

## Federal Diagnostics

### Critical Messages

None

### Electronic Filing

None

### Informational Messages

- Force field entered with data "235,998" on Screen Ext
- Force field entered with data "235,998" on Screen Ext
- Coronavirus (COVID-19) Relief selected on Screen PenT; July 15, 2020 used as return due date, payment date, and first and second quarter estimates due date
- Historical Report (990 Return) does not display 2020 column if Tax Projection has not been selected.
- Historical Report (990-T Return) does not display 2020 column if Tax Projection has not been selected.
- Lump sum entry of multiple grant amounts less than or equal to \$5,000 each is indicated; Recipients who've received more than \$5,000 should be listed separately
- If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Form 8868 for Form 990-T extension previously printed; verify extended due date and payment information in Screen Ext
- Organization contact email is blank in the electronic record for firm contact information; Organization email is updated on screen Contact
- Contributor AL JEFFERSON is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor ANDREW AND STACE MERCIER is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor BONNIE POUNDS is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor BRIDGES, INC. is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor CAPIO PARTNERS, LLC is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor CENTENE MANAGEMENT COMPANY is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor CITIZENS BANK is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor COCA COLA BOTTLING COMPANY is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor DARYL HOTE is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor DEBBIE & STAN HILL is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor DR. JAIME JIMENEZ is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor THE MERCHANTS COMPANY is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor HATTIESBURG CLINIC is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor SACRED HEART CATHOLIC CHURCH is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor THE GREATER PINEBELT COMMUNITY FOUND is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor HATTIESBURG CONVENTION COMMISSION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor SOUTHERN BONE & JOINT is not reported on Schedule B because the first special rule is calculated

**Informational Messages (cont.)**

- and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor THE FIRST, NATIONAL BANKING is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor TRUSTMARK NATIONAL BANK is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor GULF COAST COMMUNITY FOUNDATION is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor LEIGH ANNE STRONG is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor R3SM, INC. is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor THE MICHAEL REBECCA MILES FAMILY TRU is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor DR. TOMMY & SANDRA KING is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor FIRST BANK is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor LONDON & STELTELMAN REAL ESTATE is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor MS TANK CO is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor RARE DESIGN is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor ROBERT & KATHERINE HOLLIMAN is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor UNITED WAY OF SE MS is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor WARRN HOOD JR. is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor WEPAY is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor WESTMINISTER PRESBYTERIAN CHURCH is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Electronic filing for the main return is indicated; Form 990-T must be paper filed
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'JULIE UHER'

**Missing Data**

	Prior Year Data
<b>Functional Expenses</b>	
<input type="checkbox"/> M/G accounting fees	34,377
<b>DAF, Easements, and Collections in Financial Statements</b>	
<input type="checkbox"/> Number of separate accounts	57
<input type="checkbox"/> Assets in donor advised funds	761,128
<b>General Options, Prior Year Revenue and Expenses, Penalties</b>	
<input type="checkbox"/> Number of volunteers	30
<b>Functional Expenses Continued</b>	
<input type="checkbox"/> Other exp Tot / PS	7,488
<b>Compensation Information</b>	
<input type="checkbox"/> Substantiation to reimburse	X

# Federal Diagnostics

## Missing Data (cont.)

### Compensation Information (cont.)

- Compensation committee X
- Employment contract X
- Approval by board X

### Balance Sheet - Liabilities and Equity

- Increases to net assets 13,753

### Supporting Organizations

- Type I/II add or substitute X
- Substitute beyond control 2

## Event To Do

### Event Name

- EFILE ACCEPTED

## Tick Data

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Form 990	2,104,474	2,340,469	(235,995)

## Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**72-1390352**

### PINEBELT FOUNDATION

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>5,892,532</b></u>
<b>Revenue</b>		
Contributions	<u>3,404,676</u>	
Program service revenue		
Investment income	<u>2,032,572</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>56,809</u>	
<b>Total revenue</b>		<u><b>5,494,057</b></u>
<b>Expenses</b>		
Program services	<u>2,773,543</u>	
Management and general	<u>404,471</u>	
Fundraising	<u>211,569</u>	
<b>Total expenses</b>		<u><b>3,389,583</b></u>
<b>Excess / (deficit)</b>		<u><b>2,104,474</b></u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>7,997,006</b></u></u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	<u>5,494,057</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u><b>5,494,057</b></u></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	<u>3,389,583</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u><b>3,389,583</b></u></u>

<b>Balance Sheet</b>			
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>6,519,935</u>	<u>8,978,148</u>	
Liabilities	<u>627,403</u>	<u>981,142</u>	
Net assets	<u><u>5,892,532</u></u>	<u><u>7,997,006</u></u>	<u><u>2,104,474</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/20  
 Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**72-1390352**

### PINEBELT FOUNDATION

**Income & Deductions (990-T)**

Total Income 1,101,878  
 Deductions related to income \_\_\_\_\_  
 Activity losses (2018 and after) \_\_\_\_\_

**Net Income from page 1**

1,101,878

**Income & Losses (Sch M)**

# of Schedules 0

Income from other activities \_\_\_\_\_  
 Losses from other activities \_\_\_\_\_

**Total business taxable income**

1,101,878

**Adjustments**

Disallowed fringe benefits \_\_\_\_\_  
 Less: Charitable contributions \_\_\_\_\_  
 Net operating loss (prior to 2018) \_\_\_\_\_  
 Specific deduction 1,000

**Total adjustments**

(1,000)

**Unrelated business taxable income**

1,100,878

**Taxes & Credits**

Regular tax 231,184  
 Other tax:  Proxy  AMT  Facilities \_\_\_\_\_

**Tax Due**

231,184

Foreign tax credit and other credits \_\_\_\_\_  
 General business credits \_\_\_\_\_  
 Prior year minimum tax credit \_\_\_\_\_

**Total nonrefundable credits**

Other taxes \_\_\_\_\_

**Total tax**

231,184

**Payments & Penalties**

Estimated tax payments and Tax withheld \_\_\_\_\_  
 Paid with extension 235,998  
 Refundable credits and other payments \_\_\_\_\_

**Payments**

235,998

**Net tax due**

0

Estimated tax penalty 4,814  
 Interest on late payments \_\_\_\_\_  
 Failure to file penalty \_\_\_\_\_  
 Failure to pay penalty \_\_\_\_\_

**Penalties**

4,814

**Balance due**

Total overpayment \_\_\_\_\_

Overpayment applied to next year's tax \_\_\_\_\_

**Refund**

**Next Year's Estimates**

1st quarter \_\_\_\_\_  
 2nd quarter \_\_\_\_\_  
 3rd quarter \_\_\_\_\_  
 4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/20

**Holt & Associates PLLC  
2815 Highway 15 N  
Laurel, MS 39440  
601-649-3000**

July 16, 2020

**CONFIDENTIAL**

PINEBELT FOUNDATION  
1501 ADELIN STREET  
HATTIESBURG, MS 39401

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 12/31/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Holt & Associates PLLC  
2815 Highway 15 N  
Laurel, MS 39440

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Your Form 990-T for the tax year ended 12/31/19 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return by November 16, 2020 to:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC

1973 Rulon White Blvd.  
Ogden, UT 84201-1000

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Holt & Associates PLLC

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or fiscal year beginning ..... 2019, and ending ..... 20 .....

