# EXTENDED TO AUGUST 15, 2023

**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

▶ 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 F	or the	2021 calendar year, or tax year beginning $$ OCT $1,$ $2021$ and endin	ng SEI	30,	2022	
<b>B</b> c	heck if oplicable:	C Name of organization	D	Employe	r identific	cation number
	Address	PINE CASTLE, INC.				
	Name change	Doing business as		59-0	7047	33
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	n/suite <b>E</b>	Telephon		
	Final return/	4911 SPRING PARK ROAD		904-	·733-:	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receip	ts\$	7,266,693.
<u>_</u>	Amende return	UACKSONVILLE, FL 32207	H	(a) Is this a		
	Applica tion pending	Finame and address of principal officer: KIAN CONES		for subo	ordinates	? Yes X No
		SAME AS C ABOVE		(b) Are all sub	oordinates in	cluded? Yes No
		mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	527	•		list. See instructions
		PINECASTLE.ORG				n number
			Year of fo	ormation: 1	.952  <b>N</b>	1 State of legal domicile: FL
Pa		Summary	CET E	TNG	T-73 C	
ø		Briefly describe the organization's mission or most significant activities: PINE CA			WAS	
Activities & Governance	_	ESTABLISHED IN 1952 TO PROMOTE THE GENERAL W				
ern		Check this box  if the organization discontinued its operations or disposed of			1 1	
Š		Number of voting members of the governing body (Part VI, line 1a)				18 18
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)				240
ies		otal number of individuals employed in calendar year 2021 (Part V, line 2a)				324
Ĕ		otal number of volunteers (estimate if necessary)				30,396.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12				0.
	יו מ	let unrelated business taxable income from Form 990-T, Part I, line 11		Prior Yea		
	0 (	Contributions and greats (Port VIII line 1b)		1,567,	_	Current Year 5,593,095.
ne		Contributions and grants (Part VIII, line 1h)			854.	467,523.
Revenue		Program service revenue (Part VIII, line 2g)			122.	38,609.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			854.	564,025.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,505,		6,663,252.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		,,505,	0.	0,003,232.
		5 5 1 1 5 1 (D 1 N 1 (A) 1 A)			0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		3,903,	-	4,240,300.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		,,,,,,	0.	0.
ben		otal fundraising expenses (Part IX, column (D), line 25)  431,469.				
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	780,	412.	1,583,534.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,683,		5,823,834.
		Revenue less expenses. Subtract line 18 from line 12			351.	839,418.
or Ses			Beginn	ning of Curre		End of Year
ets	<b>20</b> T	otal assets (Part X, line 16)		3,987,		9,399,252.
ASS	<b>21</b> T	otal liabilities (Part X, line 26)		L,523,		1,516,409.
Net Assets or	<b>22</b> N	let assets or fund balances. Subtract line 21 from line 20		7,464,		7,882,843.
	rt II	Signature Block				
		ies of perjury, I declare that I have examined this return, including accompanying schedules and ${f s}$			-	knowledge and belief, it is
true,	correct	and complete Dickation of preparer (other than officer) is based on all information of which pre	eparer has	any knowle	dge.	
		1 Alexander			<u> </u>	<u>3~23</u>
Sig	י	Signature of Vifficer		Date		<i>(</i>
Her	•	RYAN JOMES, TREASURER				
		Type or print name and title	Date		Taked F	DTIN DTIN
		Print/Type preparer's name  Preparer's signature			Check if	PTIN
Paid		DANA ALEXANDER DANA ALEXANDER	<sub>[</sub> U / /	/13/23		
Prep	-	Firm's name CARR, RIGGS & INGRAM, LLC		Firm'	s EIN 🛌	72-1396621
Use	UIIIY	Firm's address 7411 FULLERTON STREET, SUITE 300 JACKSONVILLE, FL 32256		Db		4.356.6023
N/a:	the ID	S discuss this return with the preparer shown above? See instructions		Pnon	IE 110. 5 U	
ivialy	THE IN	o uiocuoo ii iio retuitti witii tile preparei ollowii above? dee ilistructiolis				X Yes No

