EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No 1545-0047

Form 9 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

A For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer identification number B Check if applicable PINES OF SARASOTA, INC. Name chang 59-0700567 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 941-365-0250 1501 N. ORANGE AVENUE termin ated 104 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended SARASOTA, FL 34236 H(a) Is this a group return Applica-F Name and address of principal officer: MICHAEL WARD Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions) Website: PINESOFSARASOTA.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Other > L Year of formation: 1948 M State of legal domicile: FL Part I Summary TO STANDARD TO THE TIME TO THE Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, Inc. 4 5 0 Total number of individuals employed in calendar year 2019 (Part V June 2a) AUG 0 2 2021 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 OGDEN..U¶ **Current Year** Ō. 0. Contributions and grants (Part VIII, line 1h) 519,732. 514,986. Program service revenue (Part VIII, line 2g) 0. -128,17710 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 519,732. 386,809 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 604,222. 2,001,265. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 604,222. 2,001,265. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -84,490. -1,614,456. Revenue less expenses. Subtract line 18 from line 12 19 5 Beginning of Current Year **End of Year** 62,711,759 64,201,915 20 Total assets (Part X, line 16) 26,742,024 10,593,0<u>60</u> 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 37,459,891. 52,118,699 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer tother than officer) is based on all information of which preparer has any knowledge. Sig Her Paid Sign Bruce M. Blake CFO MICHAEL WARD Here Type or print name and title Date PTIN Print/Type preparer's name Preparen's signature 05/21/21 JOSHUA PISA P01736278 self-employed WALTERS & ASSOCIATES Firm's EIN > 59-3618759 Preparer Firm's name 3277 FRUITVILLE RDV, BLDG. Firm's address Use Only Phone no. (941)366-4450 SARASOTA, FL 34237 X Yes

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

orm	990 (2019) PINES O	F SARASOTA,	INC.		59- <u>0</u> ′	700567	Page 2
Pa	ति 🏥 Statement of Program Ser	vice Accomplish	ments				*
	Check if Schedule O contains a res	sponse or note to any	line in this Part III				
1	Briefly describe the organization's missio OWN AND MAINTAIN A 7.2		STED LIVING	FACILITY	PRIMARILY	FOR AG	ED
	AND FINANCIALLY NEED	Y RESIDENTS					
							
2	Did the organization undertake any signiful prior Form 990 or 990-EZ?	ficant program service	s during the year which	ch were not listed o	on the	Yes	X No
	If "Yes," describe these new services on						
3	Did the organization cease conducting, of "Yes," describe these changes on Scho	Yes	X No				
4	Describe the organization's program services Section 501(c)(3) and 501(c)(4) organization	ions are required to re					nd
	revenue, if any, for each program service	001,265. inclu			\	51/	986.)
4a	(Code) (Expenses \$\frac{2}{2}, OWN AND MAINTAIN A 72			FACTLITY) (Revenue \$ PRTMARTIY		
	AND FINANCIALLY NEED		JILD HIVING		111111111111	1 010 110	
							
					· · · · · · · · · · · · · · · · · · ·		
							
4b	(Code) (Expenses \$	ınclu	iding grants of \$) (Revenue \$)
							
							
							
_					·····		
c	(Code) (Expenses \$	inclu	ding grants of \$) (Revenue \$)
							
							
							
							
					······································		
							
4đ	Other program services (Describe on Sch	iedule O.)					
	(Expenses \$	Including grants of \$	<u> </u>) (Revenue \$			
le_	Total program service expenses	2,001,2	05.				200
						Form 9	90 (2019)