**2019**

**Do not send to the IRS. Keep for your records.**  
**Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

**PINEBELT FOUNDATION**

Employer identification number

**72-1390352**

Name and title of officer

**MIKE DIXON  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>5,494,057</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's 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 organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature }

Date } **05/15/20**

**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 2019 electronically filed return for the organization 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 } **05/15/20**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)



**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2019 calendar year, or tax year beginning , and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **PINEBELT FOUNDATION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1501 ADELINE STREET**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HATTIESBURG MS 39401**

**D** Employer identification number: **72-1390352**  
**E** Telephone number: **601-583-6180**  
**G** Gross receipts\$: **5,494,057**

**F** Name and address of principal officer:  
**MIKE DIXON**  
**1501 ADELINE STREET**  
**HATTIESBURG MS 39401**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **u PINEBELTFOUNDATION.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1997** **M** State of legal domicile: **MS**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,101,878</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>1,100,878</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,614,391</b>	<b>3,404,676</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-246,724</b>	<b>2,032,572</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>160,686</b>	<b>56,809</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,528,353</b>	<b>5,494,057</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,125,956</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>170,014</b>	<b>199,256</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>211,569</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>154,963</b>	<b>455,886</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,450,933</b>	<b>3,389,583</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>77,420</b>	<b>2,104,474</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>6,519,935</b>	<b>8,978,148</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>627,403</b>	<b>981,142</b>
		<b>5,892,532</b>	<b>7,997,006</b>

**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: **MIKE DIXON** Date: **EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **JULIE UHER** Preparer's signature: \_\_\_\_\_ Date: **07/16/20** Check  if self-employed PTIN: **P00001433**

Firm's name: **Holt & Associates PLLC** Firm's EIN: **64-0886275**  
 Firm's address: **2815 Highway 15 N Laurel, MS 39440** Phone no.: **601-649-3000**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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 \$ **1,932,948** including grants of \$ **1,893,846** ) (Revenue \$ )  
**CONTRIBUTIONS AND PROGRAM SERVICE DISBURSEMENTS FOR CHARITABLE PURPOSES.**

**4b** (Code: ) (Expenses \$ **840,595** including grants of \$ **840,595** ) (Revenue \$ )  
**SCHOLARSHIPS. THE FOUNDATIONS GRANTS SCHOLARSHIPS FOR STUDENTS ATTENDING INSTITUTIONS OF HIGHER EDUCATION.**

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

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

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

**4e** Total program service expenses **u 2,773,543**

**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	<b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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 in 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
<b>2a</b>	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		
	<b>2a</b> <b>3</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>X</b>	
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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
<b>1a</b>	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>1a</b> 25		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 25		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>		<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>15b</b>		<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** 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 **u**

**GREATER PINEBELT COMMUNITY FOUNDATI 1501 ADELIN E STREET  
HATTIESBURG**

**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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) <b>TERRI BELL</b> ..... <b>PRESIDENT</b>	0.00 0.00	X		X				0	0	0
(2) <b>DAVID BURCKEL</b> ..... <b>TREASURER</b>	0.00 0.00	X		X				0	0	0
(3) <b>PAUL LAUGHLIN</b> ..... <b>SECRETARY</b>	0.00 0.00	X		X				0	0	0
(4) <b>BRADY RAANES</b> ..... <b>VICE PRESIDENT</b>	0.00 0.00	X		X				0	0	0
(5) .....										
(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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	3,404,676			
	g Noncash contributions included in lines 1a-1f	1g	\$ 198,810			
	<b>h Total. Add lines 1a-1f</b>	<b>u</b>	<b>3,404,676</b>			
<b>Program Service Revenue</b>	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>	<b>u</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	u	2,032,572	939,657	1,092,915	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)	u				
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	u					
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	u					
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	u					
<b>Miscellaneous Revenue</b>	11a MISCELLANEOUS INCOME	Business Code	28,420	28,420		
	b RENTAL INCOME		10,186		10,186	
	c MANAGEMENT FEES		9,240	9,240		
	d All other revenue		8,963		8,963	
	<b>e Total. Add lines 11a-11d</b>	<b>u</b>	<b>56,809</b>			
<b>12 Total revenue. See instructions</b>	<b>u</b>	<b>5,494,057</b>	<b>977,317</b>	<b>1,101,878</b>	<b>10,186</b>	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>1,893,846</b>	<b>1,893,846</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>840,595</b>	<b>840,595</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>169,147</b>	<b>29,640</b>	<b>48,664</b>	<b>90,843</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>15,653</b>	<b>4,682</b>	<b>3,604</b>	<b>7,367</b>
<b>10</b> Payroll taxes	<b>14,456</b>	<b>3,062</b>	<b>3,390</b>	<b>8,004</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>41,171</b>		<b>41,171</b>	
<b>12</b> Advertising and promotion	<b>12,507</b>			<b>12,507</b>
<b>13</b> Office expenses	<b>2,546</b>		<b>2,546</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>7,744</b>		<b>7,744</b>	
<b>17</b> Travel	<b>1,813</b>		<b>1,813</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>3,974</b>		<b>3,974</b>	
<b>20</b> Interest	<b>6,088</b>		<b>6,088</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>7,599</b>	<b>1,718</b>	<b>5,881</b>	
<b>23</b> Insurance	<b>965</b>		<b>965</b>	
<b>24</b> 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.)				
<b>a</b> <b>UBIT</b>	<b>239,341</b>		<b>239,341</b>	
<b>b</b> <b>EVENT EXPENSE</b>	<b>92,848</b>			<b>92,848</b>
<b>c</b> <b>MISCELLANEOUS</b>	<b>26,862</b>		<b>26,862</b>	
<b>d</b> <b>RENTAL EXPENSES</b>	<b>4,200</b>		<b>4,200</b>	
<b>e</b> All other expenses	<b>8,228</b>		<b>8,228</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>3,389,583</b>	<b>2,773,543</b>	<b>404,471</b>	<b>211,569</b>
<b>26</b> 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	
<b>Assets</b>	1	Cash—non-interest-bearing	1,076,171	1	1,275,836
	2	Savings and temporary cash investments	105,682	2	135,835
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	140,618
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,289
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	316,827		
	10b	Less: accumulated depreciation	97,454	10c	219,373
	11	Investments—publicly traded securities	5,162,531	11	7,204,197
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	6,519,935	16	8,978,148	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	4,807	17	241,707
	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	622,596	25	739,435
	26	<b>Total liabilities.</b> Add lines 17 through 25	627,403	26	981,142
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	478,970	27	517,321
	28	Net assets with donor restrictions	5,413,562	28	7,479,685
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	5,892,532	32	7,997,006	
33	<b>Total liabilities and net assets/fund balances</b>	6,519,935	33	8,978,148	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>5,494,057</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,389,583</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,104,474</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>5,892,532</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>7,997,006</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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.