Pai	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PINE CASTLE, INC. WAS ESTABLISHED IN 1952 TO PROMOTE THE GENERAL	
	VELFARE OF DEVELOPMENTALLY DISABLED INDIVIDUALS AND TO PROVIDE A	
	CENTER FOR TRAINING FOR PERSONS WITH INTELLECTUAL DISABILITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>л</b>
	orior Form 990 or 990-EZ?	No
2	f "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	Пы
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_ ио
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	evenue, if any, for each program service reported.	
4a	Code: ) (Expenses \$ 2,809,617. including grants of \$ ) (Revenue \$	)
	THE TRAINING EDUCATIONAL SUPPORT SERVICES (TESS) SERVES APPROXIMATELY	
	180 INDIVIDUALS DAILY. SERVICES INCLUDE ADULT EDUCATION, LIFE SKILLS	
	FRAINING, VOCATIONAL TRAINING, FACILITY-BASED EMPLOYMENT, RECREATION	
	AND ATHLETIC OPPORTUNITIES, COMMUNITY INCLUSION AND A SENIOR PROGRAM.	
	FACILITY-BASED PARTICIPANTS HAVE THE OPPORTUNITY TO WORK AND LEARN	
	OCATIONAL SKILLS. THE PROGRAM EXTENDS FROM 8:30 TO 2:30, MONDAY	
	THROUGH FRIDAY. VARIOUS ASSEMBLY AND PACKAGING JOBS HAVE BEEN PERFORME FOR SEVERAL LOCAL BUSINESSES INCLUDING TAMARACK TECH, STENNER PUMPS,	<u>ט</u>
	AQUATEKO, OWENS AND MINOR, AND REVLON. THE PINE CASTLE WOODSHOP EMPLOY	<u> </u>
	SEVEN INDIVIDUALS WHO PRODUCE A VARIETY OF WOOD STAKES FOR SALE TO	<u> </u>
	LOCAL AND REGIONAL BUSINESSES.	
4b	Code:) (Expenses \$1,540,359. including grants of \$) (Revenue \$)	)
	PINE CASTLE'S RESIDENTIAL PROGRAM SERVES 36 INDIVIDUALS IN FIVE GROUP	
	HOMES. THE GROUP HOMES OFFER 24-HOUR SUPPORT STAFF FOR RESIDENTS AS	
	VELL AS SKILLS TRAINING AND COMMUNITY INCLUSION OPPORTUNITIES.	
4c	Code:) (Expenses \$74,980. including grants of \$) (Revenue \$)	)
	PINE CASTLE'S COMMUNITY EMPLOYMENT PROGRAM SERVES 20-30 INDIVIDUALS	<del></del>
	ANNUALLY, BY PROVIDING EMPLOYMENT SERVICES TO THOSE WHO WISH TO WORK INTO THE COMMUNITY. THE PROGRAM NOT ONLY PROVIDES JOB TRAINING AND	<u>N</u>
	PLACEMENT, BUT ALSO LONG-TERM FOLLOW-ALONG SERVICES AND SUPPORT. JOB	
	PLACEMENTS INCLUDE: HOLLAND & KNIGHT, LLP, FLOWERS BAKING COMPANY, SAF	<del></del>
	MANAGEMENT, ARAMARK, WINN-DIXIE, PUBLIX, FIREHOUSE AND MANY OTHERS.	
	, , , , , , , , , , , , , , , , , , , ,	
A =1	Other pregram consists (Decayibe on Schedule O.)	
40	Other program services (Describe on Schedule O.) $76,741$ . including grants of \$ ) (Revenue \$ )	
4e	Fotal program service expenses 4,501,697.	
	Form 990	(2021)

# Form 990 (2021) PINE CASTLE, 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		.,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400	Х	
<b>L</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 25	
ь		12b		×
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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

Form 990 (2021) PINE CASTLE, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		x
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			$\vdash$
	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			<del></del> -
٥.	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 on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number reported in box 5 of 10fm 1050. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	Х	
132004	1 12-09-21			(2021)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on 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)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 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)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request \_\_ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LISA DE STEIGUER JENKINS - (904) 733-2650

Form **990** (2021)

