

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

72-1390352

PINEBELT FOUNDATION

Net Asset / Fund Balance at Beginning of Year 23,585,818

Revenue

Contributions	<u>10,745,847</u>				
Program service revenue					
Investment income	<u>410,627</u>				
Capital gain / loss	<u>-102,973</u>				
Fundraising / Gaming:					
Gross revenue _____					
Direct expenses _____					
Net income					
Other income	<u>22,579</u>				
Total revenue				<u>11,076,080</u>	

Expenses

Program services	<u>5,411,997</u>				
Management and general	<u>250,805</u>				
Fundraising	<u>56,910</u>				
Total expenses				<u>5,719,712</u>	
Excess / (deficit)					<u>5,356,368</u>

Changes -3,457,110

Net Asset / Fund Balance at End of Year 25,485,076

Reconciliation of Revenue

Total revenue per financial statements	<u>7,618,970</u>				
Less:					
Unrealized gains	<u>-3,457,110</u>				
Donated services					
Recoveries					
Other					
Plus:					
Investment expenses					
Other					
Total revenue per return	<u>11,076,080</u>				

Reconciliation of Expenses

Total expenses per financial statements	<u>5,719,712</u>				
Less:					
Donated services					
Prior year adjustments					
Losses					
Other					
Plus:					
Investment expenses					
Other					
Total expenses per return	<u>5,719,712</u>				

Balance Sheet

	Beginning	Ending		Differences
Assets	<u>25,456,911</u>	<u>26,293,716</u>		
Liabilities	<u>1,871,093</u>	<u>808,640</u>		
Net assets	<u>23,585,818</u>	<u>25,485,076</u>	<u>1,899,258</u>	

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23
 Failure to file penalty _____

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

2022

Department of the Treasury
Internal Revenue Service

Name of filer

PINEBELT FOUNDATION

EIN or SSN

72-1390352

Name and title of officer or person subject to tax **MIKE DIXON**

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>11,076,080</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Holt & Associates PLLC to enter my PIN 02015 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 04/18/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

64365801433

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 04/18/23

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">PINEBELT FOUNDATION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">1501 ADELINE STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">HATTIESBURG MS 39401</p>	D Employer identification number <p style="text-align: center;">72-1390352</p> E Telephone number <p style="text-align: center;">601-583-6180</p> G Gross receipts \$ 11,179,053
F Name and address of principal officer: <p style="text-align: center;">MIKE DIXON 1501 ADELINE STREET HATTIESBURG MS 39401</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: PINEBELTFOUNDATION.ORG		L Year of formation: 1997
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: MS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">See Schedule O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,111,572	10,745,847
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,274,757	307,654
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,029	22,579
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,495,358	11,076,080
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,691,391
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		196,337	227,124
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		56,910	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		92,836	127,371
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,980,564	5,719,712	
19 Revenue less expenses. Subtract line 18 from line 12	6,514,794	5,356,368	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	25,456,911	26,293,716
	22 Net assets or fund balances. Subtract line 21 from line 20	1,871,093	808,640
		23,585,818	25,485,076

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">MIKE DIXON</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
	Print/Type preparer's name <p>JULIE UHER</p>	Preparer's signature Date <p>05/04/23</p> Check <input type="checkbox"/> if self-employed PTIN <p>P00001433</p>
Paid Preparer Use Only	Firm's name <p style="text-align: center;">Holt & Associates PLLC</p> Firm's address <p style="text-align: center;">2815 Highway 15 N Laurel, MS 39440</p>	Firm's EIN <p style="text-align: center;">64-0886275</p> Phone no. <p style="text-align: center;">601-649-3000</p>

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **5,265,463** including grants of \$ **5,218,683**) (Revenue \$)
CONTRIBUTIONS AND PROGRAM SERVICE DISBURSEMENTS FOR CHARITABLE PURPOSES.

4b (Code:) (Expenses \$ **146,534** including grants of \$ **146,534**) (Revenue \$)
SCHOLARSHIPS. THE FOUNDATION GRANTS SCHOLARSHIPS FOR STUDENTS ATTENDING INSTITUTIONS OF HIGHER EDUCATION.

4c (Code:) (Expenses \$ **N/A** including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **5,411,997**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
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		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

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	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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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
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.		
b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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 taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**PINEBELT COMMUNITY FOUNDATI
HATTIESBURG**

1501 ADELIN STREET

MS 39401

601-583-6180

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 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, box 6 of 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS BROWN TREASURER	0.00 0.00	X		X				0	0	0
(2) PHIL HANBERRY PRESIDENT	0.00 0.00	X		X				0	0	0
(3) LOU MAPP PAST PRESIDENT	0.00 0.00	X		X				0	0	0
(4) SEAN PRIEBE VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(5) VALERIE WILSON SECRETARY	0.00 0.00	X		X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,745,847				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		10,745,847				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		410,627	410,627			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a					
	b Less: cost or other basis and sales exps.	7b	102,953	20			
c Gain or (loss)	7c	-102,953	-20				
d Net gain or (loss)		-102,973	-102,973				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MANAGEMENT FEES	Business Code	21,765	21,765			
	b MISCELLANEOUS INCOME		1,698	1,698			
	c NET RENTAL INCOME/LOSS		-884		-884		
	d All other revenue						
	e Total. Add lines 11a-11d		22,579				
12 Total revenue. See instructions		11,076,080	331,117	0	-884		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,218,683	5,218,683		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	146,534	146,534		
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, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	194,913	34,880	131,200	28,833
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,056	5,371	8,998	2,687
10 Payroll taxes	15,155	4,152	8,797	2,206
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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 Schedule O.)	38,520		38,520	
12 Advertising and promotion	700			700
13 Office expenses	5,966		5,966	
14 Information technology				
15 Royalties				
16 Occupancy	19,298		19,298	
17 Travel	2,352		2,352	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,178		9,178	
20 Interest	5,109		5,109	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,022	2,045	12,977	
23 Insurance	1,103		1,103	
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 O.)				
a EVENT EXPENSE	22,484			22,484
b DUES	2,620		2,620	
c BANK CHARGES	1,976	332	1,644	
d PRINTING	1,699		1,699	
e All other expenses	1,344		1,344	
25 Total functional expenses. Add lines 1 through 24e	5,719,712	5,411,997	250,805	56,910
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	741,384	1	1,902,903
	2 Savings and temporary cash investments	2,693,700	2	23,187,588
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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	
	7 Notes and loans receivable, net	971,892	7	1,022,155
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,712	9	3,266
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 321,109		
	b Less: accumulated depreciation	10b 143,305	10c	177,804
	11 Investments—publicly traded securities	20,854,378	11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,456,911	16	26,293,716	
Liabilities	17 Accounts payable and accrued expenses	43,096	17	27,160
	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	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	1,827,997	25	781,480
	26 Total liabilities. Add lines 17 through 25	1,871,093	26	808,640
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,049,351	27	1,095,833
	28 Net assets with donor restrictions	22,536,467	28	24,389,243
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	23,585,818	32	25,485,076	
33 Total liabilities and net assets/fund balances	25,456,911	33	26,293,716	