**2019**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://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 or 990-EZ).)
- 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 in 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)						
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,496,967	1,890,754	3,471,486	2,621,027	3,998,170	14,478,404
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,496,967	1,890,754	3,471,486	2,621,027	3,998,170	14,478,404
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						14,478,404

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	2,496,967	1,890,754	3,471,486	2,621,027	3,998,170	14,478,404
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					1,100,878	1,100,878
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				13,988	10,186	24,174
<b>11 Total support.</b> Add lines 7 through 10						15,603,456

**12** Gross receipts from related activities, etc. (see instructions) 12 1,492,050

**13 First five 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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	92.79 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	99.89 %

**16a 33 1/3% support test—2019.** 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

**b 33 1/3% support test—2018.** 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

**17a 10%-facts-and-circumstances test—2019.** 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

**b 10%-facts-and-circumstances test—2018.** 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

**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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) 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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

**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** **\$ 13,988**

**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization  <b>PINEBELT FOUNDATION</b>	Employer identification number  <b>72-1390352</b>
--	---

Organization type (check one):

- |                    |   |  |
|--------------------|---|--|
| <b>Filers of:</b>  | <b>Section:</b>   |  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | <input type="checkbox"/> 527 political organization   |  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |  |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**PINEBELT FOUNDATION**

Employer identification number

**72-1390352**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA AND LARRY SMITH 3207 ARLINGTON LOOP HATTIESBURG MS 39401	\$ 100,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UBS 165 TOWNSHIP LINE RD STE 1200 JENKINTOWN PA 19046	\$ 375,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FORREST GENERAL HOSPITAL FORREST GENERAL HOSPITAL PO BOX 16389 HATTIESBURG MS 39404	\$ 268,440	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PEARL RIVER VALLEY PEARL RIVER VALLEY PO BOX 1217 COLUMBIA MS 39429	\$ 216,076	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STRATEGIC MGT SERVICES, LLC 29 Crystal Creek Hattiesburg MS 39402	\$ 92,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LESLIE RUTLAND P.O. BOX 2349 COLLINS MS 39428	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**PINEBELT FOUNDATION**

Employer identification number

**72-1390352**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DCC HOLDING PO BOX 15517 HATTIESBURG MS 39404	\$ 156,728	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year) 2,596,099, 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... [X] Yes, 6 Did the organization inform all grantees... [X] Yes.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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?, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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.

Table with 2 columns: Description, Amount. Rows include: 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 u \$, b Assets included in Form 990, Part X u \$



**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....	4,742,035	4,458,122	3,268,080	2,973,275	2,265,633
<b>b</b> Contributions .....	600,079	810,377	859,509	261,871	760,489
<b>c</b> Net investment earnings, gains, and losses .....	942,156	-248,999	480,465	-222,910	-19,174
<b>d</b> Grants or scholarships .....	164,028	277,465	149,932	189,976	141,220
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	5,351,666	4,742,035	4,458,122	3,268,080	2,973,275

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

- a** Board designated or quasi-endowment **u** 2.04 %
- b** Permanent endowment **u** %
- c** Term endowment **u** 97.96 %

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
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		5,671	5,671	
<b>e</b> Other .....		311,156	91,783	219,373
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>219,373</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**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) <b>FUNDS HELD IN AGENCY ENDOWMENT</b>	<b>739,435</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 739,435</b>

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)**

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.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICA READS MISSISSIPPI 3825 RIDGEWOOD ROAD, SUITE 334 JACKSON MS 39211	64-6000783		59,400				
(2)	ARC- FORREST COUNTY PO BOX 18800 HATTIESBURG MS 39404	64-0685174		20,500				
(3)	ARC- PINEBELT REGION, INC. 2263 MILLCREEK ROAD LAUREL MS 39443	64-0408701		12,750				SUPPORT
(4)	COMMON GROUND BAPTIST CHURCH PO BOX 384 HAMPTON AR 71744	62-1698124		90,000				SUPPORT
(5)	FIRST BAPTIST CHURCH OF HATTIESBURG 4142 LINCOLN RD EXT HATTIESBURG MS 39402	64-0320085		150,000				SUPPORT
(6)	FORREST GENERAL HEALTHCARE FOUND PO BOX 19010 HATTIESBURG MS 39404	20-4960499		25,500				
(7)	HEALTH INSURANCE PREMIUM ASSISTANCE 1507 HARDY STREET SUITE 208 HATTIESBURG MS 39401	72-1390352		239,258				
(8)	HOMES OF HOPE PO BOX 18496 HATTIESBURG MS 39404	74-3067795		296,000				SUPPORT
(9)	HUB AWARD 1507 HARDY STREET HATTIESBURG MS 39401	72-1390352		19,086				

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

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

Schedule I (Form 990) (2019)

**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.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DR #206 NORTH HOLLYWOOD CA 91607	95-4296919		54,400				
(2)	LAUGHS 4 LIFE 1507 HARDY ST., SUITE 208 HATTIESBURG MS 39401	72-1390352		92,054				
(3)	R3SM, INC 301 BUSCHMAN STREET HATTIESBURG MS 39403	26-1666534		111,252				
(4)	THE EXTRA TABLE PO BOX 17318 HATTIESBURG MS 39404	27-3779135		16,750				SUPPORT
(5)	THE FAMILY YMCA 3179 VETERANS MEMORIAL DRIVE HATTIESBURG MS 39401	64-0340760		37,195				SUPPORT
(6)	THE UNIVERSITY OF SOUTHERN MISSISSI 118 COLLEGE DRIVE HATTIESBURG MS 39406	64-6000818		17,250				
(7)	BAPTIST MEDICAL AND DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705		46,100				
(8)	CITY OF RULEVILLE PO BOX 428 RULEVILLE MS 38771	64-6001039		44,735				
(9)	CRU 100 LAKE HART DR #2400 ORLANDO FL 32832	45-3697029		9,800				

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

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

Schedule I (Form 990) (2019)

**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.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DISENTANGLE 1507 HARDY STREET HATTIESBURG MS 39401	72-1390352		11,320				
(2)	EDWARDS STREET PO BOX 17532 HATTIESBURG MS 39404	64-0698304		7,000				
(3)	FAITH FOR A CURE 1507 HARDY STREET HATTIESBURG MS 39401	72-1390352		5,305				
(4)	HATTIESBURG HUNDRED 1507 HARDY STREET SUITE 208 HATTIESBURG MS 39401	72-1390352		8,683				
(5)	HUB CITY NYE 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352		29,408				
(6)	JEFFERSON DAVIS COUNTY SCHOOLS PO BOX 1197 PRENTISS MS 39474	64-6009027		20,000				
(7)	JEFFREY'S FUND 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352		6,579				
(8)	MAIN STREET METHODIST PO BOX 1009 HATTIESBURG MS 39403	64-0366879		10,000				
(9)	MIDTOWN MERCHANTS 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352		28,642				