4911 SPRING PARK ROAD, JACKSONVILLE, FL

# Part VII 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than				one	Reportable	Reportable	Estimated
	hours per		, unles					compensation	compensation	amount of
	week	-	officer and a direct					from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 1120)	and related
	below	idual	ution	 	Key employee	est co	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			-
(1) LORI ANN WHITTINGTON	40.00									
CEO				Х				167,793.	0.	12,373.
(2) SARAH HOUPERT	2.00									-
CHAIR		Х		Х				0.	0.	0.
(3) AMY RUTH	2.00									
VICE CHAIR		Х		х				0.	0.	0.
(4) ED LOMBARD	2.00								-	
TREASURER		Х		х				0.	0.	0.
(5) BETSY JACOBS	2.00								-	-
SECRETARY		Х		х				0.	0.	0.
(6) PHILIP BOYCE	2.00									
IMMEDIATE PAST CHAIR		Х		х				0.	0.	0.
(7) KENDALL BRYAN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) JANYCE DAWKINS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) BILLY FRICK	2.00									
DIRECTOR		Х						0.	0.	0.
(10) KAREN FRIEDLINE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) SHAWNA GRANT	2.00									
DIRECTOR		Х						0.	0.	0.
(12) GABRIEL HACKNEY	2.00	1							Ţ.	
DIRECTOR		Х						0.	0.	0.
(13) JIM HENRY	2.00	† <del></del>							0.1	
DIRECTOR	2,00	x						0.	0.	0.
(14) RYAN JONES	2.00							•	•	•
DIRECTOR	2.00	х						0.	0.	0.
(15) SARA LEY	2.00							•	•	•
DIRECTOR	2.00	Х						0.	0.	0.
(16) ERIC MILLER	2.00	122						1	J •	•
DIRECTOR	2.00	Х						0.	0.	0.
(17) CHRISTIE MORGAN	2.00	-25						1	0.	<b>0 •</b>
DIRECTOR	2.00	Х						0.	0.	0.
132007 12-09-21		Λ		<u> </u>			<u> </u>	<u> </u>	ı	Form <b>990</b> (2021

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghe	st C	Compensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck i	more rson i	than is bot	h an	· '	<b>(E)</b> Reportable compensatio	on		( <b>F)</b> stimate nount o	
	week (list any hours for related	director		la a a				from the organization (W-2/1099-MISC/	from related organization (W-2/1099-MIS 1099-NEC)	ns SC/	fr org	other pensation the anizati	e ion
	organizations below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			l .	d relate anizatio	
(18) GEOFF SESSIONS DIRECTOR	2.00	х						0.		0.			0.
(19) KAREN COLEMAN DIRECTOR	2.00	х						0.		0.			0.
1h Cubtatal								167,793.		0.	1	2,3	73
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0. 167,793.		0.		2,3	0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n							no re	· · · · · · · · · · · · · · · · · · ·	000 of reportable		<u>                                     </u>	<u> </u>	1
compensation from the organization	-line -t tmt	1					. 1-:-					Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	∋ J :	for such individual			4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			ū			5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	•	-								pensa	tion fro	om	
the organization. Report compensation for (A)  Name and business			endir ONI		ith c	or wi	thir	the organization's tax y  (B)  Description of s		(	(C	C) nsatior	
Hame and business	addrood	140	7141	<u> </u>				Beschiption of	er viede		, ompo	· ioutioi	•
2 Total number of independent contractors (in \$100,000 of compensation from the organic		ot lir	nited	d to		se lis	ted	d above) who received mo	ore than				
, , , , , , , , , , , , , , , , , , , ,	-										_	aan "	2004)

		Check if Schedule O co	ontains a	response (	or note to any lin	e in this Part VIII			
		Cricon il Coricadie O oc	oritairio a	теоропое (	or rioto to uriy iiri	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1. 1					Sections 512 - 514
nts nts		Federated campaigns		1a					
ir a				1b					
S, G	c	Fundraising events		1c	314,218.				
a ii	c	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contrib	butions)	1e	3,824,034.				
Sign	f	All other contributions, gifts, g	rants, and						
he E		similar amounts not included a		1f	1,454,843.				
	ç			1g \$	46,190.				
Sol		Total. Add lines 1a-1f			, <u> </u>	5,593,095.			
<u> </u>		Total / Ida iii ii i			Business Code	, , ,			
_	2 a	PROGRAM FEES			900099	467,523.	467,523.		
<u>i</u>		•			300033	407,323.	407,323.		
e e	k								
n S	c								
rar 3e	C								
Program Service Revenue	e								
٩		All other program service re							
	ç	Total. Add lines 2a-2f			<b></b>	467,523.			
	3	Investment income (includi							
		other similar amounts)				38,609.	38,609.		
	4	Income from investment of							
	5	Royalties							
		Ţ		i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
			6c						
		` ′	00						
		Net rental income or (loss)	(i) S	Securities	(ii) Other				
	1 8	Gross amount from sales of	<u>  ``</u>	ccuritics	(ii) Other				
	_	, t	7a						
	r	Less: cost or other basis	_						
Revenue			7b						
š		٠ / د	7c						
		Net gain or (loss)							
her	8 8	Gross income from fundraising							
₽		including \$3	14,218.	_ of					
		contributions reported on li	ine 1c). S	ee					
		Part IV, line 18		8a	0.				
	b	Less: direct expenses		8b	21,392.				
	c	Net income or (loss) from fu	undraisin	g events		-21,392.			-21,392.
		Gross income from gaming							
		Part IV, line 19							
	Ŀ			۱ ـ .					
		: Net income or (loss) from g			<b>•</b>				
		Gross sales of inventory, le							
		and allowances		I	1,125,383.				
				1					
			oloo of in		552,515.	543,334.	543,334.		
-+		Net income or (loss) from s	aics UI III	voniory	Business Code	313,001.	313,334.		
sn	44 -	RENTAL INCOME			531120	30,396.		30,396.	
ne e	11 a				900099	11,687.	11,687.	30,330.	
llar (en	b	· -			700033	11,00/.	11,00/.		
Miscellaneous Revenue	C								
Σ		All other revenue				40.000			
		Total. Add lines 11a-11d			<b>.</b>	42,083.	4 064 1-1	22.555	
	12	Total revenue. See instruction	ns		<b></b>	6,663,252.	1,061,153.	30,396.	-21,392.

