instructions for Form 990	s for Form 990.				Schedule R (Form 990) 2018	Form 990	2018

PINES OF SARASOTA, INC.

59-0700567

Part II Continuation of Identification of Related Tax-Exempt Organizations Schedule R (Form 990)

(g) Section 512(b)(13) controlled organization? Yes No × × (f) Direct controlling Public charity status (if section 501(c)(3)) LINE 10 LINE 7 Exempt Code section 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) FLORIDA FLORIDA HOME HELATH SERVICES Primary activity HEALTH SERVICES 47-5272934, 1501 N. ORANGE AVENUE SARASOTA 47-4719003, 1501 N, ORANGE AVENUE, SARASOTA PINES OF SARASOTA HEALTHCARE, LLC -PINES HOME HEALTH SERVICES, INC. -Name, address, and EIN of related organization FL 34236 \*

;

59-0700567 Page 2

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

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

ctivity Legal Direct controlling Predominant income Share of total Share of total Share of Logal Code, N/UBI (related, unrelated, normalited) assets country)  country  countr	defined and sections 512-514)  Legal Controlling Predominant income Share of total Share of total canner of Beyoperdona and Coode, V-Clair Co										}
demonstration of the controlling	Lowers and the controlling Predominant income Share of total Share of total Code, V-(JBI critical unrelated, income scuring)  Sections 512-514)  Sections 512-514  Sections 10-514  Sections 512-514  Sections 512	<u>@</u>	<u></u>	<u>0</u>	(e)	E	(6)	ε	<u>\</u>	9	3
Sections 512-514)  Yes No K-1 (Form 1065)	Sections 512-514)  Sections 512-514)  Yes No At (Form 1065)	Pnmary activity	Legal domicile (state or foreign	rect controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	Percentage ownership
			country)		sections 512-514)		20000	ON	K-1 (Form 1065)	Yes No	
								<u> </u>			
							\				
					-	<del>\</del>	\			-	
						_					
						\		•			
						_					
						•					
					\						
					.\						
				\							

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. Part IV

				•	
ffon SY13) olled ty?	Yes		L		2018
Section 512(b)(13) controlled entity?	Yes				980
(h) Percentage ownership					Schedule R (Form 990) 2018
(g) Share of end-of-year assets					Sche
(f) Share of total income					
(e) Type of entry (C corp., S corp, or trust)					
(c) (d) Legal domicile Direct controlling (state or centry) (country)					
(C) Legal domicile (state or foreign country)					21
(b) Prmary activity					
(a) Name, address, and EIN of related organization					832.162 10-02-18

