

Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- Historical Report (990 Return) does not display 2021 column if Tax Projection has not been selected.
- Historical Report (990-T Return) does not display 2021 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
- Data accepted via Datasharing review and verify
- 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
- Option to print form 990-T is selected for this return
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'JULIE UHER'

Missing Data

	Prior Year Data
Functional Expenses	
<input type="checkbox"/> M/G interest expense	6,088
Unrelated Business Income Payments and Estimates	
<input type="checkbox"/> 990-T, paid with extension	235,998
Income, Analysis of Activities, Additional Information	
<input type="checkbox"/> Direct public support-noncash	198,810
<input type="checkbox"/> Partnerships, gross income	8,963
Extensions	
<input type="checkbox"/> Balance due	235,998
<input type="checkbox"/> Tax liability	235,998
Unrelated Business Income Penalties	
<input type="checkbox"/> Annualized txbl income 1st per	0
<input type="checkbox"/> Annualized txbl income 2nd per	0
<input type="checkbox"/> Annualized txbl income 3rd per	0
<input type="checkbox"/> Annualized txbl income 4th per	1,175,484
Balance Sheet - Assets	
<input type="checkbox"/> Accounts receivable - EOY	140,618
Balance Sheet - Liabilities and Equity	
<input type="checkbox"/> Not compiled or reviewed	2

Overrides

- Overridden field with data "07" on Form / Schedule 8868
- Overridden field with data "X" on Form / Schedule 8453EO

Event To Do

Event Name

- EFILE ACCEPTED

Tick Data

Form	Current Value	Prior (Ticked) Value	Difference
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Federal Diagnostics

Tick Data (cont.)

Form	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Form 990		12,799	9,199 3,600
<input type="checkbox"/> ✓Form 990		(none)	4,215 (4,215)
<input type="checkbox"/> ✓Form 990		4,215	3,890 325
Input Screen	Current Value	Prior (Ticked) Value	Difference
<input type="checkbox"/> ✓Screen Grants - Grants to domestic orgs - INTERNATIONAL MYELOMA FOUNDATION	SUPPORT	(none)	

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

72-1390352

PINEBELT FOUNDATION

Net Asset / Fund Balance at Beginning of Year		<u>7,997,006</u>
Revenue		
Contributions	<u>10,435,468</u>	
Program service revenue		
Investment income	<u>827,547</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income		
Other income	<u>42,087</u>	
Total revenue		<u>11,305,102</u>
Expenses		
Program services	<u>1,917,148</u>	
Management and general	<u>213,470</u>	
Fundraising	<u>100,466</u>	
Total expenses		<u>2,231,084</u>
Excess / (deficit)		<u>9,074,018</u>
Changes		_____
Net Asset / Fund Balance at End of Year		<u><u>17,071,024</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>11,305,102</u>
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total revenue per return	<u><u>11,305,102</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,231,084</u>
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total expenses per return	<u><u>2,231,084</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>8,978,148</u>	<u>18,679,635</u>	
Liabilities	<u>981,142</u>	<u>1,608,611</u>	
Net assets	<u><u>7,997,006</u></u>	<u><u>17,071,024</u></u>	<u><u>9,074,018</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/21
Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

72-1390352

PINEBELT FOUNDATION

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>0</u>	
Income from all activities			_____
Losses from all activities			_____
Unrelated business taxable income from all trades			_____
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			_____
Charitable contributions			_____
Net operating loss (prior to 2018)			_____
Specific deduction		<u>1,000</u>	_____
Section 199A Deduction (Trusts Only)			_____
Total adjustments			(1,000)
Unrelated business taxable income			_____
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax			_____
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			_____
Tax Due			_____
Foreign tax credit and other credits			_____
General business credits			_____
Prior year minimum tax credit			_____
Total nonrefundable credits			_____
Other taxes			_____
Total tax			_____
Payments & Penalties			
Estimated tax payments and Tax withheld			_____
Paid with extension			_____
Refundable credits and other payments			_____
Payments			_____
Net tax due			_____
Estimated tax penalty			_____
Interest on late payments			_____
Failure to file penalty			_____
Failure to pay penalty			_____
Penalties			_____
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 11/15/21

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

October 6, 2021

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 12/31/20 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 12/31/20 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization.