Part 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)	1	11,076,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,719,712
3	Revenue less expenses. Subtract line 2 from line 1	3	5,356,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,585,818
5	Net unrealized gains (losses) on investments	5	-3,457,110
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,485,076

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,621,027	3,998,170	10,435,468	9,111,572	10,745,847	36,912,084
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,621,027	3,998,170	10,435,468	9,111,572	10,745,847	36,912,084
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						36,912,084

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,621,027	3,998,170	10,435,468	9,111,572	10,745,847	36,912,084
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,100,878				1,100,878
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,988	10,186	13,182	14,268	-884	50,740
11 Total support. Add lines 7 through 10						38,063,702

12 Gross receipts from related activities, etc. (see instructions) 12 3,537,593

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.97%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.26%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>If "No," describe in Part VI 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.</i>		
1		
2 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		Yes	No
2a			
b 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? <i>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.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income **\$ 51,624**

**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

2022

Open to Public Inspection

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	88	
2 Aggregate value of contributions to (during year)	1,913,100	
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	8,236,467	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,155,108	13,050,836	5,351,666	4,742,035	4,458,122
b Contributions	5,174,077	3,609,080	7,203,603	600,079	810,377
c Net investment earnings, gains, and losses	-2,278,135	1,315,764	687,155	942,156	-248,999
d Grants or scholarships	828,097	1,820,572	191,588	164,028	277,465
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,222,953	16,155,108	13,050,836	5,351,666	4,742,035

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **20.00** %
- b** Permanent endowment %
- c** Term endowment **80.00** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,432	4,432	
e Other		316,677	138,873	177,804
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				177,804

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD IN AGENCY ENDOWMENT	781,480
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	781,480

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number
72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ABBBIE ROGERS CIVITAN CAMP 1503 HARDY ST HATTIESBURG MS 39401	72-1387232	501C3	70,000				
(2)	ANGEL HEART 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352	501C3	12,000				
(3)	ARC- PINEBELT REGION, INC. 2263 MILLCREEK ROAD LAUREL MS 39443	64-0408701	501C3	7,000				SUPPORT
(4)	BEHOLD ISRAEL PO BOX 689 MONUMENT CO 80132	47-1532020	501C3	10,000				SUPPORT
(5)	BLUE LINE LEGACY 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352	501C3	10,000				
(6)	BUILDING HEALTHY SCHOOLS PLAYGROUND 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352	501C3	656,024				
(7)	CANCER PATIENT TRAVEL ASSITANCE FUN 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	38,950				SUPPORT
(8)	CARMEL OF JESUS, MARY, AND JOSEPH 327 WATER ST FAIRFIELD PA 17320	82-5141419	501C3	115,000				SUPPORT
(9)	CHILDREN'S CENTER FOR COMMUNICATION 118 COLEGE DRIVE #5092 HATTIESBURG MS 39406	64-6022505	501C3	23,848				SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 86
- 3 Enter total number of other organizations listed in the line 1 table ▶ 11