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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7,7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
۰	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			, * 1
•	as applicable.			, <u>,</u> ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	<u>_</u>		
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠,
4 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	13		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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	~		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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	Terre Officering of Frequired Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	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			
	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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
254	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	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			٠.
	instructions, for applicable filing thresholds, conditions, and exceptions):	<u> </u>		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32	- · · · · · · · · · · · · · · · · · · ·	32		x
33	Schedule N, Part II	32		- ^
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	i
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			•
19 0	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V. Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	5.1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		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	ار.د⊢	ľ.	• • •
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	 `'.	٠. ا	'-'
C	(gambling) winnings to prize winners?	1c	Х	├
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ra:	Statements Regarding Other Mo Fillings and Tax Compilance (continued)				
		1 1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0	7	``'	ا الم
_	filed for the calendar year ending with or within the year covered by this return	L== 1			1,5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		75.1
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s) .	- 6	-,,	(; ;) X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	-	<u>~</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-	40		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial a lf "Yes," enter the name of the foreign country	accounty?	4a		<u> </u>
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			. " -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ocodina (i BAil)	5a	-+	<u></u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit		$\neg \uparrow$	
	any contributions that were not tax deductible as charitable contributions?		6a	.	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	J	6b		
7	Organizations that may receive deductible contributions under section 170(c).			-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		, I	ائین
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract? .	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7 <u>f</u>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			لــــــــــــــــــــــــــــــــــــــ
_	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.		-	1	لــــــ
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
b 10	Section 501(c)(7) organizations. Enter.	•	30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		i.
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	11a			,
b	Gross income from other sources (Do not net amounts due or paid to other sources against		•		r I
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				لــــا
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	<u> </u>	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 [,	
	organization is licensed to issue qualified health plans	13b		, ,	l
	Enter the amount of reserves on hand	13c	 	 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the payment of the pay		14b	 	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or	ا		v
	excess parachute payment(s) during the year?		15	 	X
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16	 	X
16	If "Yes," complete Form 4720, Schedule O.	t mooner .	16		
	11 1001 COMPLETE TOTAL TELEFOLIC CO.		Form	990	(2019)
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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 on Schedule O. See instructions

	to line da, db, dr Tob below, describe the circumstances, processes, or changes on schedule of See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			1
	If there are material differences in voting rights among members of the governing body, or if the governing	,		.
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	, '		
b	Enter the number of voting members included on line 1a, above, who are independent			- 4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
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		X
6	Did the organization have members or stockholders?	6		<u>X</u>
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		<u>X</u>
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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	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 on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
¢	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		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official .	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-		
	taxable entity during the year?	16a		<u>X</u>
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	_	
Sect	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
	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			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five 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.

 See instructions for the order in which to list the persons above.

X Check this box if neither the organization (A)	(B)							(D)	(E)	(F)
Name and title	Average	l	Position					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	offi	cer an	nd a d	irecto	ector/trustee)		from	from related	other
	(list any	ector						the	organızations	compensation
	hours for	15 o	92		İ	Highest compensated employee		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		 8			(W-2/1099-MISC)		organization
	organizations below	ual tr	ponal		god	Teo a	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ad m	Former	}		Organizations
(1) KYLE BOOTH	1.00	=	-	J	-		<u> </u>			
DIRECTOR		x			ŀ			0.	0.	0.
(2) KEN ABRAHAM	1.00									
CHAIR		X		X				0.	0.	0.
(3) K JUDSON BOEDECKER	1.00									
DIRECTOR		X		L	L			0.	0.	0.
(4) CATHY RUSTIN	1.00									
DIRECTOR		X						0.	0.	0.
(5) JEFFREY L. SCHMIDT	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOHN SCHAUB	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MARLA DOSS	1.00									
DIRECTOR		X						0.	0.	0.
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Form 990 (2019)