Your Form 990-T 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 990-T is not complete without your signature. Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing should be signed and dated by an authorized officer of the organization. The form will be included as an attachment to the electronic file and therefore must be signed and returned before the electronic file is transmitted

to the IRS.

Return the signed Form 8453-EO as soon as possible to:

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

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 **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2020, or tax year beginning _____, and ending _____

2020

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to www.irs.gov/Form8453EO for the latest information.

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

PINEBELT FOUNDATION

72-1390352

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____



Part II Declaration of Officer or Person Subject to Tax

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).



Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to _____, (EIN) _____,

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  _____ **03/23/21**  **EXECUTIVE DIRECTOR**
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature 	Date 03/23/21	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P0001433
Use Only	Firm's name (or yours if self-employed), address, and ZIP code 	Holt & Associates PLLC 2815 Highway 15 N Laurel MS 39440		EIN 64-0886275	Phone no. 601-649-3000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax

PINEBELT FOUNDATION

Taxpayer identification number

72-1390352

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>11,305,102</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **03/23/21**

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 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **03/23/21**

**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 **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">PINEBELT FOUNDATION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">1501 ADELINE STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">HATTIESBURG MS 39401</p>	D Employer identification number <p style="text-align: center;">72-1390352</p> E Telephone number <p style="text-align: center;">601-583-6180</p> G Gross receipts\$ 11,305,102
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F Name and address of principal officer: <p style="text-align: center;">MIKE DIXON 1501 ADELINE STREET HATTIESBURG MS 39401</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
--	---

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">See Schedule O</p>																																													
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">25</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">25</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">0</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">7a</td><td></td><td></td><td></td><td style="text-align: center;">0</td><td></td></tr> <tr><td style="text-align: center;">7b</td><td></td><td></td><td></td><td style="text-align: center;">0</td><td></td></tr> </table>							3	25					4	25					5	3					6	0					7a				0		7b				0			
3	25																																													
4	25																																													
5	3																																													
6	0																																													
7a				0																																										
7b				0																																										
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Prior Year</th><th colspan="2">Current Year</th></tr> <tr><td style="text-align: center;">3,404,676</td><td></td><td style="text-align: center;">10,435,468</td><td></td></tr> <tr><td></td><td></td><td style="text-align: center;">0</td><td></td></tr> <tr><td style="text-align: center;">2,032,572</td><td></td><td style="text-align: center;">827,547</td><td></td></tr> <tr><td style="text-align: center;">56,809</td><td></td><td style="text-align: center;">42,087</td><td></td></tr> <tr><td style="text-align: center;">5,494,057</td><td></td><td style="text-align: center;">11,305,102</td><td></td></tr> </table>	Prior Year		Current Year		3,404,676		10,435,468				0		2,032,572		827,547		56,809		42,087		5,494,057		11,305,102																					
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 100,466 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Prior Year</th><th colspan="2">Current Year</th></tr> <tr><td style="text-align: center;">2,734,441</td><td></td><td style="text-align: center;">1,870,684</td><td></td></tr> <tr><td></td><td></td><td style="text-align: center;">0</td><td></td></tr> <tr><td style="text-align: center;">199,256</td><td></td><td style="text-align: center;">172,870</td><td></td></tr> <tr><td></td><td></td><td style="text-align: center;">0</td><td></td></tr> <tr><td style="text-align: center;">455,886</td><td></td><td style="text-align: center;">187,530</td><td></td></tr> <tr><td style="text-align: center;">3,389,583</td><td></td><td style="text-align: center;">2,231,084</td><td></td></tr> <tr><td style="text-align: center;">2,104,474</td><td></td><td style="text-align: center;">9,074,018</td><td></td></tr> </table>	Prior Year		Current Year		2,734,441		1,870,684				0		199,256		172,870				0		455,886		187,530		3,389,583		2,231,084		2,104,474		9,074,018													
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3,389,583		2,231,084																																												
2,104,474		9,074,018																																												
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Beginning of Current Year</th><th colspan="2">End of Year</th></tr> <tr><td style="text-align: center;">8,978,148</td><td></td><td style="text-align: center;">18,679,635</td><td></td></tr> <tr><td style="text-align: center;">981,142</td><td></td><td style="text-align: center;">1,608,611</td><td></td></tr> <tr><td style="text-align: center;">7,997,006</td><td></td><td style="text-align: center;">17,071,024</td><td></td></tr> </table>	Beginning of Current Year		End of Year		8,978,148		18,679,635		981,142		1,608,611		7,997,006		17,071,024																													
Beginning of Current Year		End of Year																																												
8,978,148		18,679,635																																												
981,142		1,608,611																																												
7,997,006		17,071,024																																												