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILDRENS OF MISSISSIPPI 2500 N. STATE STREET JACKSON MS 39216	23-7310293	501C3	10,000				SUPPORT
(2)	CHRISTIAN SERVICES INC 301 E. 2ND STREET HATTIESBURG MS 39401	64-0730855	501C3	118,524				SUPPORT
(3)	CRU PO BOX 628222 ORLANDO FL 32862	95-6006173	501C3	13,500				SUPPORT
(4)	DAVID EDUCATION FOUNDATION 45 EAST STATE STREET FARMINGTON UT 84025	87-0386379	501C3	50,000				
(5)	DOMESTIC ABUSE FAMILY SHELTER, INC. 420 NORTH 6TH AVE LAUREL MS 39440	64-0681477	501C3	10,449				SUPPORT
(6)	DUBARD SCHOOL FOR LANGUAGE DISORDER 118 COLLEGE DRIVE #5215 HATTIESBURG MS 39406	60-6000818	501C3	20,118				
(7)	EAGLE SCHOLARS SUPPORT FUND 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352	501C3	10,000				
(8)	EDWARDS STREET PO BOX 17532 HATTIESBURG MS 39404	64-0698304	501C3	42,000				SUPPORT
(9)	EKKLESIA PO BOX 641 HATTIESBURG MS 39403	26-0766661	501C3	6,000				SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EMPOWER MISSISSIPPI 1000 NORTH PARK DR RIDGELAND MS 39157	46-4565274	501C3	10,000				SUPPORT
(2)	FIRST PRESBYTERIAN CHURCH OF HATTIE 4901 HARDY STREET HATTIESBURG MS 39401	64-0888652	501C3	37,400				SUPPORT
(3)	FORREST COUNTY SHERIFFS BENEVOLENCE 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	7,750				SUPPORT
(4)	FORREST COUNTY SHERIFFS EQUIPMENT 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	17,500				SUPPORT
(5)	FORREST GENERAL HEALTHCARE FOUND PO BOX 19010 HATTIESBURG MS 39404	20-4960499	501C3	33,250				SUPPORT
(6)	FRIENDS OF CHILDREN'S HOSPITAL 3900 LAKELAND DRIVE FLOWOOD MS 39232	58-1921769	501C3	52,509				
(7)	FRIENDS OF THE LIBRARY-HATTIESBURG 329 HARDY STREET HATTIESBURG MS 39401	64-0591570	501C3	10,000				
(8)	GIVING GRACE FUND 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	25,000				
(9)	GLORY HOUSE PO BOX 503 LAUREL MS 39440	82-5325912	501C3	38,385				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HABITAT FOR HUMANITY INC 5191 HWY 42 HATTIESBURG MS 39401	64-0781871	501C3	20,589				
(2)	HANBERRY FAMILY LEGACY 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	25,000				
(3)	HATTIESBURG ALLIANCE FOR PUBLIC ART PO BOX 1844 HATTIESBURG MS 39403	64-0798251	501C3	6,822				
(4)	HATTIESBURG ARTS COUNCIL P O BOX 693 HATTIESBURG MS 39401	64-0644006	501C3	12,700				SUPPORT
(5)	HATTIESBURG CONVENTION COMMISSION ONE CONVENTION CENTER HATTIESBURG MS 39401	64-0798251	GOV	50,000				
(6)	HATTIESBURG HALF MARATHON 1501 ADELINE ST HATTIESBURG MS 39401	45-3635849	501C3	26,377				SUPPORT
(7)	HATTIESBURG PUBLIC SCHOOL FOUNDATIO 301 MAMIE ST HATTIESBURG MS 39401	45-3635849	501C3	10,182				
(8)	HATTIESBURG ZOO 107 S. 17TH AVE HATTIESBURG MS 39401	64-0798251	501C3	11,000				SUPPORT
(9)	HEALTH INSURANCE PREMIUM ASSISTANCE 1507 HARDY STREET SUITE 208 HATTIESBURG MS 39401	72-1390352	501C3	327,153				SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HOGAR ALBERGUE PARA NINOS JESUS DE PO BOX 1147 MAYAQUEZ PR 00682	66-0476875	501C3	50,000				
(2)	HORNE CARES FOUNDATION 661 SUNNYBROOK RD RIDGE LAND MS 39157	82-2692445	501C3	100,000				
(3)	HORNE CHARITABLE FOUNDATION 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	145,448				
(4)	HUB AWARD 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	74,806				
(5)	IMMERSE ARKANSAS PO BOX 45385 LITTLE ROCK AR 72214	81-1527518	501C3	10,000				
(6)	INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON DC 20090	54-1722887	501C3	7,000				SUPPORT
(7)	INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DR #206 NORTH HOLLYWOOD CA 91607	95-4296919	501C3	51,160				SUPPORT
(8)	JUDICIAL WATCH 425 THIRD STEET SW WASHINGTON DC DC 20024	52-1885088	501C3	6,000				
(9)	JUNIOR AUXILIARY OF HATTIESBURG, MS PO BOX 15433 HATTIESBURG MS 39404	64-0368568	501C3	7,569				SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KIDS HUB PO BOX 462 HATTIESBURG MS 39403	47-1398969	501C3	6,615				
(2)	LAUGHS 4 LIFE 1507 HARDY ST., SUITE 208 HATTIESBURG MS 39401	72-1390352	501C3	90,809				SUPPORT
(3)	LIFELINE CHILDREN'S SERVICES 7 PROFESSIONAL PKWY HATTIESBURG MS 39402	63-0896878	501C3	6,000				
(4)	MAIN STREET METHODIST PO BOX 1009 HATTIESBURG MS 39403	64-0366879	501C3	16,674				SUPPORT
(5)	MAKE A WISH MS 607 HIGHLAND COLONY PKY RIDGELAND MS 39157	64-0730362	501C3	10,000				
(6)	MCGILL MINISTRIES PO BOX 132 PETAL MS 39465	83-0919439	501C3	17,722				SUPPORT
(7)	MIDTOWN MERCHANTS 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352	501C3	19,141				SUPPORT
(8)	MOBILE SPCA 620 ZEIGLER CIRCLE WEST MOBILE AL 36601	63-0500374	501C3	10,000				
(9)	MS GULF COAST COMMUNITY COLLEGE FOU PO BOX 99 PERKINSTON MS 39573	64-0588688	501C3	20,500				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MS UNITED METHODIST FOUNDATION PO BOX 2415 RIDGE LAND MS 39158	64-0507167	501C3	145,259				
(2)	OSEOLA MCCARTY YOUTH DEV CTR 807 MCSWAIN ST HATTIESBURG MS 39401	43-2006484	501C3	20,000				
(3)	PINE BURR AREA COUNCIL 1318 HARDY ST HATTIESBURG MS 39401	64-0303072	501C3	8,356				
(4)	PINEBELT TENNIS AND PICKLEBALL FACI 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	25,000				
(5)	PINEY WOODS CONSERVATION GROUP 6042 US HWY 98W HATTIESBURG MS 39402	87-1500655	501C3	15,244				SUPPORT
(6)	R3SM, INC 301 BUSCHMAN STREET HATTIESBURG MS 39403	26-1666534	501C3	29,795				SUPPORT
(7)	READING AND MATH INC. 1200 WASHINGTON AVE MINNEAPOLIS MN 55415	47-2306902	501C3	60,000				
(8)	RISE 411 N 38TH AVE HATTIESBURG MS 39402	26-4832804	501C3	5,704				
(9)	RONALD MCDONALD HOUSE 2901 COLONIAL DRIVE COLUMBIA SC 29203	57-0725736	501c3	50,000				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SACRED HEART CATHOLIC SCHOOL 510 WEST PINE ST HATTIESBURG MS 39401	64-0868195	501C3	10,482				
(2)	SAINT FABIAN BUILDING 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	15,000				
(3)	SAINT FABIAN CHURCH 5266 OLD HWY 11 HATTIESBURG MS 39402	46-4470174	501C3	18,390				SUPPORT
(4)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	501C3	17,200				SUPPORT
(5)	SANTUARIO DE ANIMALES SAN FRANCISCO P O BOX 538 BOQUERON PR 00622	66-0717096	501C3	10,000				
(6)	SCHOOLS AGAINST VAPING 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	6,282				
(7)	SOMA 8505 SARAN DR PLAYA DEL REY CA 90293	26-0219159	501C3	7,200				SUPPORT
(8)	SOUTH MS RURAL HEALTH INTIATIVE P O BOX 1729 HATTIESBURG MS 39403	64-0625076	501C3	6,745				
(9)	SOUTHERN CROSS ANIMAL RESCUE PO BOX 2007 LAUREL MS 39442	80-0925018	501C3	30,000				SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SOUTHERN PINES ANIMAL SHELTER 1901 N. 31ST AVE HATTIESBURG MS 39401	64-0514796	501C3	12,574				SUPPORT
(2)	ST. PATRICK'S CHURCH 724 CAMP ST NEW ORLEANS LA 70130	72-0423612	501C3	75,000				SUPPORT
(3)	SUNNYBROOK CHILDRENS HOME 222 SUNNYBROOK RD RIDGELAND MS 39157	64-0427465	501C3	10,000				
(4)	THE ARC SOUTHEAST MS PO BOX 18800 HATTIESBURG MS 39404	64-0685174	501C3	35,751				
(5)	THE EXTRA TABLE PO BOX 17318 HATTIESBURG MS 39404	27-3779135	501C3	1,263,318				SUPPORT
(6)	THE FAMILY YMCA 3179 VETERANS MEMORIAL DRIVE HATTIESBURG MS 39401	64-0340760	501C3	45,173				SUPPORT
(7)	THE HERITAGE FOUNDATION 214 MASSACHUSETTS NORTHEAST WASHINGTON DC 20002	23-7327730	501C3	10,000				SUPPORT
(8)	THE JACKSON TIGERS AAU PO BOX 2916 JACKSON MS 39207	64-0899239	501C3	10,000				SUPPORT
(9)	THE UMMC FUND 2500 N STATE STREET JACKSON MS 39216	64-6008520	501C3	196,200				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE USM - BUSINESS SERVICES 118 COLLEGE DRIVE #5133 HATTIESBURG MS 39406	64-6000818	GOV	16,153				SUPPORT
(2)	UNITED CHRISTIAN ACADEMY 3901 LINCOLN RD HATTIESBURG MS 39402	81-3188228	501C3	8,500				
(3)	UNITED CHRISTIAN MINISTRIES 48 AZALEA TRAIL PURVIS MS 39475	20-8077535	501C3	12,440				SUPPORT
(4)	UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BLVD #1550 LOS ANGELES CA 90017	95-3665186	501C3	10,000				
(5)	UNITED WAY OF SOUTHEAST MISSISSIPPI PO BOX 1648 HATTIESBURG MS 39403	64-0410475	501C3	30,414				SUPPORT
(6)	USM FOUNDATION 118 COLLEGE DRIVE #5210 HATTIESBURG MS 39406	64-6022505	501C3	261,000				
(7)	WESTMINISTER PRESBYTERIAN CHURCH 115 N 25TH AVE HATTIESBURG MS 39401	64-0476822	501C3	14,460				SUPPORT
(8)	WILSON RESEARCH FOUNDATION 1350 E WOODROW WILSON JACKSON MS 39216	64-0752440	501C3	6,000				
(9)	YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALE NEW ORLEANS LA 70113	42-1633060	501C3	50,000				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YOUTH TOWN OF TN 3641 YOUTH TOWN RD PINSON TN 38366	62-0674040	501C3	50,000				
(2)	ZACHARY LITTLE MEMORIAL ENDOWMENT 1501 ADELINE HATTIESBURG MS 39401	72-1390352	501C3	8,000				
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	225	146,534			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