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

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

Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PINEBELT FCA 5891 HWY 49 STE 60 PMB #118 HATTIESEBURG MS 39402	44-0610626		10,000				
(2)	PINE BURR AREA COUNCIL 1318 HARDY STREET HATTIESEBURG MS 39401	64-0303072		5,359				
(3)	SACRED HEART CATHOLIC CHURCH 608 SOUTHERN AVE HATTIESEBURG MS 39401	64-0868195		6,000				
(4)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002		10,250				
(5)	SOMA 8505 SARAN DR PLAYA DEL REY CA 90293	26-0219159		7,200				
(6)	THE JACKSON TIGERS AAU PO BOX 2916 JACKSON MS 39207	64-0899239		50,000				
(7)	UNITED WAY OF SOUTHEAST MISSISSIPPI PO BOX 1648 HATTIESEBURG MS 39403	64-0410475		10,217				
(8)	WILLIAM CAREY UNIVERSITY 710 WILLIAM CAREY PARKWAY WCU BOX 2 HATTIESEBURG MS 39401	64-0329300		15,614				
(9)	WESTMINISTER PRESBYTERIAN CHURCH 115 N 25TH AVE HATTIESEBURG MS 39401	64-0476822		10,000				

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

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

Schedule I (Form 990) (2019)



**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.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>WOODLAWN UNITED PENTECOSTAL CHURCH 1452 HWY 98E COLUMBIA MS 39429</b>	<b>64-0685406</b>		<b>90,000</b>				
(2)								
(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 **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**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		840,595			
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 IV - Additional Information**

FUND DISBURSEMENTS ARE ADMINISTERED IN ACCORDANCE WITH FUND AGREEMENTS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**PINEBELT FOUNDATION**

Employer identification number

**72-1390352**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock	<b>X</b>	<b>1</b>	<b>198,810</b>	
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )				
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c) ( <b>3</b> )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>8,978,148</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>PINEBELT FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>1501 ADELINE STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>HATTIESBURG MS 39401</b></p> <p><b>F</b> Group exemption number (See instructions.) <b>u</b></p> <p><b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>72-1390352</b></p> <p><b>E</b> Unrelated business activity code (See instructions.) <b>900099</b></p>
---	--	---

**H** Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here  
**u S-CORPORATION SHAREHOLDER OF DCC HOLDINGS, LLC**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **u GREATER PINEBELT COMMUNIT** Telephone number **u 601-583-6180**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnership and S corporation (attach statement) <b>See Stmt 1</b>	<b>5</b>	8,963	8,963
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule) <b>See Stmt 2</b>	<b>12</b>	1,092,915	1,092,915
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	1,101,878	1,101,878

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	0
<b>22</b>	Depletion	<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans	<b>23</b>	
<b>24</b>	Employee benefit programs	<b>24</b>	
<b>25</b>	Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b>	Other deductions (attach schedule)	<b>27</b>	
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27	<b>28</b>	
<b>29</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	1,101,878
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
<b>31</b>	Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	1,101,878

**Part III Total Unrelated Business Taxable income**

<b>32</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>32</b>	<b>1,101,878</b>
<b>33</b>	Amounts paid for disallowed fringes	<b>33</b>	
<b>34</b>	Charitable contributions (see instructions for limitation rules)	<b>34</b>	
<b>35</b>	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	<b>35</b>	<b>1,101,878</b>
<b>36</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>36</b>	
<b>37</b>	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<b>37</b>	<b>1,101,878</b>
<b>38</b>	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<b>38</b>	<b>1,000</b>
<b>39</b>	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	<b>39</b>	<b>1,100,878</b>

**Part IV Tax Computation**

<b>40</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	<b>40</b>	<b>231,184</b>
<b>41</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>41</b>	
<b>42</b>	<b>Proxy tax.</b> See instructions	<b>42</b>	
<b>43</b>	Alternative minimum tax (trusts only)	<b>43</b>	
<b>44</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>44</b>	
<b>45</b>	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<b>45</b>	<b>231,184</b>

**Part V Tax and Payments**

<b>46a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>46a</b>	
<b>b</b>	Other credits (see instructions)	<b>46b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>46c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>46d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 46a through 46d	<b>46e</b>	
<b>47</b>	Subtract line 46e from line 45	<b>47</b>	<b>231,184</b>
<b>48</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>48</b>	
<b>49</b>	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	<b>49</b>	<b>231,184</b>
<b>50</b>	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	<b>50</b>	
<b>51a</b>	Payments: A 2018 overpayment credited to 2019	<b>51a</b>	
<b>b</b>	2019 estimated tax payments	<b>51b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>51c</b>	<b>235,998</b>
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>51d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>51e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>51f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>51g</b>	
<b>52</b>	<b>Total payments.</b> Add lines 51a through 51g	<b>52</b>	<b>235,998</b>
<b>53</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> <b>u</b>	<b>53</b>	<b>4,814</b>
<b>54</b>	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed <b>u</b>	<b>54</b>	<b>0</b>
<b>55</b>	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid <b>u</b>	<b>55</b>	
<b>56</b>	Enter the amount of line 55 you want: Credited to 2020 estimated tax <b>u</b> Refunded <b>u</b>	<b>56</b>	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>57</b>	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here <b>u</b>	Yes	No
<b>58</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		<b>X</b>
<b>59</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

**Sign Here** **u** 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 taxpayer) is based on all information of which preparer has any knowledge.

**u** **EXECUTIVE DIRECTOR**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **JULIE UHER** Preparer's signature: \_\_\_\_\_ Date: **07/16/20** Check  if self-employed PTIN: **P00001433**

Firm's name: **Holt & Associates PLLC** Firm's EIN: **64-0886275**

Firm's address: **2815 Highway 15 N Laurel, MS 39440** Phone no.: **601-649-3000**



**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation **u**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				<b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . <b>u</b>						
<b>Totals, Part II (lines 1-5)</b> . . . . . <b>u</b>	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>

**Federal Statements**

**Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
DCC HOLDING LLC	\$ 8,963	\$	\$ 8,963
Total	<u>\$ 8,963</u>	<u>\$ 0</u>	<u>\$ 8,963</u>

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
INTEREST INCOME DCC HOLDING K	\$ 80
DCC HOLDING LLC LONG TERM	1,034,368
DCC HOLDING LLC LONG TERM	58,467
Total	<u>\$ 1,092,915</u>

Form **2220**

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**u** Attach to the corporation's tax return.