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Total revenue Total revenue Related or sempt Common Commo	Ha	3.3	# C3-x 6	Statement of He Check if Schedule O			esponse	or note to any lir	ne in this Part VIII			
By Membership dues c. Fundaming overnis d. d. Related organizations Government grants (contributions) 1se 1 All other contributions, (i)ts, gants, and similar amounts and included above d. Notes, and included above d. Reservat. INCOME 2 RESTAL INCOME 3 Investment records d. d. All other program service revenue d. All other revenue d. Total Add lines 11a-11d d. Data descript				5,105KW 33,150410 0 V		-	300000	OT TIOCO TO ALTY III	(A)	Related or exempt	Unrelated	Revenue excluded
2 a RENTAL INCOME	st st	1	а	Federated campaigns			1a					
2 a RENTAL INCOME	ža our		b	Membership dues		1	1b	•				
2 a RENTAL INCOME	S, C			=			1c					
2 a RENTAL INCOME				-								
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2 a RENTAL INCOME 531110 514,986, 514,986,	<u>0</u> e		<u>n</u>	Total. Add lines 1a-1f	1					在1980年,1980年	STATE OF THE STATE	THE SHAPE OF THE S
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9 Total: And lines 2±2! 3 Investment income (including dividends, interest, and other smillar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events 9 a Gross income from fundraising events 9 a Gross income from gaining activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaining activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 11 a b Less: cost of goods sold 11 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 11 a b Less: cost of goods sold 10 b Less: cost of goods sold 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory 11 a b Less: cost of goods sold 12 Total revenue See instructions 13 a B S S S S S S S S S S S S S S S S S S	/ice	2						331110	314,300.	314,300.		
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Porm 990 (2019) PINES OF SARASOTA, INC.
Part X Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				POST TOTAL TO
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			建筑	
4	Benefits paid to or for members	,		经过多数数据	
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			, ,	
11	Fees for services (nonemployees).				
а	Management	*			
b	`Legal .				
С	Accounting .				
d	Lobbying		WALLEST AND AND AND AND AND AND AND AND AND AND	Secretary Description of the State of the St	
е	Professional fundraising services. See Part IV, line 17		建筑建筑建筑		····
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other. (If line 11g amount exceeds 10% of line 25,				•
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion .		-1		·
13	Office expenses .				
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	206 441	200 441		
20	Interest .	286,441.	286,441.		
21	Payments to affiliates	1,713,625.	1,713,625.		
22	Depreciation, depletion, and amortization	1,713,023.	1,/13,043.		
23	Insurance	Tallet State As As Tallet As As As As As As As As As As As As As	Lancton Constitution	NEW ACCOUNTS OF THE PARTY OF TH	CHARLES OF THE LEADER.
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) BANK CHARGES	1,199.	1,199.	企业的企业工程的企业的 化共产业公司	为自己的人员的
		1,199.	1,199.		
b					
c d		-			_
	All other expenses				<u>-</u>
	Total functional expenses. Add lines 1 through 24e	2,001,265.	2,001,265.	0.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,001,203.	2,001,203.	U •	•
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fight and infinitely solicitation.				
	11 (all of the Control				

<u>"</u> "	贝込蓮	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(4)	Γ	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,411.	1	7,026
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	AL MARKET STATES	類數	
		trustee, key employee, creator or founder, substantial contributor, or 35%		新教	
	ļ	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		多数	THE PERSON NAMED IN COLUMN 1
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	3
	7	Notes and loans receivable, net		7	
į	8	Inventories for sale or use		8	
ć	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	ALL THE STATE OF 	黑照	
		basis. Complete Part VI of Schedule D 10a 38,721,158.		對於	
	b	Less accumulated depreciation 10b 20,867,822.	14,538,998.	10c	17,853,33
	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	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	49,656,506.	15	44,851,39
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	64,201,915.	16	62,711,75
	17	Accounts payable and accrued expenses	621,648.	17	71,67
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	·	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	Frank James ha - John Autorian , bu you be and	21	Controlled Maria and Control of the Control
!	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		ELECT.	
		controlled entity or family member of any of these persons	6 004 060	22	6 500 56
1	23	Secured mortgages and notes payable to unrelated third parties	6,904,262.	23	6,509,56
	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	10 016 114		4 011 00
	1	of Schedule D	19,216,114.		4,011,82
	26	Total liabilities. Add lines 17 through 25	26,742,024.	26	10,593,06
,		Organizations that follow FASB ASC 958, check here		100	
		and complete lines 27, 28, 32, and 33.	27 450 001	AB: 73	16 612 01
	27	Net assets without donor restrictions	37,459,891.	27	16,612,91
	28	Net assets with donor restrictions	PSIME ACTED AND STREET	28	35,505,78
		Organizations that do not follow FASB ASC 958, check here			
,	00	and complete lines 29 through 33.		700	12年中国
	29	Capital stock or trust principal, or current funds	<u> </u>	29	
	30	Paid in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	37,459,891.	31	52 110 60
	32	Total net assets or fund balances	64,201,915.	32	52,118,69 62,711,75
_	33	Total liabilities and net assets/fund balances	1 04,201,313.	33	Eorm 990 (2)