FUND DISBURSEMENTS ARE ADMINISTERED IN ACCORDANCE WITH FUND AGREEMENTS.

Part IV - Additional Information

FUND DISBURSEMENTS ARE ADMINISTERED IN ACCORDANCE WITH FUND AGREEMENTS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

Form 990 - Organization's Mission

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION DESIGNED TO SUPPORT CHARITABLE ACTIVITIES TO BENEFIT THE RESIDENTS OF THE PINE BELT AREA OF SOUTH MISSISSIPPI. THE MISSION IS TO BUILD BETTER COMMUNITIES THROUGH PHILANTHROPY. AS A DRIVING FORCE IN OUR REGION, OUR MISSION IS TO BUILD STRONGER COMMUNITIES THROUGH PHILANTHROPY. DONORS CAN ESTABLISH CHARITABLE LEGACIES AND PROVIDE LEADERSHIP TO ADDRESS COMMUNITY NEEDS IN A MANNER THAT IS RESPONSIBLE, RESPONSIVE, AND LASTING.

Form 990, Part I, Line 6

FUNDRAISING

Form 990, Part III, Line 4d - All Other Accomplishments

CONTRIBUTIONS AND PROGRAM SERVICE DISBURSEMENTS FOR CHARITABLE PURPOSES.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE FOUNDATION'S FINANCE COMMITTEE (OR ITS DELEGATED MEMBER) REVIEW THE FORM 990 BEFORE IT IS SIGNED AND FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE FOUNDATION REQUIRES ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES (IF ANY) TO READ AND SIGN AS HAVING READ THE WRITTEN CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE FOUNDATION'S EXECUTIVE COMMITTEE AND THE FINANCE COMMITTEE MEET TO