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

To During the year was that to other season to related organization with one or more related organization stated or the ment of the form the complete or fine the ment of the form the complete or fine the ment of the ment o	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
Receipt of Universit, (ii) availates, (iii) organises, (iii) organization(s)  Gift, grant, or capital coordinution from related organization(s)  Dividents from related organization(s)  Sale of assets to related organization(s) for expenses  Sale of assets to related organization(s) for expenses  Sale organization(s) for expenses  Sale organization(s) for expenses  Sale organization(s) for expenses  Other transfer of cash or property to related organization(s)  Other transfer of cash or property for melated organization(s)  Other transfer of cash or property for melated organization(s)  Other transfer of cash or property for melated organization(s)  Other transfer of cash or property for melated organization(s)  Other transfer of cash or property for melated organization(s)  Transaction  Amount throolved  Marne of related organization  Amount throolved  Amount throolved  Amount throolved  Amount throolved  Amount throolved  Amount throolved organization through the cash organiza	1 During the tax year, did the organization engage in any of the following transactior	is with one or more re	ated organizations listed II	Parts II-IV?		_	_
(eff. grant or capital contribution of naised organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees to or for related organization(s)  Dividence and assets from related organization(s)  Sale of assets trom related organization(s)  Sale of assets trom related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundament solicitations for related organization(s)  Performance of services or membership or fundament solicitations for related organization(s)  Sharing of leadle expolyages with related organization(s)  Sharing of paid expolyages with related organization(s)  Sharing of paid expolyages with related organization(s)  Sharing of paid expolyages with related organization(s)  Hin answer to any or the above is "Yes," sale the instructions for information on who must complete this line, including covered relationships and transaction threships are distinct threships and transaction threships are distinct threships and transaction threships are distinct threships are distinct threships are distinct organization organization organization are distinct threships are distincted to distinct threships are distinct threships are distincted to distinct threships are distincted to distinct t	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a co	· · · · · · · · · · · · · · · · · · ·			.: 		×
Control of grant or capital controllation from naised organization(s)   Control of partic or capital controllation or for related organization(s)   Controllation of assets to related organization(s)   Purchase of assets from related organization(s)   Salar of assets to related organization(s)   Purchase of assets from related organization(s)   Purchase of assets with eliated organization(s)     Purchase of assets event from related organization(s)     Purchase of related organization     Purchase of related organization     Purchase of related organization     Purchase organiza	Gift, grant, or capital contnbution to related organization(s)	:	:		<del>1</del>		×
Loans or loan guarantees to offor related organization(s)  Dividents from related organization(s)  Sale of assets to invalidate organization(s)  Sale of assets to invalidate organization(s)  Purchase of facilities are offered organization(s)  Purchase of facilities, equipment, or other assets to related organization(s)  Purchase of facilities, equipment, or other assets to related organization(s)  Partnernance of services or membrarish or fundraming solicitations for related organization(s)  Partnernance of services or membrarish or fundraming solicitations for related organization(s)  Partnernance of services or membrarish or fundraming solicitations for related organization(s)  Partnernance of services or membrarish or fundraming solicitations for related organization(s)  Sharing of baid employees with related organization(s)  Other transfer of cash or proparty from related organization(s)  Other transfer of cash or proparty from related organization(s)  Other transfer of cash or proparty from related organization on who must complete this line, including covered dielations for determining the answer to gary of the above is "xe, "see the instructions for information on who must complete this line, including covered dielations for information on who must complete this line, including covered dielations for information on who must complete this line, including covered dielations for information on who must complete this line, including covered dielations for information on the organization on the organization on the organization of the organization on the organization on the organization on the organization of the advantagle organization org	Gift, grant, or capital contribution from related organization(s)	:	: : : : : : : : : : : : : : : : : : : :	: : : : : : : : : : : : : : : : : : : :	<u>၁</u>	_	
Dividends from related organization(s) Seler of assets to mailed organization(s) Purchase of assets to mailed organization(s) Seler of assets to mailed organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Fortunge of seavers or membership or fundamising socilations for mailed organization(s) Performance of seavers or membership or fundamising socilations for mailed organization(s) Performance of seavers or membership or fundamising socilations for mailed organization(s) Performance of seavers or membership or fundamising socilations for mailed organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Sharing or paid employees with related organization(s) Coher transfer or cleas for property from related organization for moment committees organization The answer to any of the above is "Yes," see the Instructions for information on who must complete this line, moulding covered relationships and transaction from a feet organization for more or related organization  Name or related organization  Amount mooked  Name of related organization  Transaction  Name or related organization committees organization for more related organization for more	Loans or loan quarantees to or for related organization(s)				14		×
Divident's from related organization(s) Purchase of assets to related organization(s) Purchase of assets to related organization(s) Exchange of assets with related organization(s) Exchange of assets with related organization(s) I Lease of facilities, equipment, rother assets from related organization(s) Performance of services or membership or fundasing solicitations for related organization(s) Performance of services or membership or fundasing solicitation(s) Performance of services or membership or fundasing solicitation(s) Performance of services or membership or fundasing solicitation(s) Sharing of featiles, equipment, rating lasts, or other assets with related organization(s) for expenses Other transfer of cash or property for related organization(s) Other transfer of cash or property for related organization(s) I 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 through the or related organization  I 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 through the order organization  I 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 through the order organization  I the answer to any or the above is any organization organization  I the answer to any organization					<u>+</u>	-	_
Dividends from related organization(s)  Search args to related graphization(s)  Exchange of assets from related organization(s)  Exchange of assets with related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s)  Sharing of paid employees with related organization(s) for expenses  Sharing of paid employees with related organization(s) for expenses  Sharing of paid employees with related organization(s) for expenses  Other transfer of cash or property to related organization(s)  Where or related organization(s)  Transaction  Amount involved  Where or related organization is the above its "Yes," see the instructions for information on who must complete this line, including covered relations for related organization(s)  Transaction  Transaction  Yepe (as)  Amount involved  We can be considered to determining the correct related organization is the correct organization or who must complete this line, including covered related organization is the considered organization or who must complete this line, including covered related organization or who must complete this line, including covered related organization					<u></u>	ļ 	_