132009 12-09-21

Form **990** (2021)

Cooti	on FO1(a)(2) and FO1(a)(4) agreenizations must some	lata all agliumna. All atha	ov avannisations must som	anlata askuma (A)	-
Secti	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respons	se or note to any line in	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	166,945.		83,473.	83,472.
6	Compensation not included above to disqualified	100,545.		03,473	05,412.
U	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	3,431,887.	2,766,382.	454,597.	210,908.
7	Other salaries and wages	J, =JI,00/•	4,100,302.	TJT,JJ10	210,900.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	490,454.	404,070.	74,212.	12 172
9	Other employee benefits	151,014.	124,416.	22,850.	12,172. 3,748.
10	Payroll taxes	131,014.	124,410.	22,030.	3,740.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	60 655	F0 000	0 500	0.40
16	Occupancy	60,655.	50,820.	9,593.	242.
17	Travel	22,563.	10,819.	4,603.	7,141.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22 000	20 520	1 420	
20	Interest	33,970.	32,538.	1,432.	
21	Payments to affiliates	243,489.	017 400	0E C74	206
22	Depreciation, depletion, and amortization		217,429.	25,674. 12,361.	386.
23	Insurance	100,634.	87,507.	12,301.	766.
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.)	283,857.	118,831.	97,264.	67 760
а	PROFESSIONAL AND CONSUL				67,762.
b	MAINTENANCE	198,941. 176,126.	141,649. 169,787.	51,234. 5,439.	6,058.
C	UTILITIES CLIENT SUPPORT COSTS	78,120.	78,090.	100.	900.
d		385,109.	299,359.	47,836.	37,914.
	· ————	5,823,834.	4,501,697.	890,668.	431,469.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	J, U4J, 034.	±,JU1,UJ/•	030,000.	±J1,40J•
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)				000

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	994,590.	2	1,387,430
	3	Pledges and grants receivable, net	629,133.	3	731,244
	4	Accounts receivable, net	639,457.	4	679,550
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	57,670.	8	150,970
As	9	Prepaid expenses and deferred charges	25,414.	9	29,155
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,764,010.			
	b	Less: accumulated depreciation 10b 4,288,524.	4,332,852.	10c	4,475,486
	11	Investments - publicly traded securities	2,055,184.	11	1,738,829
	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	253,194.	15	206,588
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,987,494.	16	9,399,252
	17	Accounts payable and accrued expenses	493,566.	17	618,311
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ģ	22	Loans and other payables to any current or former officer, director,			
₽		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
5	23	Secured mortgages and notes payable to unrelated third parties	1,029,466.	23	898,098
	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		25	
	26	Total liabilities. Add lines 17 through 25	1,523,032.	26	1,516,409
		Organizations that follow FASB ASC 958, check here   X			
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	6,041,867.	27	6,002,751
Ва	28	Net assets with donor restrictions	1,422,595.	28	1,880,092
2		Organizations that do not follow FASB ASC 958, check here			
7		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	7,464,462.	32	7,882,843
_	33	Total liabilities and net assets/fund balances	8,987,494.	33	9,399,252