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

<u> 2019</u>

Open to Public

van	ne of t	ne organization						Employer	identification number
			S OF SARAS				-	5	9-0700567
Pа	rt In	Reason for Public (Charity Status (All organizations must c	omplete th	s part.) Se	e instructions		
The	organ	zation is not a private found							
1		A church, convention of ch		_	-	·=	V A Vil		
2	\equiv	A school described in secti					,,,,,,,		
_	H			="					
3	\vdash	A hospital or a cooperative					=	(**) = .	
4	L	A medical research organization	ation operated in col	njunction with a nospita	aescribea	in section	1/U(b)(1)(A)	(III). Enter	tne nospitai's name,
		city, and state.	····						
5		An organization operated for		lege or university owner	d or operate	ed by a gov	vernmental ui	nit describe	d in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6	\square	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	'0(b)(1)(A)(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental u	init or from th	ie general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	d in section 170(b)	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	janization described	in section 170(b)(1)(A)	(ix) operate	ed in conjui	nction with a	land-grant	college
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the colleg									or
		university:				_		_	
10		An organization that normal	Ilv receives: (1) more	than 33 1/3% of its sup	port from c	ontribution	ns. membersh	np fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busin	•	· ·				• • •	-
		See section 509(a)(2). (Cor		(coo coolie, o , , tably iii	J Guo	ovo aoquii	00 b) a.o o.g		1101 00110 00, 1010
11		An organization organized a		vely to test for public sa	fety See	section 50	9(2)(4)		
12	Ħ	An organization organized a	•	•	-		• • • •	rry out the	nurnoses of one or
'-	II	more publicly supported org	•	•	•			•	•
		lines 12a through 12d that	-						THE DOX III
а	Γ-	Type I. A supporting orga						_	aivina
a		the supported organization				-			•
		organization. You must o			i majority c	i trie direct	iors or truster	55 OI 1116 SU	pporting
L		a	•		بد طفاندا ممند		d arman, mat. a.	n/a\ bu bau	
b	<u> </u>	Type II. A supporting organization				• •	•		•
		control or management of	.,		ame perso	ns that con	itroi or manaç	ge the supp	oortea
		organization(s). You mus							-1
С	L	Type III functionally inte	-	'				iy integrate	a with,
		its supported organization		•	•		•		
d		Type III non-functionally					• •	•	, ,
		that is not functionally int	-		•	•		an attentiv	reness
	_	requirement (see instructi	•	•	-				
е		Check this box if the orga					Type I, Type	II, Type III	
		functionally integrated, or		nally integrated support	ng organiz	ation			
f		r the number of supported o	~						
g		ride the following information	about the supporte		T (iv) Is the oroz	nization listed. I	(i) Amount of		(m) Am
	U) Name of supported organization	(11) E114	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of support (see in	- 1	(vi) Amount of other support (see instructions)
		——————————————————————————————————————		above (see instructions))	Yes	No			Support (See Instructions)
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Cots			1 . " . " . " " " " " " " " "	p and marginal and a second	*** 1 ***	**			