Name of the organization

Employer identification number

PINEBELT FOUNDATION

72-1390352

DISCUSS AND DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES (IF ANY). INDEPENDENT PERSONS COMPRISING THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE REVIEWED AND APPROVED THE COMPENSATION AND DID SO CONTEMPORANEOUSLY WITH DELIBERATIONS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE FOUNDATION'S EXECUTIVE COMMITTEE AND THE FINANCE COMMITTEE MEET TO DISCUSS AND DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES (IF ANY). INDEPENDENT PERSONS COMPRISING THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE REVIEWED AND APPROVED THE COMPENSATION AND DID SO CONTEMPORANEOUSLY WITH DELIBERATIONS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE FOUNDATION FOLLOWS PUBLIC INSPECTION REQUIREMENTS AND MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. PUBLIC INSPECTION MAY BE MADE AT THE FOUNDATION'S ADMINISTRATIVE OFFICE LOCATED AT 1501 ADELIN STREET, HATTIESBURG, MISSISSIPPI 39401 DURING NORMAL BUSINESS HOURS UPON SCHEDULING AN APPOINTMENT BY CALLING 601-583-6180.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 6% (0.06)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x **%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x **%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x **%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 366 x **%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				38 \$

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Part II Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)	20			
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21			
22	Annualization amounts (see instructions)	22	6.00000	4.00000	2.00000
23a	Annualized taxable income. Multiply line 21 by line 22	23a			
b	Extraordinary items (see instructions)	23b			
c	Add lines 23a and 23b	23c			
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24			
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25			
26	Enter any other taxes for each payment period. See instructions	26			
27	Total tax. Add lines 24 through 26	27			
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28			
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	0	0	0
30	Applicable percentage	30	25%	50%	75%
31	Multiply line 29 by line 30	31			

Part III Required Installments

Note: Complete lines 32 through 38 of one column before completing the next column.

		1st installment	2nd installment	3rd installment	4th installment
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	0	0	0
33	Add the amounts in all preceding columns of line 32. See instructions	33			
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	0	0	0
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35			
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36			
37	Add lines 35 and 36	37			
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	0	0	0

Form 2220 Worksheet

Form **2220**

2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name

Employer Identification Number

PINEBELT FOUNDATION

72-1390352

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/22</u>	<u>06/15/22</u>	<u>09/15/22</u>	<u>12/15/22</u>
Amount of underpayment	_____	_____	_____	_____
Prior year overpayment applied	_____			
	1st Payment	2nd Payment	3rd Payment	4th Payment
Date of payment	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

PINEBELT FOUNDATION

Identifying number
72-1390352

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	14,194

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	828
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	15,022
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

72-1390352

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
42	SOFA-GREEN-OFFICE MGR	6/30/14	85		X	42	7 MQ200DB	85	0
43	HAT RACK-FOYER	6/30/14	10		X	5	7 MQ200DB	10	0
45	FRIDGE-WHITE-KITCHEN	6/30/14	300		X	150	7 MQ200DB	300	0
46	CONFERENCE TABLE W/10 CHAIRS-BI	6/30/14	100		X	50	7 MQ200DB	100	0
50	SERVER-ED	12/28/16	2,632		X	1,316	5 MQ200DB	2,632	0
67	ROOF	7/31/19	24,243			24,243	39 MMS/L	1,528	622
68	HVAC SYSTEM	10/29/21	5,671			5,671	27 MMS/L	43	206
			<u>33,041</u>			<u>31,477</u>		<u>4,698</u>	<u>828</u>
Other Depreciation:									
1	TASK CHAIR-BLUE-INTERN	2/29/08	93			93	7 MO S/L	93	0
2	CHAIR-BLACK-INTERN	2/29/08	32			32	7 MO S/L	32	0
4	4 DR LETTER FILE CABINET-INTERN	2/29/08	157			157	7 MO S/L	157	0
	Mass Sale: 6/01/22								
7	WOOD DESK-INTERN	3/06/08	641			641	7 MO S/L	641	0
8	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	181			181	7 MO S/L	181	0
9	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	181			181	7 MO S/L	181	0
18	OFFICE MGR DESK-GREY	3/21/08	406			406	7 MO S/L	406	0
20	THINK CENTRE PC-INTERN	4/08/08	1,048			1,048	5 MO S/L	1,048	0
23	CREDENZA- DONATED-GREY-DEV DII	6/30/08	250			250	7 MO S/L	250	0
24	2 DR FIRE PROOF CABINET-DONATEL	6/30/08	350			350	7 MO S/L	350	0
28	BOOK SHELF-TRADE IN-INTERN	10/13/09	264			264	7 MO S/L	264	0
	Mass Sale: 6/01/22								
30	PROJECTOR	11/09/09	618			618	7 MO S/L	618	0
	Mass Sale: 6/01/22								
33	WOODEN EXECUTIVE DESK	4/20/10	150			150	7 MO S/L	150	0
	Mass Sale: 6/01/22								
34	ARMED FABRIC TASK CHAIR	4/20/10	20			20	7 MO S/L	20	0
	Mass Sale: 6/01/22								
36	4 DR FILE CABINET-DONATED-INTERI	4/20/10	30			30	7 MO S/L	30	0
37	4 DR FILE CABINET-DONATED-INTERI	4/20/10	30			30	7 MO S/L	30	0
	Mass Sale: 6/01/22								
40	LENOVA THINKCENTER COMPUTER-I	5/14/10	1,220			1,220	5 MO S/L	1,220	0
41	DONOR MGT SOFTWARE	6/01/13	72,132			72,132	3 MO Amort	72,132	0
47	LENOVO THINK CENTRE M73 TOWER	12/23/15	1,070			1,070	5 MO S/L	1,070	0
51	APPLE LAPTOP-ED	12/01/17	1,636			1,636	5 MO S/L	1,336	300
52	COMPUTER-OFFICE MGR	3/01/17	910			910	5 MO S/L	879	31
53	DESK-MOVABLE ED	12/01/17	490			490	7 MO S/L	286	70
54	LAPTOP- DEV DIR	9/01/17	803			803	5 MO S/L	696	107
55	1501 ADELINE BUILDING-DONATED	5/26/17	175,000			175,000	39 MO S/L	20,566	4,487
56	MONITOR-OFFICE MANAGER	1/11/18	250			250	5 MO S/L	200	50
57	32 BLACK FOLDING CHAIRS	1/01/18	685			685	5 MO S/L	548	137
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185			185	5 MO S/L	123	37
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436			436	5 MO S/L	349	87
60	TV & MOUNT EQUIP	2/15/18	311			311	5 MO S/L	243	62
61	SOFA-EXEC DIR	2/01/18	150			150	5 MO S/L	118	12
	Mass Sale: 6/01/22								
62	SHARK VACUUM	1/01/18	150			150	5 MO S/L	120	30
63	PANASONIC PHONE SYSTEM	2/01/18	120			120	5 MO S/L	94	24
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180			180	5 MO S/L	144	36
65	COPIER	6/01/18	2,100			2,100	5 MO S/L	1,505	420
66	AKOYA SOFTWARE	12/02/19	27,178			27,178	3 MO Amort	18,874	8,304
	Total Other Depreciation		<u>289,457</u>			<u>289,457</u>		<u>124,954</u>	<u>14,194</u>
	Total ACRS and Other Depreciation		<u>289,457</u>			<u>289,457</u>		<u>124,954</u>	<u>14,194</u>
	Grand Totals		322,498			320,934		129,652	15,022
	Less: Dispositions and Transfers		1,389			1,389		1,357	12
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>321,109</u>			<u>319,545</u>		<u>128,295</u>	<u>15,010</u>