Sale of assets to related organization(s)   Exchange of sesset wan related organization(s)   Lease of facilities, equipment, or other assets from related organization(s)   Performance of services or membership or fundrasing solicitations for related organization(s)   Performance of services or membership or fundrasing solicitations for related organization(s)   Performance of services or membership or fundrasing solicitations for related organization(s) for expenses   Performance of services or membership or fundrasing solicitations by related organization(s) for expenses   Performance of services or membership or fundrasing solicitations for related organization(s) for expenses   Performance of services or membership or fundrasing solicitations for related organization(s) for expenses   Performance of services or membership or fundrasing services in the fund organization(s) for expenses   Performance of services or membership or fundrasing services in the fundrasing services organization(s) for expenses   Performance organization(s) for expenses for facilities for facilities expenses for f		:	:		, <del>+</del>		×
Purchase of assets from related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Performance of services or membership or fundiasing solicitations for leaded organization(s)  Performance of services or membership or fundiasing solicitations by related organization(s)  Performance of services or membership or fundiasing solicitations by related organization(s)  Performance of services or membership or fundiasing solicitations by related organization(s)  Sharing of patie (amplyees with related organization(s) for expenses  Sharing of patie (amplyees with related organization(s) or expenses  Other transfer of cash or property from related organization(s)  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 that are all 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 that 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 that 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 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 that 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 that 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 that the answer to any or the above is "Yes," see the instructions for including the "Yes" see the instructions for includi	Sale of assets to related organization(s)	•	- :		<b>1</b>		×
Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets for netlated organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundaming solicitations for related organization(s)  Sharing of paid employees with related organization(s) for expenses.  Sharing of paid employees with related organization(s) for expenses.  Other transfer of cash or property from related organization(s)  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 threshold have organization and 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 threshold have organization and 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 threshold have organized organization and transaction and the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold in 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 threshold in 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 threshold in the answer to any of the above is "Yes," see the instructions for information of determining the answer to any of the above is "Yes," see the instructions of determining the answer to any of the above is "Yes," see the instructions of determining the answer to any of the above is "Yes," see the instructions of determining the answer to any of the above is "Yes," see the instruction of determining the answer to any of the answer to any of the above	Purchase of assets from related organization(s)				<b>∓</b>	_	×
Lease of facilities, equipment, or other assets for elated organization(s)  Performance of services or membership or fundrations by related organization(s)  Performance of services or membership or fundrations golicitations by related organization(s)  Sharing of facilities, equipment, maling lists, or other assets with related organization(s)  Sharing of facilities, equipment, maling lists, or other assets with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s)  Reimbursement paid by related organization(s)  Other transfer of cash or property from related organization(s)  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 the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the answer to any of the above is "Yes," see the instructions for information on who must complete this line, moluding covered relationships and transaction the answer to any of the above is "Yes," see the instructions for information on who must complete this line, moluding covered relationships and transaction the answer to any of related organization  (a)  Name of related organization  Amount involved  Amount involved  Associated in the above is "Yes," see the instructions to relate the line, including covered relationships and transaction type (ea)	Exchange of assets with related organization(s)				<del>;=</del>	_	×
Performance of services or membership or fundrasing solicitations for related organization(s)  Performance of services or membership or fundrasing solicitations for related organization(s)  Sharing of paid employees with related organization(s) for expenses:  Sharing of paid employees with related organization(s) for expenses:  Other transfer of cash or property to related organization(s)  Other transfer of cash or property to related organization(s)  Hither answer to any of the above is "Yes," see the instructions for information on who must complete this thre, including covered relationships and transaction from the answer to any of the above is "Yes," see the instructions for information on the organization from the answer to any of the above is "Yes," see the instructions for information on the organization from the answer to any of the above is "Yes," see the instructions for information on the organization from the answer to any of the answer to any of the above is "Yes," see the instructions for information on the organization from the organization from the answer to any of the above is "Yes," see the instructions for information on the organization from the organization from the instruction for information from the organization from the instruction for information from the organization from the organization from the instruction for information from the organization from the instruction for information from the instruction for information from the organization from the organization from the organization from the instruction for instruction from the organization from the or							×
Lease of faulties, equipment, or other assets from related organization(s)  Performance of services or membership or fundrasing solicitations by related organization(s)  Sharing of facilities, equipment, maling lists, or other assets with related organization(s)  Sharing of facilities, equipment, maling lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Sharing of paid employees with related organization(s)  Sharing of paid employees with related organization(s)  Other transfer of cash or property for related organization(s)  Other transfer of cash or property from related organization(s)  Other transfer of cash or property from related organization(s)  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 threshold in the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold or related organization  Name of related organization  Name of related organization  Transaction  Amount involved  Amount involved  Amount involved  Amount involved  Transaction  Transac							