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">MIKE DIXON</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
------------------	---	--

Paid Preparer Use Only	Print/Type preparer's name <p>JULIE UHER</p> Firm's name <p style="text-align: center;">Holt & Associates PLLC</p> Firm's address <p style="text-align: center;">2815 Highway 15 N Laurel, MS 39440</p>	Preparer's signature Date <p>10/06/21</p>	Check <input type="checkbox"/> if self-employed PTIN <p>P00001433</p> Firm's EIN <p style="text-align: center;">64-0886275</p> Phone no. <p style="text-align: center;">601-649-3000</p>
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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 \$ **1,767,568** including grants of \$ **1,721,104**) (Revenue \$)
CONTRIBUTIONS AND PROGRAM SERVICE DISBURSEMENTS FOR CHARITABLE PURPOSES.

4b (Code:) (Expenses \$ **149,580** including grants of \$ **149,580**) (Revenue \$)
SCHOLARSHIPS. THE FOUNDATIONS GRANTS SCHOLARSHIPS FOR STUDENTS ATTENDING INSTITUTIONS OF HIGHER EDUCATION.

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

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

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

4e Total program service expenses **1,917,148**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Section 501(c)(3) organizations. 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? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included 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
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

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

**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) TERRI BELL SECRETARY	0.00 0.00	X		X				0	0	0
(2) PHIL HANBERRY VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(3) LOU MAPP PRESIDENT	0.00 0.00	X		X				0	0	0
(4) SEAN PRIEBE TREASURER	0.00 0.00	X		X				0	0	0
(5) BRADY RAANES PAST PRESIDENT	0.00 0.00	X		X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Subtotal
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with columns Yes, No. Rows 3, 4, 5 regarding compensation reporting requirements.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with columns (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,435,468				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		10,435,468				
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			827,547	827,547		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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)						
	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)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS INCOME		Business Code	22,036	22,036		
	b RENTAL INCOME			13,182		13,182	
	c MANAGEMENT FEES			6,869	6,869		
	d All other revenue						
	e Total. Add lines 11a-11d			42,087			
12 Total revenue. See instructions			11,305,102	856,452	0	13,182	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,721,104	1,721,104		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	149,580	149,580		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	145,225	36,756	48,880	59,589
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	14,280	5,057	4,140	5,083
10 Payroll taxes	13,365	2,812	5,974	4,579
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	52,645		52,645	
12 Advertising and promotion	268			268
13 Office expenses	1,559		1,559	
14 Information technology				
15 Royalties				
16 Occupancy	12,799		12,799	
17 Travel	676		676	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,509		1,509	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,200	1,839	14,361	
23 Insurance	2,248		2,248	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT	54,884		54,884	
b EVENT EXPENSE	30,947			30,947
c BANK CHARGES	4,215		4,215	
d PRINTING	3,890		3,890	
e All other expenses	5,690		5,690	
25 Total functional expenses. Add lines 1 through 24e	2,231,084	1,917,148	213,470	100,466
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,275,836	1	2,451,223
	2	Savings and temporary cash investments	135,835	2	6,930,063
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	140,618	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	925,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,289	9	2,478
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	316,825		
	10b	Less: accumulated depreciation	113,653	10c	203,172
	11	Investments—publicly traded securities	7,204,197	11	8,167,699
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,978,148	16	18,679,635	
Liabilities	17	Accounts payable and accrued expenses	241,707	17	11,750
	18	Grants payable		18	
	19	Deferred revenue		19	21,400
	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	739,435	25	1,575,461
	26	Total liabilities. Add lines 17 through 25	981,142	26	1,608,611
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	517,321	27	577,730
	28	Net assets with donor restrictions	7,479,685	28	16,493,294
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	7,997,006	32	17,071,024	
33	Total liabilities and net assets/fund balances	8,978,148	33	18,679,635	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,305,102
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,231,084
3	Revenue less expenses. Subtract line 2 from line 1	3	9,074,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,997,006
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,071,024

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.