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>6,66</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>5,82</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 18.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,46				
5	Net unrealized gains (losses) on investments	5	-42	<u>1,0</u>	<u>37.</u>		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	7,88	2,8	43.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				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 on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2021
Open to Public

Inspection

Employer identification number

				NC.				9-0/04/33					
Pa	ırt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.						
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of ch					)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4	一	A medical research organization					•	the hospital's name,					
		city, and state:	•				· · · · · · · · · · · · · · · · · · ·	,					
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
_		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X	An organization that norma	-					oublic described in					
•		section 170(b)(1)(A)(vi). (C		itiai part of its support if	om a gove	inincina (	anit or norm the general p	Jabile described in					
8		A community trust describe		1)(A)(vi) (Complete Part	· II \								
9	H	An agricultural research org				nd in conju	nction with a land grant	collogo					
9		or university or a non-land-g				-	_	-					
		· · · · · ·	rant college or agrici	ulture (see instructions).	Lillei lile i	iairie, city,	, and state of the college	; ()					
40		university:	lly rossiyos (1) more:	than 22 1/20/ of its supp	ort from o	ontribution	no momborobin food and	d grass ressints from	_				
10	ш	An organization that norma activities related to its exem	•				•	•					
				•	. ,		• •	•	L				
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquir	ed by the organization a	inter June 30, 1975.					
		See section 509(a)(2). (Con	•		:-t.	<del>!</del> FC	00(-)(4)						
11	H	An organization organized a	•	•	•								
12		An organization organized a	•	•	•		•	•					
		more publicly supported org	-					neck the box on					
		lines 12a through 12d that	• •										
а					•	_							
		the supported organization			majority o	the direc	tors or trustees of the su	ipporting					
_		organization. You must o	-										
b	· L		· ·					-					
		control or management o			ame persoi	ns that cor	ntrol or manage the supp	ported					
		organization(s). You mus											
С	: L						• •	ed with,					
		its supported organization											
d			=					'- '- '- '- '- '- '- '- '- '- '- '- '- '					
		that is not functionally int	-	• •	•			/eness					
	_	requirement (see instructi	•	•	•								
е		☐ Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or											
f		er the number of supported o											
g		vide the following information  i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other	_				
	,	organization	(11) (11)	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instruction					
		019411241011		above (see instructions))	Yes	No		Cappert (coo mondeno.					

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

Sec	ction A. Public Support	,,	·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4049172.	4628734.	3692631.	4567996.	5546905.	22485438.
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						
	furnished by a governmental unit to						
	the organization without charge	4040170	4600734	2600621	45.6700.6	F F 4 C 0 0 F	22405420
	Total. Add lines 1 through 3	4049172.	4628734.	3692631.	4567996.	5546905.	22485438.
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,						
	calumn (f)						
6	Public support. Subtract line 5 from line 4.						22485438.
	etion B. Total Support						22403430.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4049172.	4628734.	3692631.	4567996.	5546905.	22485438.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,905.	36,433.	41,077.	18,122.	38,609.	139,146.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	3,836.					3,836.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	627.					627.
11	<b>Total support.</b> Add lines 7 through 10						22629047.
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-		•			. $\Box$
<u></u>	organization, check this box and stop						<b>&gt;</b>
	etion C. Computation of Publi			-1 (6)			99.37 %
	Public support percentage for 2021 (li					15	22 15
15	Public support percentage from 2020 33 1/3% support test - 2021. If the contract of the contra						
100	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization quali	-					
17a	10% -facts-and-circumstances test						
_	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-			▶ □
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		<b>&gt;</b>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶

#### 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
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10a		
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10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2021

INC. 59-0704733 PINE CASTLE Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE COMMUNITY FOUNDATION OF NORTHEAST FLORIDA  245 RIVERSIDE AVE STE 310  JACKSONVILLE, FL 32202	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

59-0704733

PINE CASTLE, INC.

Page 3

Name of organization Employer identification number

PINE CASTLE, INC.

59-0704733

Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$	
123/153 11-11		<u></u>	Schedule B (Form 990) (2021)

Page 4

Name of organization **Employer identification number** PINE CASTLE, 59-0704733 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PINE CASTLE, INC.