Performance of services or membership or fundrasing solicitations by related organization(s)  The Performance of services or membership or fundrasing solicitations by related organization(s)  The Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) for expenses  The Sharing of part of the stated organization(s) for expenses  The sharing of part of cash or property to related organization(s) for expenses  The sharing of part of cash or property from related organization(s)  The sharing of part of cash or property from related organization(s)  The sharing of part of cash or property from related organization(s)  The sharing of part of cash or property from related organization on who must complete this line, including covered relationships and transaction threshold in the answer to any of the above is "Ves," see the instructions for information on who must complete this line, including covered relationships and transaction type (ax)  The answer to any of the above is "Ves," see the instructions for information on who must complete this line, including covered relationships and transaction type (ax)  The answer to any of the above is "Ves," see the instructions for information on who must complete this line, including covered relationships and transaction type (ax)  The answer to any of the above is "Ves," see the instructions for information on who must complete this line, including covered relationships and transaction threshold in the answer to any of the above is "Ves," and "Ves," see the instructions for information or the answer to any of the any of t			: : : : : : : : : : : : : : : : : : : :		¥		×
n Performance of services or membership or fundrasing solicitations by related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of baid employees with related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  Other transfer of cash or property from related organization(s)  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 threshood 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 threshood of determining 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 threshood or determining the answer to any of the above is "Yes," and "Yes,"	1 Performance of services or membership or fundraising solicitations for related org	anization(s)	:		=		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid to related organization(s) for expenses  Other transfer of cash or property from related organization(s)  Coffine transfer of cash or property from related organization(s)  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 threshold 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 threshold 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 threshold in 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 threshold in 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 threshold in the answer to any of the above is "Yes," see the instructions for information of the answer to any of the above is "Yes," see the instructions for information of the answer to any of the above is "Yes," see the instructions for information of the answer to any of the any	m Performance of services or membership or fundraising solicitations by related org	anization(s)			<b>#</b>	<u> </u>	_
Sharing of paid employees with related organization(s) for expenses.  9. Reimbursement paid to related organization(s) for expenses.  9. Other transfer of cash or property to related organization(s) for expenses.  1. Other transfer of cash or property from related organization(s) for expenses.  1. Other transfer of cash or property from related organization(s) for information on who must complete this line, including covered relationships and transaction from 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 from 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 from 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 threshold in 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 threshold in 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 threshold in the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation (d)  1. Transaction threshold or determining and transaction threshold or determining any or and transaction threshold or determining any or any	n Sharmo of facilities, equipment, mailing lists, or other assets with related organiza	tion(s)			<b>-</b> =		L
A Reimbursement paid to related organization(s) for expenses.  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 threshood.  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 threshood.  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 threshood.  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 threshood of determining type (a**)  Name of related organization  Transaction  Transaction  Amount involved  Amount			· · · · · · · · · · · · · · · · · · ·		:		×
Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Other transfer of cash or property from related organization(s)  Other transfer of cash or property from related organization(s)  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 threshold in 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 threshold in 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 threshold in the answer to any of the above is "Yes," see the instructions for information of the answer to any of the above is "Yes," see the instructions for information of the answer to any of the above is "Yes," see the instructions for information of the angle		:			<u> </u> : :		
q Rembursement parts by related organization(s) for expenses.  Other transfer of cash or property to related organization(s)  Other transfer of cash or property from taled organization(s)  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 thresho (b)  Name of related organization  Transaction  Amount involved  Method of determining or type (a.s.)					, \$		×
Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)  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 are the instructions for information on who must complete this line, including covered relationships and transaction thresholds are the instructions for information on who must complete this line, including covered relationships and transaction thresholds are transaction transaction thresholds are transaction thresholds.  (a)  Name of related organization  Amount involved Method of determining the property of the complete this line, including covered relationships and transaction thresholds are transaction thresholds.			:			1	*
Other transfer of cash or property to related organization(s)  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 organization  (a)  Name of related organization  (b)  (c)  (c)  (d)  Nethod of determining and transaction thresholds and transaction thresholds are transaction thresholds are transaction thresholds and transaction thresholds are transactionally a			: : : : : : : : : : : : : : : : : : : :		-] :		4
With transfer of cash or property from related organization(s)  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 are transaction as to related organization type (a.s.)  In 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 are transaction thresholds transaction to the transaction thresholds are transaction thresholds are transaction to the transaction thresholds are transaction to the transaction thresholds are transaction to the transaction transaction to the transaction thresholds are transaction to the transaction thresholds are transaction to the transaction to the transaction transaction thresholds are transaction to the transaction transaction to the transaction transaction to the transaction transaction to the transaction transaction tr	Other transfer of cash or property to related organization(s)				; <del>*</del>	<u>j</u>	×
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 are considered organization.  (d)  Transaction  Transaction  Type (a:s)  Amount involved  Method of determining a type (a:s)  (d)  (d)  (e)  (h)  (h)  (h)  (h)  (h)  (h)  (h	Other transfer of cash or property from related organization(s)					-	×
Name of related organization  Transaction (b)  Transaction (c)  Yupe (a.s.)  Amount involved Amount of determining a function of determining and a function of determining and a function of determining a function of determining and a function of determining a function of determi	If the answer to any of the above is "Yes," see the instructions for inf	who must complete the	ils line, including covered i	elationships and transaction threshold		-	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Name of related organization	(b) Transaction	(c)	(d) Method of determinate		,	
1, 1, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ויסומים בייסומים בייס	type (a-s)		יאפנויסט טי טפיפורווויוין מוי		3	
15. 10-02-16							
22							
22							
22							
					}		
22	<b>a</b>						
22				4			
22							
	22.183 10-02-18	22		Š	hedule R (Fo	g El	8