2020

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,890,754	3,471,486	2,621,027	3,998,170	10,435,468	22,416,905
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,890,754	3,471,486	2,621,027	3,998,170	10,435,468	22,416,905
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						22,416,905

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,890,754	3,471,486	2,621,027	3,998,170	10,435,468	22,416,905
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on				1,100,878		1,100,878
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			13,988	10,186	13,182	37,356
11 Total support. Add lines 7 through 10						23,555,139

12 Gross receipts from related activities, etc. (see instructions) 12 2,348,502

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 95.17 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 92.79 %

16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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 **\$ 24,174**

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PINEBELT FOUNDATION

Employer identification number

72-1390352

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	66	
2 Aggregate value of contributions to (during year)	2,021,328	
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	2,659,017	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,351,666	4,742,035	4,458,122	3,268,080	2,973,275
b Contributions	7,203,603	600,079	810,377	859,509	261,871
c Net investment earnings, gains, and losses	687,155	942,156	-248,999	480,465	-222,910
d Grants or scholarships	191,588	164,028	277,465	149,932	189,976
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13,050,836	5,351,666	4,742,035	4,458,122	3,268,080

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **1.00** %
 - b** Permanent endowment %
 - c** Term endowment **99.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD IN AGENCY ENDOWMENT	824,278
(3) REFUNDABLE ADVANCES	712,823
(4) REFUNDABLE ADVANCES	38,360
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,575,461

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

2020

**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)	ARC- PINEBELT REGION, INC. 2263 MILLCREEK ROAD LAUREL MS 39443	64-0408701	501C3	5,300				SUPPORT
(2)	ARC- FORREST COUNTY PO BOX 18800 HATTIESBURG MS 39404	64-0685174	501C3	11,691				SUPPORT
(3)	BEHOLD ISRAEL PO BOX 689 MONUMENT CO 80132	47-1532020	501C3	10,000				SUPPORT
(4)	BAPTIST MEDICAL AND DENTAL MISSION 11 PLAZA DRIVE HATTIESBURG MS 39402	64-0811705	501C3	35,933				SUPPORT
(5)	CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO FL 32862	95-6006173	501C3	6,600				SUPPORT
(6)	CANCER PATIENT TRAVEL ASSITANCE FUN 1501 ADELIN ST HATTIESBURG MS 39401	72-1390352	501C3	8,550				SUPPORT
(7)	CHILDRENS OF MISSISSIPPI 2500 N. STATE STREET JACKSON MS 39216	23-7310293	501C3	12,691				SUPPORT
(8)	CHRISTIAN SERVICES INC 301 E. 2ND STREET HATTIESBURG MS 39401	64-0730855	501C3	18,531				SUPPORT
(9)	COMMON GROUND BAPTIST CHURCH PO BOX 384 HAMPTON AR 71744	62-1698124	501C3	90,000				SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58**
- 3 Enter total number of other organizations listed in the line 1 table **0**

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Name of the organization

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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	501C3	9,632				SUPPORT
(2)	DWELL PO BOX 2398 LAUREL MS 39442	83-2622735	501C3	6,491				SUPPORT
(3)	EDWARDS STREET PO BOX 17532 HATTIESBURG MS 39404	64-0698304	501C3	47,102				SUPPORT
(4)	EKKLESIA PO BOX 641 HATTIESBURG MS 39403	26-0766661	501C3	6,000				SUPPORT
(5)	THE EXTRA TABLE PO BOX 17318 HATTIESBURG MS 39404	27-3779135	501C3	21,000				SUPPORT
(6)	FIRST BAPTIST CHURCH OF HATTIESBURG 4142 LINCOLN RD EXT HATTIESBURG MS 39402	64-0320085	501C3	150,000				SUPPORT
(7)	FIRST BRIDGE 992 HWY 42 PETAL MS 39465	84-1894671	501C3	23,260				SUPPORT
(8)	FIRST PRESBYTERIAN CHURCH OF HATTIE 4901 HARDY STREET HATTIESBURG MS 39401	64-0888652	501C3	5,745				SUPPORT
(9)	FORREST COUNTY SHERIFFS BENEVOLENCE 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	16,076				SUPPORT