Schedule A (Form 990 or 990-EZ) 2019 PINES OF SARASOTA, Partill Support Schedule for Organizations Described in Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·					
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and				,				
	membership fees received. (Do not								
	include any "unusual grants.")			225,713.	68,945.		294,658.		
2	Tax revenues levied for the organ-					•			
	ization's benefit and either paid to	*							
	or expended on its behalf					•			
3	The value of services or facilities						1		
	furnished by a governmental unit to								
-	the organization without charge								
4	Total. Add lines 1 through 3			225,713.	68,945.	<u> </u>	294,658.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)			44.4					
_6	Public support. Subtract line 5 from line 4	學是於其學是				医鸡科斯氏	294,658.		
$\overline{}$	ction B. Total Support			,		<u> </u>	·		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4			225,713.	68,945.		294,658.		
8	Gross income from interest,				,				
	dividends, payments received on	ļ							
	securities loans, rents, royalties,	06 005			-		400 000		
	and income from similar sources	96,095.	92,794.				188,889.		
9	Net income from unrelated business					,			
	activities, whether or not the								
	business is regularly carried on	ļ		<u> </u>					
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)		Tenned Tre was early a live	AGE STREET TO SELECT TO SE	varies taken minimeterate to her total	P. Charles and P. Andrews State of Stat	400 545		
11				制料的基本等	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		100/01/		
12	Gross receipts from related activities,			•			,867,337.		
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	. —		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2019 (li		+	olumn (fl)		14	60.94 %		
	Public support percentage from 2018		•			15	79.33 %		
	33 1/3% support test - 2019. If the o			n line 13, and line 1	 4				
	stop here. The organization qualifies				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	► X		
ь	33 1/3% support test - 2018. If the c				line 15 is 33 1/3%	or more, check th			
	and stop here. The organization qual	_				,	▶□		
17a	10% -facts-and-circumstances test				. 13, 16a, or 16b, a	and line 14 is 10%	or more.		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances test				_	7a, and line 15 is	10% or		
⇒ ~	more, and if the organization meets th						_		
	organization meets the "facts-and-circ				· ·		▶ □		
18	Private foundation. If the organization				-		, → □		
						edule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2019 PINES OF SARASOTA, INC. [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					 	ļ
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					<u> </u>	
b Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)	N		- Fan- 4	**	0	
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u></u>	<u>L</u>	<u> </u>	<u> </u>
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here				· .	<u>.</u>	▶□
Section C. Computation of Public				·		. <u></u>
15 Public support percentage for 2019 (lir		•	column (f))		15	9
16 Public support percentage from 2018			<u></u>		16	9
Section D. Computation of Invest	ment Income	e Percentage		<u> </u>		
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), dıvıded by lı	ne 13, column (f))		17	9
18 Investment income percentage from 2	018 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2019. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						. ▶□
b 33 1/3% support tests - 2018. If the					-	and
line 18 is not more than 33 1/3%, chec						▶ □
20 Private foundation. If the organization		-			_	▶ □
332023 09-25-19			<u> </u>		nedule A (Form 99	0 or 990-FZ\ 201

Part V Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

5

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	<u></u>	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		,
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets		<u></u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions.			·
9	Distributable amount for 2019 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by line 9 amount	,		
		· (i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_	Distributable amount for 2019 from Section C, line 6	作品的解码的 等级 等等的		
	Underdistributions, if any, for years prior to 2019 (reason-		をはれて、山田は、大田田の中では、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	
2	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019		对社会的实现的《并不是的是对社会	
	From 2014			
	From 2015			
	From 2016		等编程的关系的	
	From 2017			
_	From 2018	阿里里斯斯斯 斯斯		
_	Total of lines 3a through e	14.3 M. A. S. T. Andrew Street, and A. D. Arter Sections at 17.4 Miles & Section 1.		
_	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount	建设工业 的	医墨西哥斯斯	. ,
i	Carryover from 2014 not applied (see instructions)		经验证证证证证证	西亚洲岛里亚岛西 哥
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		国家政治主义	
4	Distributions for 2019 from Section D,	能是是现代的		
	line 7: \$			
а	Applied to underdistributions of prior years	阿斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯		語為關係的思想
b	Applied to 2019 distributable amount	國政策的特殊認識高		
_с	Remainder. Subtract lines 4a and 4b from 4.		門連盟認識的	提出的計劃
5	Remaining underdistributions for years prior to 2019, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain ın Part VI. See ınstructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in $\dot{\ }$			
	Part VI. See instructions.	語的語歌科學整定語		The respective and respective on the state of the state o
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	Harris Land Company Company and the Company of the		
8	Breakdown of line 7	BARRAMAN SANCE CANCELLAND		
	Excess from 2015			STATE OF THE PARTY
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	Excess from 2017	BUT SEED THE STATE OF THE SEED		STATE OF THE PARTY
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е	Excess from 2019	是中华的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	"是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	開建的日本時間 四次元十四年号