72-1390352

AMT Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
42	SOFA-GREEN-OFFICE MGR	6/30/14	85		X	42	7 MQ200DB	85	0
43	HAT RACK-FOYER	6/30/14	10		X	5	7 MQ200DB	10	0
45	FRIDGE-WHITE-KITCHEN	6/30/14	300		X	150	7 MQ200DB	300	0
46	CONFERENCE TABLE W/10 CHAIRS-BI	6/30/14	100		X	50	7 MQ200DB	100	0
50	SERVER-ED	12/28/16	2,632		X	1,316	5 MQ200DB	2,632	0
67	ROOF	7/31/19	24,243			24,243	39 MMS/L	1,528	622
68	HVAC SYSTEM	10/29/21	5,671			5,671	27 MMS/L	43	206
			<u>33,041</u>			<u>31,477</u>		<u>4,698</u>	<u>828</u>
Other Depreciation:									
1	TASK CHAIR-BLUE-INTERN	2/29/08	0			0	0 HY	0	0
2	CHAIR-BLACK-INTERN	2/29/08	0			0	0 HY	0	0
4	4 DR LETTER FILE CABINET-INTERN	2/29/08	0			0	0 HY	0	0
	Mass Sale: 6/01/22								
7	WOOD DESK-INTERN	3/06/08	0			0	0 HY	0	0
8	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	0			0	0 HY	0	0
9	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	0			0	0 HY	0	0
18	OFFICE MGR DESK-GREY	3/21/08	0			0	0 HY	0	0
20	THINK CENTRE PC-INTERN	4/08/08	0			0	0 HY	0	0
23	CREDENZA- DONATED-GREY-DEV DII	6/30/08	0			0	0 HY	0	0
24	2 DR FIRE PROOF CABINET-DONATEL	6/30/08	0			0	0 HY	0	0
28	BOOK SHELF-TRADE IN-INTERN	10/13/09	0			0	0 HY	0	0
	Mass Sale: 6/01/22								
30	PROJECTOR	11/09/09	0			0	0 HY	0	0
	Mass Sale: 6/01/22								
33	WOODEN EXECUTIVE DESK	4/20/10	0			0	0 HY	0	0
	Mass Sale: 6/01/22								
34	ARMED FABRIC TASK CHAIR	4/20/10	0			0	0 HY	0	0
	Mass Sale: 6/01/22								
36	4 DR FILE CABINET-DONATED-INTERI	4/20/10	0			0	0 HY	0	0
37	4 DR FILE CABINET-DONATED-INTERI	4/20/10	0			0	0 HY	0	0
	Mass Sale: 6/01/22								
40	LENOVA THINKCENTER COMPUTER-I	5/14/10	0			0	0 HY	0	0
47	LENOVO THINK CENTRE M73 TOWER	12/23/15	1,070			1,070	5 MO S/L	1,070	0
51	APPLE LAPTOP-ED	12/01/17	1,636			1,636	5 MO S/L	1,336	300
52	COMPUTER-OFFICE MGR	3/01/17	910			910	5 MO S/L	879	31
53	DESK-MOVABLE ED	12/01/17	490			490	7 MO S/L	286	70
54	LAPTOP- DEV DIR	9/01/17	803			803	5 MO S/L	696	107
55	1501 ADELIN BUILDING-DONATED	5/26/17	175,000			175,000	39 MO S/L	20,566	4,487
56	MONITOR-OFFICE MANAGER	1/11/18	250			250	5 MO S/L	200	50
57	32 BLACK FOLDING CHAIRS	1/01/18	685			685	5 MO S/L	548	137
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185			185	5 MO S/L	123	37
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436			436	5 MO S/L	349	87
60	TV & MOUNT EQUIP	2/15/18	311			311	5 MO S/L	243	62
61	SOFA-EXEC DIR	2/01/18	150			150	5 MO S/L	118	12
	Mass Sale: 6/01/22								
62	SHARK VACUUM	1/01/18	150			150	5 MO S/L	120	30
63	PANASONIC PHONE SYSTEM	2/01/18	120			120	5 MO S/L	94	24
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180			180	5 MO S/L	144	36
65	COPIER	6/01/18	2,100			2,100	5 MO S/L	1,505	420
	Total Other Depreciation		<u>184,476</u>			<u>184,476</u>		<u>28,277</u>	<u>5,890</u>
	Total ACRS and Other Depreciation		<u>184,476</u>			<u>184,476</u>		<u>28,277</u>	<u>5,890</u>
	Grand Totals		217,517			215,953		32,975	6,718
	Less: Dispositions and Transfers		<u>150</u>			<u>150</u>		<u>118</u>	<u>12</u>
	Net Grand Totals		<u>217,367</u>			<u>215,803</u>		<u>32,857</u>	<u>6,706</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
42	SOFA-GREEN-OFFICE MGR	6/30/14	85		0	0	43	42
43	HAT RACK-FOYER	6/30/14	10		0	0	5	5
45	FRIDGE-WHITE-KITCHEN	6/30/14	300		0	0	150	150
46	CONFERENCE TABLE W/10 CHAIRS-BU	6/30/14	100		0	0	50	50
50	SERVER-ED	12/28/16	2,632		0	0	1,316	1,316
67	ROOF	7/31/19	24,243		0	0	0	24,243
Grand Total			27,370		0	0	1,564	25,806