**Employer identification number** 59-0704733

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ac	counts. Complete if the
	Organization answered Tes On Form 990, Fait IV, link	(a) Donor advised fu	unds (	(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 v		n donor advised fund	1e
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	,		
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recreat		reservation of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space	ш.		ned meterie diractare
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributio	n in the form of a co	nservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year <b>&gt;</b>	, ,	,	Ç
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	<u></u>	, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforce	cing conservation ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements o	f section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fina	ancial statements tha	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenu	e statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or	research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue sta	atement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar asse	ts for financial gain, ¡	
	the following amounts required to be reported under FASB AS	SC 958 relating to these iter	ms:	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>.</b> .
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

ı uı	Cin   Organizations Maintaining C	Ollections of Art	, mstorical me	asures, or	Other	Ollillia	ASSELS	(contil	nuea)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make si	gnificant ι	use of its				
	collection items (check all that apply):										
а											
b											
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	r similar	assets		_		_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "`	Yes" on	Form 990	), Part IV, I	ine 9, or			
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodic	an or other intermedi	ary for contributions	s or other ass	ets not i	ncluded				_	
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:								
								Amoun	t		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year										
f	Ending balance					1f					
<b>2</b> a	Did the organization include an amount on Fo				ınt liabili	ty?		Yes		No	
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part	IV, line 1	0.					
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three y	ears back	(e) Fou	r years	back	
1a	Beginning of year balance	1,089,287.	933,563.	863	,408.	8	91,675.		908,	848.	
b	Contributions			45	,357.						
С	Net investment earnings, gains, and losses	-162,016.	201,346.	71	,220.		53,523.		-11,	522.	
d	Grants or scholarships			2	,298.						
е	Other expenditures for facilities										
	and programs	16,347.	45,622.	44	,124.		81,790.		5,	651.	
f	Administrative expenses										
g	End of year balance	910,924.	1,089,287.	933	,563.	8	63,408.		891,	675.	
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)	) held as:							
а	Board designated or quasi-endowment	6.3870	%	,							
b	Permanent endowment	%									
С	Term endowment ▶ 93.6130										
	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administere	ed for the	e organiza	ation				
	by:	J				Ü			Yes	No	
	(i) Unrelated organizations							3a(i)	Х		
	(ii) Related organizations							3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organiza							3b			
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, I	line 10.					
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	—— іе	
		basis (investm	` '	I .		oreciation		(-,			
1a	Land		29	5,897.				29	5,8	97.	
b	Buildings			8,219.	1.1	76,5	11.	3,10			
	Leasehold improvements			1,628.		205,9				89.	
d	Equipment		3,31	_,,,_,	,_	, _ ,			<u>- ,                                   </u>		
	Other		1.14	8,266.	Ç	906,0	74.	24	2,1	92.	
	. Add lines 1a through 1e. (Column (d) must e							$\frac{21}{4,47}$			
ı Uldi	<u>. Add iiiles Ta tililougit Te. (Column (a) must e</u>	<u>quai FOIIII 990, Part /</u>	<u>v. columni (B), line 10</u>	<i>JC.)</i>				-,-/	J , I	<del></del>	

Schedule D (Form 990) 2021 PINE CASTLE	, INC.	59	-0704733 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Form 000 Port IV line	11a Can Form 000 Port V line 12	
Complete if the organization answered "Yes"			l afa
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	i-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d Soo Form 990 Part V line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15\	<b>.</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	0111 01111 000, 1 411 14, 11110	110 01 111. 000 1 0111 000, 1 art X, 1110 20.	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... 2

Schedule D (Form 990) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (F	Form 990) 2021	PINE	CASTLE,	INC.	59-(	704	733	Page
Part XI	Reconciliation of	Revenu	ie per Audit	ed Financial Statements With Revenue per Re	urn.			
(	Complete if the organiz	zation ans	wered "Yes" on	n Form 990, Part IV, line 12a.				
					-			

1	Total revenue, gains, and other support per audited financial statements			1	6,854,613.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-421,037.		
b	Donated services and use of facilities	2b	8,957.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	603,441.		
	Add lines 2a through 2d			2e	191,361.
3	Subtract line 2e from line 1			3	6,663,252.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,663,252.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,436,232. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 8,957. a Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c Other (Describe in Part XIII.) 612,398. Add lines 2a through 2d 5,823,834. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE ALBERT AND VIOLA KISSLING ENDOWMENT FUND, THE BOROWY FAMILY ENDOWMENT FUND, THE PINE CASTLE ENDOWMENT FUND, AND THE RALPH AND ELIZABETH MUNDELL ENDOWMENT FUND WERE CREATED AT THE COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA (FOUNDATION) TO ENSURE THE PERPETUATION OF RESIDENTIAL SERVICES TO DEVELOPMENTALLY DISABLED CLIENTS OF THE ORGANIZATION AND TO SUPPORT GENERAL OPERATIONS. THE FOUNDATION MAINTAINS VARIANCE POWER AND LEGAL OWNERSHIP OF THESE ENDOWMENT FUNDS, AND ACCOUNTS FOR THE FUNDS AS AGENCY ENDOWMENTS, RECORDING CORRESPONDING LIABILITY FOR THE FAIR VALUE OF THE FUNDS. THE ORGANIZATION INCLUDES THE ENDOWMENT FUND AS RESTRICTED ASSETS. NET INCOME FROM THE ENDOWMENT FUNDS IS PAID AND DISTRIBUTED TO THE ORGANIZATION AS DETERMINED BY THE FOUNDATION AND THE ORGANIZATION. NET