Schedule A (Form 990 or 990-EZ) 2019

932028 09-25-19

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	PINES OF SARASOTA,	INC.	59-0700567
Pa			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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		• — • —
•	for charitable purposes and not for the benefit of the donor of	-	· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?	realist davisor, or for any other purpose con	Yes No
Pa		ganization answered "Yes" on Form 990. Par	
	Purpose(s) of conservation easements held by the organization		(17) 1110 11
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	historically important land area
	Protection of natural habitat	· —	certified historic structure
	Preservation of open space	T TOOUT VALION OF A	contined materic structure
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	consequation consequent on the last
_	day of the tax year.	ind conservation contribution in the form of a	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	• •	2b
	Number of conservation easements on a certified historic stri		2c
	Number of conservation easements included in (c) acquired a	` '	
u	listed in the National Register	arter 7723700, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or	
J	year	loaded, extinguished, or terminated by the or	garilization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		•
Ū		Training of Violationis, and officining consort	ation oddernents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$	ggg	. caseee cag ie yea
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footr	•	
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items:		,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financial da	ain, provide
_	the following amounts required to be reported under FASB A	•	,,
а	Devenue included on Form 000, Ded VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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	dule D (Form 990) 2019 PINES O	F SARASOTA,	INC.					<u>00567</u>		age 2
Pai	rtilli Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	r Other	r Similar As	sets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make si	ignıficant use d	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange progra	am					
b	Scholarly research	е	Other							_
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exer	npt purpose ir	Part	XIII		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be ma	untained as part of th	e organization's col	lection?	***.			Yes	[No
Pa	rt IV. Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered '	Yes" on	Form 990, Pa	ırt IV, i	ıne 9, or	-	
	reported an amount on Form 990, Par									
1a	is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other ass	sets not	ıncluded				
	on Form 990, Part X?	•	•					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table [.]							
								Amount		
С	Beginning balance					1c				-
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial acco	unt liabil	ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the exp	olanation has been p	provided on i	Part XIII]
Pai	rt V. 🖲 Endowment Funds. Complete it	f the organization ans	swered "Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years	back	(e) Four	years	back
1a	Beginning of year balance	40,303,316.	7,122,721.	1,29	2,231.	1,184,	041.	1,	602,	174.
b	Contributions .	933,813.	36,102,443.	8,399	9,610.	108,	190.		408,	197.
С	Net investment earnings, gains, and losses	19,245.	-10,371.	10	5,312.				28,	104.
ď	Grants or scholarships	5,403,114.	2,911,477.	2,589	5,432.				846,	304.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								8,	130.
g	End of year balance	35,853,260.	40,303,316.	7,12	2,721.	1,292,	231.	1,	184,	041.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
	Board designated or quasi-endowment	.97	%	,						
b	Permanent endowment ► 2.09	%	_							
С	Term endowment ▶ 96.94 s	 %								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posses	•	tion that are held an	d administer	ed for th	ne organization	1			
	by:	· ·				J		ſ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations		•	•		•		3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?	•		•	•	3b		
4	Describe in Part XIII the intended uses of the	·		• •	•					
Pai	t VI Land, Buildings, and Equipme									
• • •	Complete if the organization answered		Part IV, line 11a. So	ee Form 990	, Part X.	line 10.				
-	Description of property	(a) Cost or ot	· · · · · · · · · · · · · · · · · · ·	or other		ccumulated	\top	(d) Bool	k valu	
	boson prior or property	basis (investm				preciation		(4) 500	N Valu	
10	Land .		<u> </u>	·			h.	55'	7 n	43.
	Buildings			6,038.		249,920		5,316		
	Leasehold improvements			8,934.		198,875		J, J1		59.
	•			0,308.		074,797	_	1,85		
	Equipment			8,835.		344,230			$\frac{3}{4}, \frac{5}{6}$	
<u>e</u>	Other	.15 .000 5 .11	40	0,000	-	J44,4JU	_	7 85		36