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	42	SOFA-GREEN-OFFICE MGR	0	0	0
Page 1	1	43	HAT RACK-FOYER	0	0	0
Page 1	1	45	FRIDGE-WHITE-KITCHEN	0	0	0
Page 1	1	46	CONFERENCE TABLE W/10 CHAIRS-BURG	0	0	0
Page 1	1	50	SERVER-ED	0	0	0
Page 1	1	67	ROOF	622	622	0
Page 1	1	68	HVAC SYSTEM	206	206	0
				828	828	0
				828	828	0

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
42	SOFA-GREEN-OFFICE MGR	6/30/14	85	0	0
43	HAT RACK-FOYER	6/30/14	10	0	0
45	FRIDGE-WHITE-KITCHEN	6/30/14	300	0	0
46	CONFERENCE TABLE W/10 CHAIRS-BURG	6/30/14	100	0	0
50	SERVER-ED	12/28/16	2,632	0	0
67	ROOF	7/31/19	24,243	621	621
68	HVAC SYSTEM	10/29/21	5,671	206	206
			<u>33,041</u>	<u>827</u>	<u>827</u>
Other Depreciation:					
1	TASK CHAIR-BLUE-INTERN	2/29/08	93	0	0
2	CHAIR-BLACK-INTERN	2/29/08	32	0	0
7	WOOD DESK-INTERN	3/06/08	641	0	0
8	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	181	0	0
9	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	181	0	0
18	OFFICE MGR DESK-GREY	3/21/08	406	0	0
20	THINK CENTRE PC-INTERN	4/08/08	1,048	0	0
23	CREDENZA- DONATED-GREY-DEV DIR	6/30/08	250	0	0
24	2 DR FIRE PROOF CABINET-DONATED-INT	6/30/08	350	0	0
36	4 DR FILE CABINET-DONATED-INTERN	4/20/10	30	0	0
40	LENOVA THINKCENTER COMPUTER-DON.	5/14/10	1,220	0	0
41	DONOR MGT SOFTWARE	6/01/13	72,132	0	0
47	LENOVO THINK CENTRE M73 TOWER-ED	12/23/15	1,070	0	0
51	APPLE LAPTOP-ED	12/01/17	1,636	0	0
52	COMPUTER-OFFICE MGR	3/01/17	910	0	0
53	DESK-MOVABLE ED	12/01/17	490	70	70
54	LAPTOP- DEV DIR	9/01/17	803	0	0
55	1501 ADELINE BUILDING-DONATED	5/26/17	175,000	4,488	4,488
56	MONITOR-OFFICE MANAGER	1/11/18	250	0	0
57	32 BLACK FOLDING CHAIRS	1/01/18	685	0	0
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185	25	25
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436	0	0
60	TV & MOUNT EQUIP	2/15/18	311	6	6
62	SHARK VACUUM	1/01/18	150	0	0
63	PANASONIC PHONE SYSTEM	2/01/18	120	2	2
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180	0	0
65	COPIER	6/01/18	2,100	175	175
66	AKOYA SOFTWARE	12/02/19	27,178	0	0
	Total Other Depreciation		<u>288,068</u>	<u>4,766</u>	<u>4,766</u>
	Total ACRS and Other Depreciation		<u>288,068</u>	<u>4,766</u>	<u>4,766</u>
	Grand Totals		<u>321,109</u>	<u>5,593</u>	<u>5,593</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

PINEBELT FOUNDATION**72-1390352**

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	9,111,572	10,745,847	1,634,275
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	1,274,757	410,627	-864,130
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-102,973	-102,973
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	109,029	22,579	-86,450
	12. Total revenue. Add lines 1 through 11	10,495,358	11,076,080	580,722
E x p e n s e s	13. Grants and similar amounts paid	3,691,391	5,365,217	1,673,826
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	196,337	227,124	30,787
	17. Professional fundraising fees			
	18. Other professional fees	33,353	38,520	5,167
	19. Occupancy, rent, utilities, and maintenance	10,490	19,298	8,808
	20. Depreciation and Depletion	15,998	15,022	-976
	21. Other expenses	32,995	54,531	21,536
	22. Total expenses. Add lines 13 through 21	3,980,564	5,719,712	1,739,148
	23. Excess or (Deficit). Subtract line 22 from line 12	6,514,794	5,356,368	-1,158,426
O t h e r I n f o r m a t i o n	24. Total exempt revenue	10,495,358	11,076,080	580,722
	25. Total unrelated revenue			
	26. Total excludable revenue	1,383,786	330,233	-1,053,553
	27. Total assets	25,456,911	26,293,716	836,805
	28. Total liabilities	1,871,093	808,640	-1,062,453
	29. Retained earnings	23,585,818	25,485,076	1,899,258
	30. Number of voting members of governing body	25	23	
	31. Number of independent voting members of governing body	25	23	
	32. Number of employees	3	3	
	33. Number of volunteers		75	

Form 990T	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **PINEBELT FOUNDATION** Taxpayer Identification Number **72-1390352**

		2021	2022	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1		-1
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
	29. Activity Losses NOL (Post-2017)			

Form 990	Tax Return History	2022
-----------------	---------------------------	-------------

Name PINEBELT FOUNDATION	Employer Identification Number 72-1390352
------------------------------------	---