**2019**

**uGo to** [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name **PINEBELT FOUNDATION** Employer identification number **72-1390352**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>231,184</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>	
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	<b>231,184</b>
<b>4</b> Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	<b>4</b>	
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>231,184</b>

**Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.**

- 6**  The corporation is using the adjusted seasonal installment method.
- 7**  The corporation is using the annualized income installment method.
- 8**  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
<b>9</b> Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>04/15/19</b>	<b>06/15/19</b>	<b>09/15/19</b>	<b>12/15/19</b>
<b>10</b> Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>0</b>	<b>0</b>	<b>0</b>	<b>231,184</b>
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....				
<b>13</b> Add lines 11 and 12 .....				
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....				
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		<b>0</b>	<b>0</b>	
<b>17</b> Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....				<b>231,184</b>
<b>18</b> Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2019)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> 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	<b>19</b>	<b>See Worksheet</b>		
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 6% (0.06)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 5% (0.05)	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x %	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x %	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x %	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$
<b>38</b> 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			<b>38</b>	\$ <b>4,814</b>

\*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](http://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
<b>20</b> Annualization periods (see instructions) .....	<b>20</b>			
<b>21</b> Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....	<b>21</b> 0	0	0	<b>1,175,484</b>
<b>22</b> Annualization amounts (see instructions) .....	<b>22</b> 6.00000	4.00000	2.00000	<b>1.33333</b>
<b>23a</b> Annualized taxable income. Multiply line 21 by line 22 .....	<b>23a</b>			<b>1,567,308</b>
<b>b</b> Extraordinary items (see instructions) .....	<b>23b</b>			
<b>c</b> Add lines 23a and 23b .....	<b>23c</b>			<b>1,567,308</b>
<b>24</b> 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 .....	<b>24</b>			<b>329,135</b>
<b>25</b> Enter any alternative minimum tax (trusts only) for each payment period (see instructions) .....	<b>25</b>			
<b>26</b> Enter any other taxes for each payment period. See instructions .....	<b>26</b>			
<b>27</b> Total tax. Add lines 24 through 26 .....	<b>27</b>			<b>329,135</b>
<b>28</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	<b>28</b>			
<b>29</b> Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....	<b>29</b> 0	0	0	<b>329,135</b>
<b>30</b> Applicable percentage .....	<b>30</b> 25%	50%	75%	100%
<b>31</b> Multiply line 29 by line 30 .....	<b>31</b>			<b>329,135</b>

**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
<b>32</b> 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 .....	<b>32</b> 0	0	0	<b>329,135</b>
<b>33</b> Add the amounts in all preceding columns of line 32. See instructions .....	<b>33</b>			
<b>34</b> Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- .....	<b>34</b> 0	0	0	<b>329,135</b>
<b>35</b> 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 .....	<b>35</b> 57,796	57,796	57,796	<b>57,796</b>
<b>36</b> Subtract line 38 of the preceding column from line 37 of the preceding column .....	<b>36</b>	57,796	115,592	<b>173,388</b>
<b>37</b> Add lines 35 and 36 .....	<b>37</b> 57,796	115,592	173,388	<b>231,184</b>
<b>38</b> Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....	<b>38</b> 0	0	0	<b>231,184</b>

**Form 2220 Worksheet**

Form **2220**

**2019**

For calendar year 2019, 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>04/15/19</u>	<u>06/15/19</u>	<u>09/15/19</u>	<u>12/15/19</u>
Amount of underpayment	_____	_____	_____	<u>231,184</u>

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

Qtr	From	To	Underpayment	#Days	Rate	Penalty
4	12/15/19	5/15/20	231,184	152	5.00	4,814
<b>Total Penalty</b>						<b>4,814</b>
						=====



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2019**

Attachment  
Sequence No. **179**

Name(s) shown on return

**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	<b>1,020,000</b>
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	<b>2,550,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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	<b>7,111</b>

**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 2019	17	<b>203</b>
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 checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 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	<b>07/31/19</b>	<b>24,243</b>	39 yrs.	MM	S/L	<b>285</b>
				MM	S/L	

**Section C—Assets Placed in Service During 2019 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	<b>Total.</b> 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	<b>7,599</b>
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.

72-1390352

## Federal Asset Report

FYE: 12/31/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
67	ROOF	7/31/19	24,243			24,243	39 MMS/L	0	285
			<u>24,243</u>			<u>24,243</u>		<u>0</u>	<u>285</u>
<b>Prior MACRS:</b>									
42	SOFA-GREEN-OFFICE MGR	6/30/14	85	X		42	7 MQ200DB	76	4
43	HAT RACK-FOYER	6/30/14	10	X		5	7 MQ200DB	9	0
45	FRIDGE-WHITE-KITCHEN	6/30/14	300	X		150	7 MQ200DB	268	14
46	CONFERENCE TABLE W/10 CHAIRS-BI	6/30/14	100	X		50	7 MQ200DB	89	5
50	SERVER-ED	12/28/16	2,632	X		1,316	5 MQ200DB	2,182	180
			<u>3,127</u>			<u>1,563</u>		<u>2,624</u>	<u>203</u>
<b>Other Depreciation:</b>									
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
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-DONATEC	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
30	PROJECTOR	11/09/09	618			618	7 MO S/L	618	0
33	WOODEN EXECUTIVE DESK	4/20/10	150			150	7 MO S/L	150	0
34	ARMED FABRIC TASK CHAIR	4/20/10	20			20	7 MO S/L	20	0
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
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	642	214
51	APPLE LAPTOP-ED	12/01/17	1,636			1,636	5 MO S/L	354	328
52	COMPUTER-OFFICE MGR	3/01/17	910			910	5 MO S/L	333	182
53	DESK-MOVABLE ED	12/01/17	490			490	7 MO S/L	76	70
54	LAPTOP- DEV DIR	9/01/17	803			803	5 MO S/L	214	161
55	1501 ADELINE BUILDING-DONATED	5/26/17	175,000			175,000	39 MO S/L	7,105	4,487
56	MONITOR-OFFICE MANAGER	1/11/18	250			250	5 MO S/L	50	50
57	32 BLACK FOLDING CHAIRS	1/01/18	685			685	5 MO S/L	137	137
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185			185	5 MO S/L	12	37
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436			436	5 MO S/L	87	88
60	TV & MOUNT EQUIP	2/15/18	311			311	5 MO S/L	57	62
61	SOFA-EXEC DIR	2/01/18	150			150	5 MO S/L	28	30
62	SHARK VACUUM	1/01/18	150			150	5 MO S/L	30	30
63	PANASONIC PHONE SYSTEM	2/01/18	120			120	5 MO S/L	22	24
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180			180	5 MO S/L	36	36
65	COPIER	6/01/18	2,100			2,100	5 MO S/L	245	420
66	AKOYA SOFTWARE	12/02/19	27,178			27,178	3 MO Amort	0	755
	<b>Total Other Depreciation</b>		<u>289,457</u>			<u>289,457</u>		<u>87,231</u>	<u>7,111</u>
	<b>Total ACRS and Other Depreciation</b>		<u>289,457</u>			<u>289,457</u>		<u>87,231</u>	<u>7,111</u>
	<b>Grand Totals</b>		316,827			315,263		89,855	7,599
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>316,827</u>			<u>315,263</u>		<u>89,855</u>	<u>7,599</u>