INCOME MAY BE ACCUMULATED, REINVESTED, AND SUBSEQUENTLY PAID TO THE

ORGANIZATION FOR THE ENDOWMENT FUND PURPOSES UPON REQUEST OF THE BOARD OF

DIRECTORS OF PINE CASTLE, INC.

DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2009, THE ORGANIZATION

RECEIVED FUNDS AS A REMAINDER BENEFICIARY TO ESTABLISH A SECOND RALPH PAUL

MUNDELL AND ELIZABETH MARIE MUNDELL ENDOWMENT FUND, THE CORPUS OF WHICH IS

TO REMAIN INTACT AND THE INCOME OF WHICH SHALL BE USED TO SUPPORT THE

CHARITABLE ACTIVITIES OF PINE CASTLE, INC.

#### PART X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS

EXEMPT FROM FEDERAL AND STATE TAXES ON INCOME OTHER THAN UNRELATED

BUSINESS INCOME.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN

IT IS MORELIKELY-THANNOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION

BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION,

CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,

DISCLOSURE AND TRANSITION. AS OF SEPTEMBER 30, 2022 THE ORGANIZATION HAS

NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

21,392.

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization							ntification number
	STLE, INC.					59-0704	
<b>Part I</b> Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization raise</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Path If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal           3 List all states in which the organization	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.						•	

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

59-0704733 Page 2 Schedule G (Form 990) 2021 PINE CASTLE, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		or furidialsing event contributions and gr	055 Income on Form 990	EZ, lilles i aliu ob. List e	vents with gloss receip	is greater than \$5,000.
			(a) Event #1 INSPIRATIONS SOCIETY	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	(0)
Revenue	1	Gross receipts	314,218.			314,218.
	2	Less: Contributions	314,218.			314,218.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
w		Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	5,715.			5,715.
	8	Entertainment				
	9	Other direct expenses				15,677.
	10	Direct expense summary. Add lines 4 through			<b></b>	21,392.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<b>)</b>	-21,392.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т			T
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3eV						
_	1	Gross revenue				
		Cook prime				
ses	~	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
			7.6 11 4 1 (1)		_	
	8	Net gaming income summary. Subtract line 7	r rrom line 1, column (d)		<b>&gt;</b>	1
9	Fn	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
-		· ·				
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021 132082 10-21-21

Schedule G (Form 990) 2021 FINE CASTLE, INC.	59-0704733 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the ar	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation  \$	
daming manager compensation	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	in the
organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iii)	A and Dort III lines 0. Ob. 10b
•••	v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule (From 980) PINE CASTLE, INC. 59-0704733 Page 4  Part IV Supplemental Information (continued)	Schedule G	(Form 990)	PINE CASTLE,	INC.	59-0704733	Page 4
	Part IV	Supplemental Infor	mation (continued)			
	-					
	-					
	- <u></u>					
				<del></del>		

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

INC.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

PINE CASTLE,

Department of the Treasury

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

Employer identification number 59-0704733

Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			l
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	<u>6a</u>		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LORI ANN WHITTINGTON	(i)	167,793.	0.	0.	0.	12,373.	180,166.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
PART I, LINE 3:							
CEO COMPENSATION IS REVIEWED ANNUALLY AND COMPARED WITH INDUSTRY AVERAGES							
FOR COMPARABLE POSITIONS.							