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

**SCHEDULE I
(Form 990)**

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.
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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)	FORREST COUNTY SHERIFFS EQUIPMENT 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	72,009				SUPPORT
(2)	FORREST GENERAL HEALTHCARE FOUND PO BOX 19010 HATTIESBURG MS 39404	20-4960499	501C3	10,000				SUPPORT
(3)	GLORY HOUSE PO BOX 503 LAUREL MS 39441	82-5325912	501C3	72,691				SUPPORT
(4)	GREATER BEAVER MEADOW MISSIONARY PO BOX 907 HEIDELBERG MS 39439	64-0685077	501C3	11,395				SUPPORT
(5)	HATTIESBURG HUNDRED 1507 HARDY STREET SUITE 208 HATTIESBURG MS 39401	72-1390352	501C3	5,728				SUPPORT
(6)	HEALTH INSURANCE PREMIUM ASSISTANCE 1507 HARDY STREET SUITE 208 HATTIESBURG MS 39401	72-1390352	501C3	250,615				SUPPORT
(7)	HOMES OF HOPE PO BOX 18496 HATTIESBURG MS 39404	74-3067795	501C3	31,000				SUPPORT
(8)	HUB CITY HUMANE SOCIETY 95 JACKSON RD HATTIESBURG MS 39402	27-5160904	501C3	9,500				SUPPORT
(9)	INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DR #206 NORTH HOLLYWOOD CA 91607	95-4296919	501C3	20,000				SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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2020

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Department of the Treasury
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Name of the organization

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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)	JEFFERSON DAVIS COUNTY SCHOOLS PO BOX 1197 PRENTISS MS 39474	64-6009027	GOV	20,000				
(2)	KIDS HUB PO BOX 462 HATTIESBURG MS 39403	47-1398969	501C3	9,228				SUPPORT
(3)	LAUGHS 4 LIFE 1507 HARDY ST., SUITE 208 HATTIESBURG MS 39401	72-1390352	501C3	32,251				SUPPORT
(4)	MAIN STREET METHODIST PO BOX 1009 HATTIESBURG MS 39403	64-0366879	501C3	10,000				SUPPORT
(5)	MCCANN MEMORIAL TEMPLE PO BOX 2101 HATTIESBURG MS 39403	83-2147515	501C3	9,820				SUPPORT
(6)	MIDTOWN MERCHANTS 1501 ADELINE STREET HATTIESBURG MS 39401	72-1390352	501C3	6,069				SUPPORT
(7)	MS CENTER FOR LEGAL SERVICES PO DRAWER 1728 HATTIESBURG MS 39403	64-0612891	501C3	12,000				SUPPORT
(8)	OSELA MCCARTY YOUTH DEVELOPMENT 607 MCSWAIN STREET HATTIESBURG MS 39401	43-2006484	501C3	11,913				SUPPORT
(9)	PETAL CHILDRENS TASK FORCE 314 SOUTH GEORGE STREET PETAL MS 39465	64-0897384	501C3	24,000				SUPPORT

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

**SCHEDULE I
(Form 990)**

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.
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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 HATTIESBURG MS 39402	44-0610626	501C3	9,000				SUPPORT
(2)	PINE BURR AREA COUNCIL 1318 HARDY STREET HATTIESBURG MS 39401	64-0303072	501C3	15,231				SUPPORT
(3)	PINEBELT FOUNDATION 1501 ADELINE ST HATTIESBURG MS 39401	72-1390352	501C3	17,039				SUPPORT
(4)	R3SM, INC 301 BUSCHMAN STREET HATTIESBURG MS 39403	26-1666534	501C3	63,020				SUPPORT
(5)	REAL LIFE OUTREACH, INC PO BOX 16056 HATTIESBURG MS 39404	30-0222371	501C3	10,000				SUPPORT
(6)	RESTORE JONES COUNTY PO BOX 503 LAUREL MS 39441	82-5325912	501C3	16,200				SUPPORT
(7)	RISE 411 N. 38TH AVE HATTIESBURG MS 39402	26-4832804	501C3	17,955				SUPPORT
(8)	SACRED HEART CATHOLIC CHURCH 608 SOUTHERN AVE HATTIESBURG MS 39401	64-0868195	501C3	11,401				SUPPORT
(9)	SACRED HEART CATHOLIC SCHOOL 608 SOUTHERN AVE HATTIESBURG MS 39401	67-0868195	501C3	6,655				SUPPORT