72-1390352

## AMT Asset Report

FYE: 12/31/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
67	ROOF	7/31/19	24,243			24,243	39 MMS/L	0	285
			<u>24,243</u>			<u>24,243</u>		<u>0</u>	<u>285</u>
<b>Prior MACRS:</b>									
42	SOFA-GREEN-OFFICE MGR	6/30/14	85	X		42	7 MQ200DB	76	4
43	HAT RACK-FOYER	6/30/14	10	X		5	7 MQ200DB	9	0
45	FRIDGE-WHITE-KITCHEN	6/30/14	300	X		150	7 MQ200DB	268	14
46	CONFERENCE TABLE W/10 CHAIRS-BI	6/30/14	100	X		50	7 MQ200DB	89	5
50	SERVER-ED	12/28/16	2,632	X		1,316	5 MQ200DB	2,182	180
			<u>3,127</u>			<u>1,563</u>		<u>2,624</u>	<u>203</u>
<b>Other Depreciation:</b>									
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
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-DONATEC	6/30/08	0			0	0 HY	0	0
28	BOOK SHELF-TRADE IN-INTERN	10/13/09	0			0	0 HY	0	0
30	PROJECTOR	11/09/09	0			0	0 HY	0	0
33	WOODEN EXECUTIVE DESK	4/20/10	0			0	0 HY	0	0
34	ARMED FABRIC TASK CHAIR	4/20/10	0			0	0 HY	0	0
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
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	642	214
51	APPLE LAPTOP-ED	12/01/17	1,636			1,636	5 MO S/L	354	328
52	COMPUTER-OFFICE MGR	3/01/17	910			910	5 MO S/L	333	182
53	DESK-MOVABLE ED	12/01/17	490			490	7 MO S/L	76	70
54	LAPTOP- DEV DIR	9/01/17	803			803	5 MO S/L	214	161
55	1501 ADELINE BUILDING-DONATED	5/26/17	175,000			175,000	39 MO S/L	7,105	4,487
56	MONITOR-OFFICE MANAGER	1/11/18	250			250	5 MO S/L	50	50
57	32 BLACK FOLDING CHAIRS	1/01/18	685			685	5 MO S/L	137	137
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185			185	5 MO S/L	12	37
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436			436	5 MO S/L	87	88
60	TV & MOUNT EQUIP	2/15/18	311			311	5 MO S/L	57	62
61	SOFA-EXEC DIR	2/01/18	150			150	5 MO S/L	28	30
62	SHARK VACUUM	1/01/18	150			150	5 MO S/L	30	30
63	PANASONIC PHONE SYSTEM	2/01/18	120			120	5 MO S/L	22	24
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180			180	5 MO S/L	36	36
65	COPIER	6/01/18	2,100			2,100	5 MO S/L	245	420
	<b>Total Other Depreciation</b>		<u>184,476</u>			<u>184,476</u>		<u>9,428</u>	<u>6,356</u>
	<b>Total ACRS and Other Depreciation</b>		<u>184,476</u>			<u>184,476</u>		<u>9,428</u>	<u>6,356</u>
	<b>Grand Totals</b>		211,846			210,282		12,052	6,844
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>211,846</u>			<u>210,282</u>		<u>12,052</u>	<u>6,844</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-BUJ	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
<b>Grand Total</b>			<u>27,370</u>		<u>0</u>	<u>0</u>	<u>1,564</u>	<u>25,806</u>

72-1390352

**Depreciation Adjustment Report**

FYE: 12/31/2019

**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>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	42	SOFA-GREEN-OFFICE MGR	4	4	0
Page 1	1	43	HAT RACK-FOYER	0	0	0
Page 1	1	45	FRIDGE-WHITE-KITCHEN	14	14	0
Page 1	1	46	CONFERENCE TABLE W/10 CHAIRS-BURG'	5	5	0
Page 1	1	50	SERVER-ED	180	180	0
Page 1	1	67	ROOF	285	285	0
				<u>488</u>	<u>488</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
42	SOFA-GREEN-OFFICE MGR	6/30/14	85	4	4
43	HAT RACK-FOYER	6/30/14	10	1	1
45	FRIDGE-WHITE-KITCHEN	6/30/14	300	13	13
46	CONFERENCE TABLE W/10 CHAIRS-BURG	6/30/14	100	4	4
50	SERVER-ED	12/28/16	2,632	144	144
67	ROOF	7/31/19	24,243	622	622
			<u>27,370</u>	<u>788</u>	<u>788</u>

**Other Depreciation:**

1	TASK CHAIR-BLUE-INTERN	2/29/08	93	0	0
2	CHAIR-BLACK-INTERN	2/29/08	32	0	0
4	4 DR LETTER FILE CABINET-INTERN	2/29/08	157	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
28	BOOK SHELF-TRADE IN-INTERN	10/13/09	264	0	0
30	PROJECTOR	11/09/09	618	0	0
33	WOODEN EXECUTIVE DESK	4/20/10	150	0	0
34	ARMED FABRIC TASK CHAIR	4/20/10	20	0	0
36	4 DR FILE CABINET-DONATED-INTERN	4/20/10	30	0	0
37	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	214	214
51	APPLE LAPTOP-ED	12/01/17	1,636	327	327
52	COMPUTER-OFFICE MGR	3/01/17	910	182	182
53	DESK-MOVABLE ED	12/01/17	490	70	70
54	LAPTOP- DEV DIR	9/01/17	803	160	160
55	1501 ADELIN BUILDING-DONATED	5/26/17	175,000	4,487	4,487
56	MONITOR-OFFICE MANAGER	1/11/18	250	50	50
57	32 BLACK FOLDING CHAIRS	1/01/18	685	137	137
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185	37	37
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436	87	87
60	TV & MOUNT EQUIP	2/15/18	311	62	62
61	SOFA-EXEC DIR	2/01/18	150	30	30
62	SHARK VACUUM	1/01/18	150	30	30
63	PANASONIC PHONE SYSTEM	2/01/18	120	24	24
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180	36	36
65	COPIER	6/01/18	2,100	420	420
66	AKOYA SOFTWARE	12/02/19	27,178	9,059	0
	<b>Total Other Depreciation</b>		<u>289,457</u>	<u>15,412</u>	<u>6,353</u>
	<b>Total ACRS and Other Depreciation</b>		<u>289,457</u>	<u>15,412</u>	<u>6,353</u>
	<b>Grand Totals</b>		<u>316,827</u>	<u>16,200</u>	<u>7,141</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**PINEBELT FOUNDATION****72-1390352**