Schedule D (Form 990) 2019 PINES OF SAF	RASOTA, INC.	59-	0700567 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV Jun	e 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)	-		
(C)	*		
(D)		_	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	 	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-	of-year market value
	 		
(2)	·····		
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
			
(6)	,-		
	···		
(8)			
(9)	<u> </u>	1. 2. 14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV In	e 11d. See Form 990. Part V. line 15	
	Description	2 114 COC 1 CHII 330, 1 At X, IIIC 10.	(b) Book value
(1) INTEREST IN NET ASSETS OF			42,008,312.
(2) DEPOSITS			3,525.
(3) CONSTRUCTION IN PROGRESS			2,839,560.
(4)			
(5)	·		
(6)			
(7)			
(8)			
(9)			<u> </u>
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)	>	44,851,397.
Complete if the organization answered "Yes" of	n Form 990. Part IV. lin	e 11e or 11f See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			<u>`.´,</u>
(2) INTERFUND			4,001,185.
(3) DUE TO PINES OF SARASOTA			
(4) HEALTHCARE, LLC			8,989.
(5) LEASE PAYABLE	· · · · · · · · · · · · · · · · · · ·		1,650.
(6)	-7.//\dots		
(7)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		4,011,824.
		to the organization's financial statements the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 PINES OF SARASOTA, INC.	59-0700567 Page 5
Schedule D (Form 990) 2019 PINES OF SARASOTA, INC. Part XIII Supplemental Information (continued)	
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Schedule D (Form 990) 2019

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

OMB No 1545-0047 Open to Public a

Name of the organization

PINES OF SARASOTA, INC.

Employer identification number 59-0700567

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PURPOSE OF THE ORGANIZAITON IS TO OWN AND MAINTAIN A 72 UNIT
ASSISTED LIVING FACILITY PRIMARILY FOR AGED AND FINANCIALLY NEEDY
RESIDENTS OF SARASOTA COUNTY
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, INC3,537,937.
FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
FORM 990, AMENDED RETURN
THE ORGANIZATION IS FILING AN AMENDED RETURN TO REFLECT ITS CORRECT
FILING STATUS, 501(C)(3), AS INDICATED ON PAGE 1, ITEM K. THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Pub

Rar 1路 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 INC SARASOTA, PINES OF

Employer identification number 59-0700567

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

iParilis 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)
				501(c)(3))		Yes	Š
PINES OF SARASOTA FOUNDATION, INC							
59-2988752, 1501 N. ORANGE AVENUE, SARASOTA,	PROVIDE FINANCIAL SUPPORT						
FL 34236	TO PINES OF SARASOTA, INC.	FLORIDA	501(C)(3)	LINE 11			×
1100 CENTRAL AVENUE CORPORATION							Ī
1501 N. ORANGE AVENUE							
SARASOTA, FL 34236	TITLE HOLDING COMPANY	FLORIDA	501(C)(2)				×
PINES OF SARASOTA HOLDING CORPORATION -							
47-5260713, 1501 N. ORANGE AVENUE, SARASOTA,				LINE 12C,			
FL 34236		FLORIDA	501(C)(3)	LII-FI			×
PINES OF SARASOTA MANAGEMENT CORP -							
47-5261041, 1501 N. ORANGE AVENUE, SARASOTA,				LINE 12C,			
FL 34236		FLORIDA	501(C)(3)	III-FI			×

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

Schedule R (Form 990) 2019

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PINES OF SARASOTA, INC.