59-0700567

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

ame, addresses, and EN Primary activity (state of roborg) (state o	Name, address, and ENA  Of entity  Outside of object  State of object  Outside of object  State of object  Outside of object  Ou		2	(9)	₹	3		]				
Country) (state or foreign critical (state) or foreign country) sections 512-514) Yes No income assets assets or foreign country or foreign country (state or foreign country) asset or foreign country (state or foreign country) yes No income assets asset or foreign country or for	Of entity (state or foreign excluded from leaf unrelief (fillight) real his country) sections 512-514) real his country sections 512-514) real his country assets assets and the filling and t	Name, address, and EIN	Primary activity		Predominant income	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(g) Share of	(n) Dispending-	(I) Code VIIBI	(S)	(K)
		of entity		(state or foreign country)	(related, unrelated, 30 excluded from tax under sections 512-514)	11(c)(3)	total income	end-of-year assets	tonate allocations?	amount in box 20 of Schedule K-1 (Form, 1065)	managing partner?	ownership
									20	(200	200	
		-	-		-	_		•		-		
			•									
						L					t	
			•					•				
			,									
						1						
					-							
			(									
			•			•						
						$\downarrow$		į	1		1	
					-							
			,									
			•			F						
											'	
				•	-							
						#						
			<del></del>			_						
		<b>A</b>					,					
						F						
			•		•						_	

Schedule R (Form 990) 2018

Part VII	Form 990) 2018 Supplemental Inform Provide additional inform	rmation.  nation for resp	oonses	to questions on So	chedule R See instru	uctions	59-0700567	
F	Provide additional inform	ation for resp			chedule R See instru	uctions		
		•						
				•				
				•				
				•				
				•				
				•				
				•			•	
				•				
			•	•			•	
			-	•				
			•					
						······································		
	7.2							
· .		····-					<u></u>	
<del></del> ,								
						<u></u>		
		•						
							•	
····		·····			<del>- , ,,, -,, ,</del>			
					,, <u> </u>			
							* <del>/</del>	
	<del></del>						•	
		<del></del>		<del>.</del>	·	<del></del>		
		•						
	<del> </del>							
								<u></u>
						· · · · · · · · · · · · · · · · · · ·		
							<del></del>	
					-			•
<del></del>							Schedule R (Form 99	