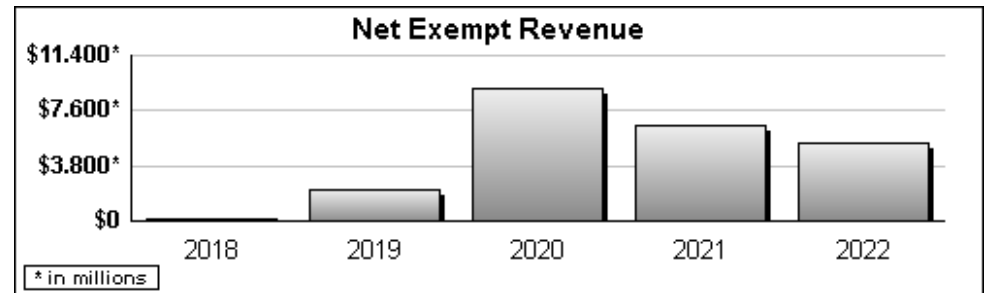
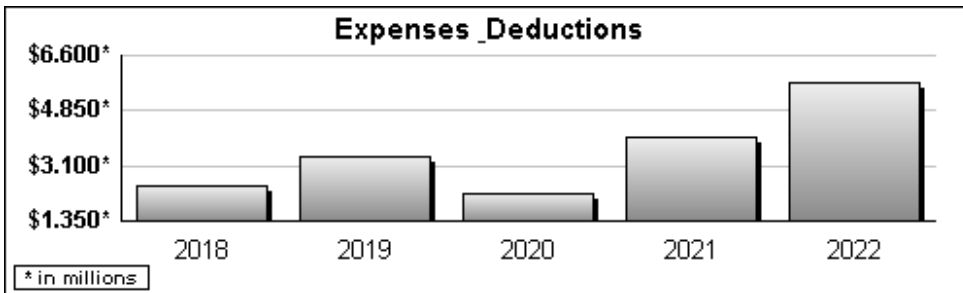
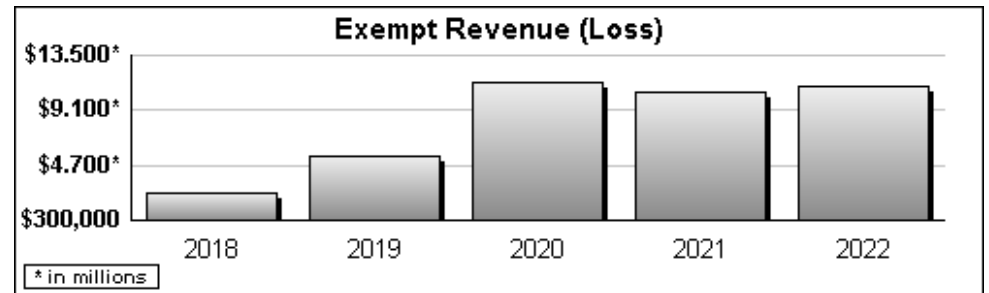
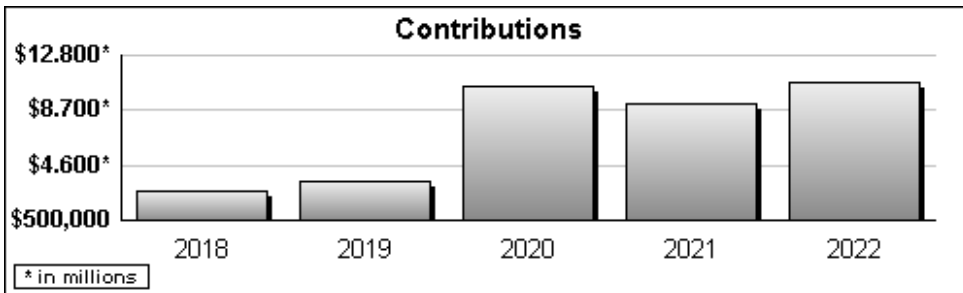
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	2,614,391	3,404,676	10,435,468	9,111,572	10,745,847	
Membership dues						
Program service revenue						
Capital gain or loss	-242				-102,973	
Investment income	-246,482	2,032,572	827,547	1,274,757	410,627	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	160,686	56,809	42,087	109,029	22,579	
Total revenue	2,528,353	5,494,057	11,305,102	10,495,358	11,076,080	
Grants and similar amounts paid	2,125,956	2,734,441	1,870,684	3,691,391	5,365,217	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	170,014	199,256	172,870	196,337	227,124	
Professional fees	34,377	41,171	52,645	33,353	38,520	
Occupancy costs	14,462	7,744	12,799	10,490	19,298	
Depreciation and depletion	6,512	7,599	16,200	15,998	15,022	
Other expenses	99,612	399,372	105,886	32,995	54,531	
Total expenses	2,450,933	3,389,583	2,231,084	3,980,564	5,719,712	
Excess or (Deficit)	77,420	2,104,474	9,074,018	6,514,794	5,356,368	
Total exempt revenue	2,528,353	5,494,057	11,305,102	10,495,358	11,076,080	
Total unrelated revenue		1,101,878				
Total excludable revenue	-86,038	987,503	869,634	1,383,786	330,233	
Total Assets	6,519,935	8,978,148	18,679,635	25,456,911	26,293,716	
Total Liabilities	627,403	981,142	1,608,611	1,871,093	808,640	
Net Fund Balances	5,892,532	7,997,006	17,071,024	23,585,818	25,485,076	

Form 990T	Tax Return History	2022
------------------	---------------------------	-------------

Name PINEBELT FOUNDATION	Employer Identification Number 72-1390352
------------------------------------	---

* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss		8,963				
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		1,092,915				
Total trade or business income.		1,101,878				
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST & DIVIDEND INCOME	\$ 491,488					
LESS: LESS INVESTMENT FEES	-80,861					
Total	<u>\$ 410,627</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRACT SERVICES	\$ 38,520	\$	\$ 38,520	\$
Total	<u>\$ 38,520</u>	<u>\$ 0</u>	<u>\$ 38,520</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
POSTAGE	\$ 1,029	\$	\$ 1,029	\$
MISCELLANEOUS	192		192	
TRAINING	123		123	
Total	<u>\$ 1,344</u>	<u>\$ 0</u>	<u>\$ 1,344</u>	<u>\$ 0</u>