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**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)	SAINT FABIAN CHURCH 5266 OLD HWY 11 HATTIESBURG MS 39402	46-4470174	501C3	23,000				SUPPORT
(2)	SAMARITANS CLOSET & PANTRY PO BOX 408 WAYNESBORO MS 39367	47-4025298	501C3	14,930				SUPPORT
(3)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	501C3	14,000				SUPPORT
(4)	SOMA 8505 SARAN DR PLAYA DEL REY CA 90293	26-0219159	501C3	7,200				SUPPORT
(5)	SOUTHERN CROSS ANIMAL RESCUE PO BOX 2007 LAUREL MS 39442	80-0925018	501C3	10,000				SUPPORT
(6)	SOUTHERN PINES ANIMAL SHELTER 1901 N. 31ST AVE HATTIESBURG MS 39401	64-0514796	501C3	5,635				SUPPORT
(7)	TEMPLE BAPTIST CHURCH 5220 OLD HWY 11 HATTIESBURG MS 39402	64-0329898	501C3	15,000				SUPPORT
(8)	THE FAMILY YMCA 3179 VETERANS MEMORIAL DRIVE HATTIESBURG MS 39401	64-0340760	501C3	36,493				SUPPORT
(9)	THE JACKSON TIGERS AAU PO BOX 2916 JACKSON MS 39207	64-0899239	501C3	10,000				SUPPORT

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**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)	UNITED WAY OF SOUTHEAST MISSISSIPPI PO BOX 1648 HATTIESBURG MS 39403	64-0410475	501C3	14,435				SUPPORT
(2)	WESTMINISTER PRESBYTERIAN CHURCH 115 N 25TH AVE HATTIESBURG MS 39401	64-0476822	501C3	10,200				SUPPORT
(3)	WILDERNESS REFUGE 53 REDFERN TRAIL PETAL MS 39465	83-1765799	501C3	7,533				SUPPORT
(4)	WOODLAWN UNITED PENTECOSTAL CHURCH 1452 HWY 98E COLUMBIA MS 39429	64-0685406	501C3	90,000				SUPPORT
(5)								
(6)								
(7)								
(8)								
(9)								

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

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	236	149,580			
2					
3					
4					
5					
6					
7					

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

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

FUND DISBURSEMENTS ARE ADMINISTERED IN ACCORDANCE WITH FUND AGREEMENTS.

Part IV - Additional Information

FUND DISBURSEMENTS ARE ADMINISTERED IN ACCORDANCE WITH FUND AGREEMENTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**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

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

Go to 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

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) PINEBELT FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 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 Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 18,679,635			

G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity
H Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<input type="checkbox"/>
J Enter the number of attached Schedules A (Form 990-T)	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Part I Total Unrelated Business Taxable income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d		1e		
2 Subtract line 1e from Part II, line 7		2		
3 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 (attach statement)		3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4		0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		
6a Payments: A 2019 overpayment credited to 2020	6a			
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g			
7 Total payments. Add lines 6a through 6g		7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>		8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded		11		

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

	Yes	No
1 At any time during the 2020 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		X
2 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.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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.					May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
			EXECUTIVE DIRECTOR			
	Signature of officer	Date	Title	Check <input type="checkbox"/> if self-employed	PTIN	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature		Date	self-employed	PTIN
	JULIE UHER			10/06/21		P00001433
	Firm's name	Firm's EIN			Phone no.	
	Holt & Associates PLLC	64-0886275			601-649-3000	
	Firm's address	Firm's address				
	2815 Highway 15 N	Laurel, MS 39440				

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 366 x 5% (0.05)	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 366 x 3% (0.03)	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 366 x 3% (0.03)	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 3% (0.03)	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x *%	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x *%	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x *%	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 365 x *%	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns			38 \$	