		2018	2019	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	2,614,391	3,404,676	790,285
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	-246,482	2,032,572	2,279,054
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-242		242
	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	160,686	56,809	-103,877
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,528,353</b>	<b>5,494,057</b>	<b>2,965,704</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid	2,125,956	2,734,441	608,485
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	170,014	199,256	29,242
	17. Professional fundraising fees			
	18. Other professional fees	34,377	41,171	6,794
	19. Occupancy, rent, utilities, and maintenance	14,462	7,744	-6,718
	20. Depreciation and Depletion	6,512	7,599	1,087
	21. Other expenses	99,612	399,372	299,760
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,450,933</b>	<b>3,389,583</b>	<b>938,650</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>77,420</b>	<b>2,104,474</b>	<b>2,027,054</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue	2,528,353	5,494,057	2,965,704
	25. Total unrelated revenue		1,101,878	1,101,878
	26. Total excludable revenue	-86,038	987,503	1,073,541
	27. Total assets	6,519,935	8,978,148	2,458,213
	28. Total liabilities	627,403	981,142	353,739
	29. Retained earnings	5,892,532	7,997,006	2,104,474
	30. Number of voting members of governing body	25	25	
	31. Number of independent voting members of governing body	25	25	
	32. Number of employees	3	3	
	33. Number of volunteers	30		

Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
-----------------	---------------------------	-------------

Name <b>PINEBELT FOUNDATION</b>	Employer Identification Number <b>72-1390352</b>
------------------------------------	---

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants .....	2,496,967	1,890,754	3,471,486	2,614,391	3,404,676	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....				-242		
Investment income .....	-8,712	227,220	497,850	-246,482	2,032,572	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	20,640	32,534	118,900	160,686	56,809	
<b>Total revenue</b> .....	<b>2,508,895</b>	<b>2,150,508</b>	<b>4,088,236</b>	<b>2,528,353</b>	<b>5,494,057</b>	
Grants and similar amounts paid .....	1,797,933	1,688,461	2,039,978	2,125,956	2,734,441	
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	133,657	129,682	167,854	170,014	199,256	
Professional fees .....	14,643	22,420	28,749	34,377	41,171	
Occupancy costs .....	13,932	14,976	11,448	14,462	7,744	
Depreciation and depletion .....	24,904	12,119	3,764	6,512	7,599	
Other expenses .....	40,073	59,278	72,980	99,612	399,372	
<b>Total expenses</b> .....	<b>2,025,142</b>	<b>1,926,936</b>	<b>2,324,773</b>	<b>2,450,933</b>	<b>3,389,583</b>	
<b>Excess or (Deficit)</b> .....	<b>483,753</b>	<b>223,572</b>	<b>1,763,463</b>	<b>77,420</b>	<b>2,104,474</b>	
<b>Total exempt revenue</b> .....	<b>2,508,895</b>	<b>2,150,508</b>	<b>4,088,236</b>	<b>2,528,353</b>	<b>5,494,057</b>	
Total unrelated revenue .....			2,233		1,101,878	
Total excludable revenue .....	11,928	259,754	614,517	-86,038	987,503	
Total Assets .....	4,333,297	4,605,949	6,475,338	6,519,935	8,978,148	
Total Liabilities .....	518,973	568,053	673,979	627,403	981,142	
Net Fund Balances .....	3,814,324	4,037,896	5,801,359	5,892,532	7,997,006	

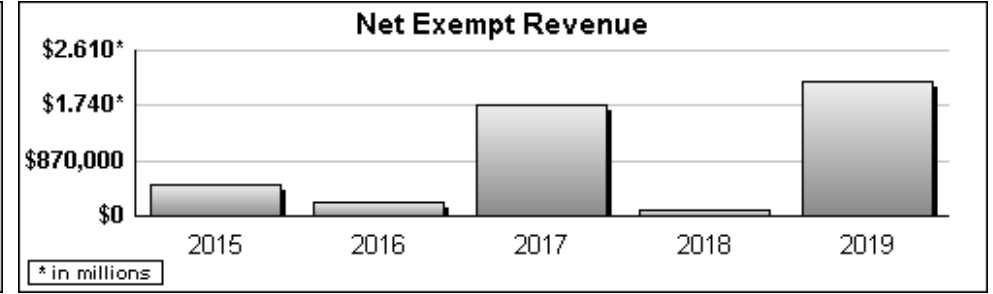
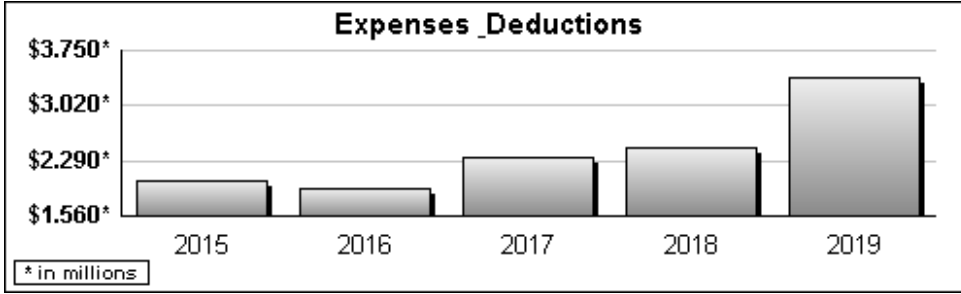
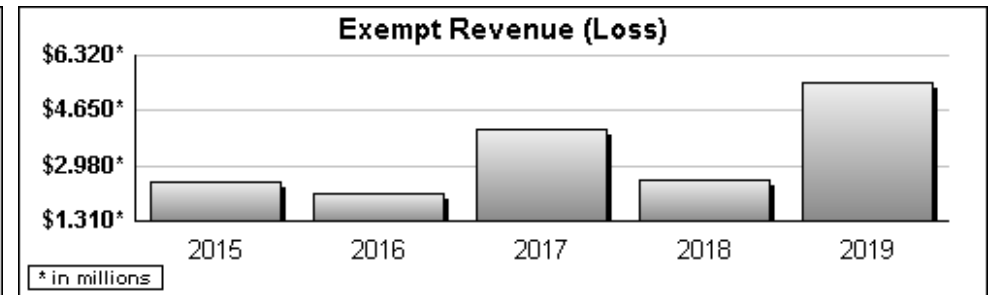
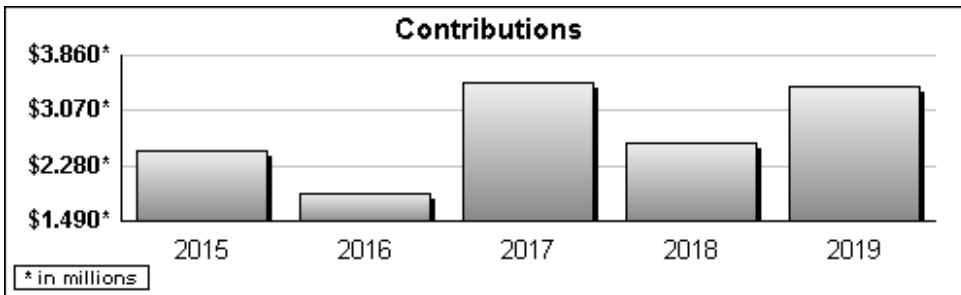


Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
------------------	---------------------------	-------------

Name <b>PINEBELT FOUNDATION</b>	Employer Identification Number <b>72-1390352</b>
------------------------------------	---

\* Income shown net of expenses

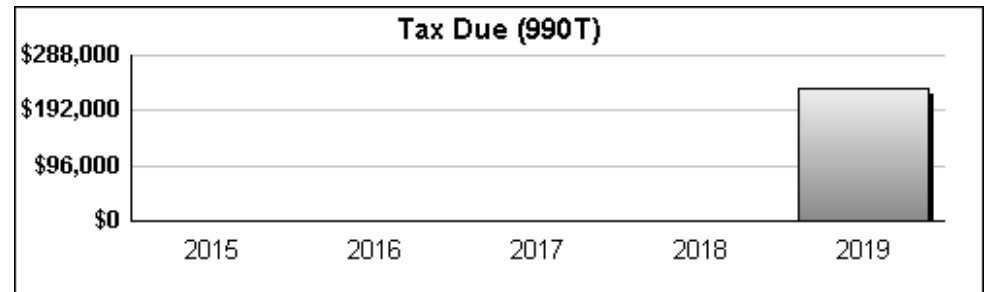
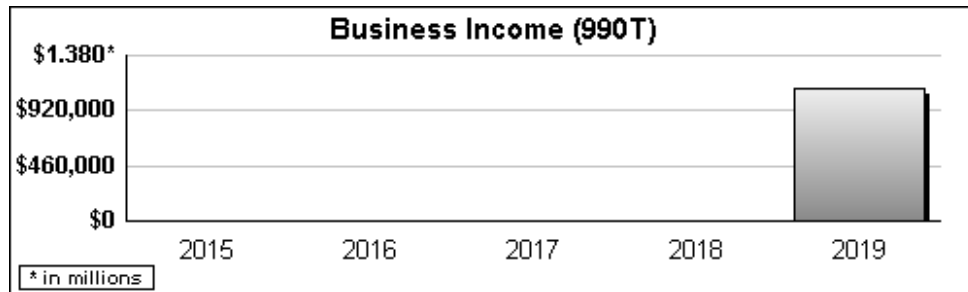
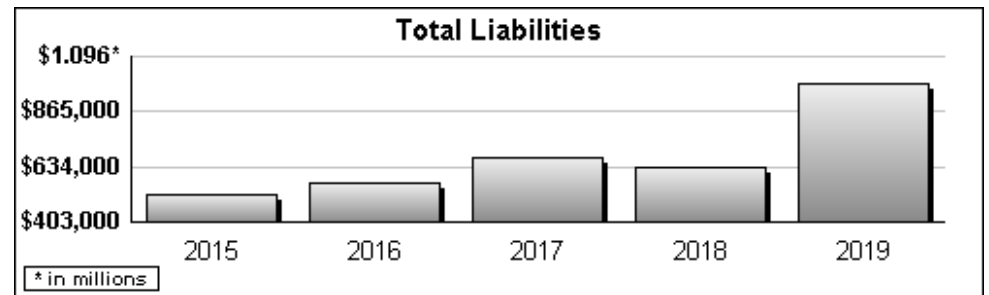
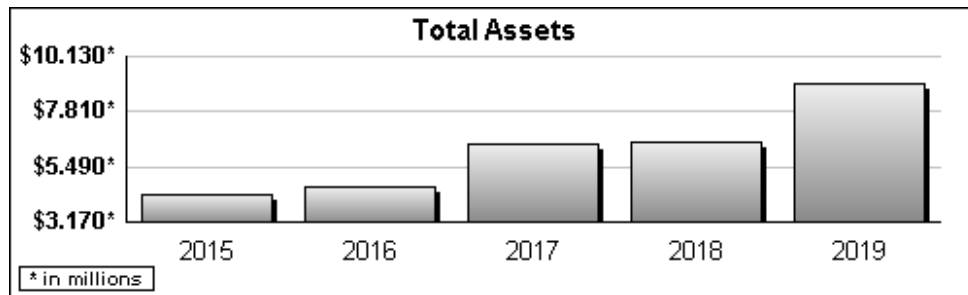
	2015	2016	2017	2018	2019	2020
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss					<b>8,963</b>	
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income			<b>2,233</b>		<b>1,092,915</b>	
<b>Total trade or business income.</b>			<b>2,233</b>		<b>1,101,878</b>	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance			<b>379</b>			
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
------------------	---------------------------	-------------

Name <b>PINEBELT FOUNDATION</b>	Employer Identification Number <b>72-1390352</b>
------------------------------------	---

	2015	2016	2017	2018	2019	2020
Other deductions			3,891			
Net income (990T/first activity)			-2,037		1,101,878	
UBTI from all trades	0	0	0	0	1,101,878	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction					1,000	
Income after expense and deductions					1,100,878	
Income tax (corporate or trust)					231,184	
Other taxes						
<b>Total taxes</b>					231,184	
General business credit						
Other credits						
<b>Net tax after credits</b>					231,184	
Estimated tax payments						
Other payments					235,998	
<b>Balance due/Overpayment</b>					-4,814	



## 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	\$ 963,422					
LESS: LESS INVESTMENT FEES	-23,765					
INTEREST INCOME DCC HOLDING K	80	1				
Total	<u>\$ 939,737</u>					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	\$ 41,171	\$	\$ 41,171	\$
Total	\$ 41,171	\$ 0	\$ 41,171	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES	\$ 2,640	\$	\$ 2,640	\$
PRINTING	1,875		1,875	
BANK CHARGES	1,594		1,594	
EMPLOYEE TRAINING	1,352		1,352	
POSTAGE	767		767	
Total	\$ 8,228	\$ 0	\$ 8,228	\$ 0

## Federal Statements

### Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME DCC HOLDING K	\$ 80
DCC HOLDING LLC LONG TERM	1,034,368
DCC HOLDING LLC LONG TERM	58,467
DCC HOLDING LLC	8,963
Less: Deductions	<u>-1,000</u>
Total	<u>\$ 1,100,878</u>

### Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
RENTAL INCOME	\$ 10,186
Total	<u>\$ 10,186</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
INTEREST & DIVIDEND INCOME	\$ 963,422
LESS: LESS INVESTMENT FEES	-23,765
MISCELLANEOUS INCOME	28,420
MANAGEMENT FEES	9,240
Total	<u>\$ 977,317</u>