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Employer identification number PINE CASTLE, INC. 59-0704733

Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nonc	(d) Method of det ash contribut			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		35,748.	FAIR	MARKET	VAI	LUE	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	3	142.	FAIR	MARKET	VAI	LUE	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other $\blacktriangleright$ ( RENOVATION MA )	X	5	· · · · · · · · · · · · · · · · · · ·		MARKET			
26	Other ( ELECTRONICS )	X	1			MARKET			
27	Other ( TOYS & GAMES )	X	3			MARKET			
28	Other ▶ (TROPHIES & AW)	X	1	150.	FAIR	MARKET	VAI	JUE	
29	Number of Forms 8283 received by the organia	zation durino	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>					
						,		Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that	it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for				
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	itions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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## **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

PINE CASTLE

**Employer identification number** 

PINE CASTLE, INC.	39-0704733
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ON:
DEVELOPMENTALLY DISABLED INDIVIDUALS AND TO PROVIDE A CENTE	R FOR
TRAINING FOR PERSONS WITH INTELLECTUAL DISABILITIES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
INDEPENDENT LIVING	
EXPENSES \$ 76,741. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0	•
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMBERS JIM HENRY AND SARAH HOUPERT ARE FATHER AND DA	UGHTER,
RESPECTIVELY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
TAX RETURN IS REVIEWED AND APPROVED BY THE FULL BOARD OF DI	RECTORS
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD IS MADE AWARE OF ANYONE WHO HAS AN INTEREST IN THE OU	TCOME OF BOARD
DECISIONS AND THAT PERSON IS PRECLUDED FROM PARTICIPATING I	N THE DISCUSSION
OF OR VOTING ON THESE ISSUES.	
FORM 990, PART VI, SECTION B, LINE 15:	
CEO COMPENSATION IS REVIEWED ANNUALLY AND COMPARED WITH IND	USTRY AVERAGES
FOR COMPARABLE POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021	Page 2
Name of the organization PINE CASTLE, INC.	Employer identification number 59-0704733
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
FOOD & BEVERAGE SUPPLIES:	
PROGRAM SERVICE EXPENSES	74,171.
MANAGEMENT AND GENERAL EXPENSES	2,269.
FUNDRAISING EXPENSES	561.
TOTAL EXPENSES	77,001.
SUPPLIES & PROGRAM MATERIALS:	
PROGRAM SERVICE EXPENSES	53,838.
MANAGEMENT AND GENERAL EXPENSES	8,851.
FUNDRAISING EXPENSES	1,356.
TOTAL EXPENSES	64,045.
POSTAGE & SHIPPING:	
PROGRAM SERVICE EXPENSES	59,039.
MANAGEMENT AND GENERAL EXPENSES	3,545.
FUNDRAISING EXPENSES	351.
TOTAL EXPENSES	62,935.
IN-KIND EXPENSES:	
PROGRAM SERVICE EXPENSES	46,173.
MANAGEMENT AND GENERAL EXPENSES	17.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,190.
VEHICLE MAINTENANCE:	
PROGRAM SERVICE EXPENSES 132212 11-11-21	26,360. Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Page **2** 

Schedule O (Form 990) 2021  Name of the organization	Page 2 Employer identification number
PINE CASTLE, INC.	59-0704733
MANAGEMENT AND GENERAL EXPENSES	73.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,433.
DUES & MEMBERSHIPS:	
PROGRAM SERVICE EXPENSES	1,065.
MANAGEMENT AND GENERAL EXPENSES	20,541.
FUNDRAISING EXPENSES	2,427.
TOTAL EXPENSES	24,033.
JANITORIAL SERVICES:	
PROGRAM SERVICE EXPENSES	22,422.
MANAGEMENT AND GENERAL EXPENSES	35.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,457.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	11,179.
MANAGEMENT AND GENERAL EXPENSES	4,552.
FUNDRAISING EXPENSES	366.
TOTAL EXPENSES	16,097.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	2,849.
MANAGEMENT AND GENERAL EXPENSES	2,652.
FUNDRAISING EXPENSES	8,081.
TOTAL EXPENSES	13,582.

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Schedule O (Form 990) 2021 Page **2** 

Schedule O (Form 990) 2021	Page 2
Name of the organization PINE CASTLE, INC.	Employer identification number 59-0704733
PROVISION FOR UNCOLLECTIBLE PLEDGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,253.
TOTAL EXPENSES	13,253.
PRINTING & REPRODUCTION:	
PROGRAM SERVICE EXPENSES	2,263.
MANAGEMENT AND GENERAL EXPENSES	5,301.
FUNDRAISING EXPENSES	4,179.
TOTAL EXPENSES	11,743.
DISCOUNT ON PLEDGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	7,340.
TOTAL EXPENSES	7,340.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	385,109.