Schedule R (Form 990)

Partill Continuation of Identification of Related Tax-Exempt Organizations

(a)	(g)	(0)	(P)	(e)	(J)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)		status (if section		organization?
i				501(c)(3))		Yes No
PINES HOME HEALTH SERVICES, INC						
47-4719003, 1501 N. ORANGE AVENUE, SARASOTA,						
FL 34236	HOME HELATH SERVICES	FLORIDA	501(C)(3)	LINE 7		×
47-5272934, 1501 N. ORANGE AVENUE, SARASOTA,						
	HEALTH SERVICES	FLORIDA	501(C)(3)	LINE 10		×
						-
						_
						-
						-
20000						

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Page 2

Schedule R (Form 990) 2019 PINES OF SARASOTA, INC.

Part

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.

Beneral or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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

	ton olled	g			 	-				
Ĺ	Sec 512(Yes	_							
3	Percentage 512(b)(13) ownership contolled					-	`			
(0)	Share of end-of-year	assets								
(a)	Share of total									
(e)	Type of entrly (C corp, S corp	or trust)								
(6)	Oirect controlling entity				_					
(0)	85	country)								
(a)	ctivity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2019

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Note: Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.							Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			THE STATE OF THE S		
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	:		•	:	:	1a		×
b Gift, grant, or capital contribution to related organization(s)			,		;	4		×
(s)	•	•			:	ဥ	×	
d Loans or loan quarantees to or for related organization(s)			:	:	:	7		×
		:					,	
 Loans or loan guarantees by related organization(s) 	•	:	: .	į		е 1	×.E	がある。
6 Dividends from veleted executation(a)						di di	- T- 101 - 1-1	>
Criderias nom related organization(s)	•	:	:		:		1	4
g Sale of assets to related organization(s)		:	:	:	:	19		×
h Purchase of assets from related organization(s)						=	_	×
		:	•		•	Ÿ		×
		:	:	:	:	= ;	\parallel	4
J Lease of facilities, equipment, of other assets to related organization(s)			:	٠	:	-	1	∢
k Lease of facilities, equipment, or other assets from related organization(s)	;					1		×
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)	•		•		F		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(e)				:	ļ	×	
	inzamon(s)	:	•				; >	
n snaring of facilities, equipment, mailing lists, of other assets with related organization(s)	. (s)uo	:	:	:	:	Ę	4	
 Sharing of paid employees with related organization(s) 	:			:	•	9		×
						ない。		地域
p Reimbursement paid to related organization(s) for expenses			:		:	d.		×
a Reimbursement paid by related organization(s) for expenses						Ja		×
	:				•	1		
. Other transfer of each or proposity to related oversamentation(c)						,	e de	×
		::		:		-	T	4 >
s Other transfer of cash or property from related organization(s)						18	1	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and tra	ansaction thresh	olds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Metho	(d) Method of determining amount involved) ng amount in	volved		
(1)								
(2)								
(3)								
5								
(+)				1				
(9)								
(9)								
932163 09-10-19					Schedule R (Form 990) 2019	R (Form	; (066 u	2019

Direlated 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.

נומן אמטייטן מופחום במונים במו	אוות מווא ובאשות של ארותי	פוטון וטו כפו נמוון ווועפ	sullent parties inps.							
(a)	(Q)	(၁)	(p)		ε	(6)	Ξ	©	9	¥
Name, address, and EIN	Primary activity	Legal domicile	Predominant income particle for particle for frelated.	9 partners sec. 501(c)(3)	Share of	Share of	Orspropor- tionate	Code V-UBI amount in box 20	General or managing	Percentage
סופווונ		(state of loreign country)	excluded from tax under or sections 512-514) Yes	Yes No	income	end-or-year assets	Allocations?	ves No (Form 1065) Yes No	Yes No	division
=== 1										
1										
				<u> </u>			-			
					_					
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				-						
									_	

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019	PINES OF S	ARASOTA,	INC.	59-0700567	Page 5
Schedule R (Form 990) 2019 Part VIII Supplemental Infor	rmation				
Provide additional inform	ation for responses to	questions on Sch	nedule R. See instructions.		
					
					
				 	
					
<u></u>					
				·-··	
					
					
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			·····		
					
					
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