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

Part II Annualized Income Installment Method

	(a)	(b)	(c)	(d)
	First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20 Annualization periods (see instructions)	20			
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21			
22 Annualization amounts (see instructions)	22 6.00000	22 4.00000	22 2.00000	22 1.33333
23a Annualized taxable income. Multiply line 21 by line 22	23a			
b Extraordinary items (see instructions)	23b			
c Add lines 23a and 23b	23c			
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24			
25 Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25			
26 Enter any other taxes for each payment period. See instructions	26			
27 Total tax. Add lines 24 through 26	27			
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28			
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29 0	29 0	29 0	29 0
30 Applicable percentage	30 25%	30 50%	30 75%	30 100%
31 Multiply line 29 by line 30	31			

Part III Required Installments

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

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

Form 2220 Worksheet

Form **2220**

2020

For calendar year 2020, 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>07/15/20</u>	<u>07/15/20</u>	<u>09/15/20</u>	<u>12/15/20</u>
Amount of underpayment	_____	_____	_____	_____
Prior year overpayment applied	_____			
	1st Payment	2nd Payment	3rd Payment	4th Payment
Date of payment	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

PINEBELT FOUNDATION

Identifying number
72-1390352

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 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 2021. 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	15,412

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 2020	17	788
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,200
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.

Form **4562** (2020)

DAA

There are no amounts for Page 2

72-1390352

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
42	SOFA-GREEN-OFFICE MGR	6/30/14	85		X	42	7 MQ200DB	80	4
43	HAT RACK-FOYER	6/30/14	10		X	5	7 MQ200DB	9	1
45	FRIDGE-WHITE-KITCHEN	6/30/14	300		X	150	7 MQ200DB	282	13
46	CONFERENCE TABLE W/10 CHAIRS-BI	6/30/14	100		X	50	7 MQ200DB	94	4
50	SERVER-ED	12/28/16	2,632		X	1,316	5 MQ200DB	2,362	144
67	ROOF	7/31/19	24,243			24,243	39 MMS/L	285	622
			<u>27,370</u>			<u>25,806</u>		<u>3,112</u>	<u>788</u>
Other Depreciation:									
1	TASK CHAIR-BLUE-INTERN	2/29/08	93			93	7 MO S/L	93	0
2	CHAIR-BLACK-INTERN	2/29/08	32			32	7 MO S/L	32	0
4	4 DR LETTER FILE CABINET-INTERN	2/29/08	157			157	7 MO S/L	157	0
7	WOOD DESK-INTERN	3/06/08	641			641	7 MO S/L	641	0
8	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	181			181	7 MO S/L	181	0
9	BLUE SIDE CHAIR-RENTAL SPACE 1	3/06/08	181			181	7 MO S/L	181	0
18	OFFICE MGR DESK-GREY	3/21/08	406			406	7 MO S/L	406	0
20	THINK CENTRE PC-INTERN	4/08/08	1,048			1,048	5 MO S/L	1,048	0
23	CREDENZA- DONATED-GREY-DEV DII	6/30/08	250			250	7 MO S/L	250	0
24	2 DR FIRE PROOF CABINET-DONATEL	6/30/08	350			350	7 MO S/L	350	0
28	BOOK SHELF-TRADE IN-INTERN	10/13/09	264			264	7 MO S/L	264	0
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	856	214
51	APPLE LAPTOP-ED	12/01/17	1,636			1,636	5 MO S/L	682	327
52	COMPUTER-OFFICE MGR	3/01/17	910			910	5 MO S/L	515	182
53	DESK-MOVABLE ED	12/01/17	490			490	7 MO S/L	146	70
54	LAPTOP- DEV DIR	9/01/17	803			803	5 MO S/L	375	160
55	1501 ADELINE BUILDING-DONATED	5/26/17	175,000			175,000	39 MO S/L	11,592	4,487
56	MONITOR-OFFICE MANAGER	1/11/18	250			250	5 MO S/L	100	50
57	32 BLACK FOLDING CHAIRS	1/01/18	685			685	5 MO S/L	274	137
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185			185	5 MO S/L	49	37
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436			436	5 MO S/L	175	87
60	TV & MOUNT EQUIP	2/15/18	311			311	5 MO S/L	119	62
61	SOFA-EXEC DIR	2/01/18	150			150	5 MO S/L	58	30
62	SHARK VACUUM	1/01/18	150			150	5 MO S/L	60	30
63	PANASONIC PHONE SYSTEM	2/01/18	120			120	5 MO S/L	46	24
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180			180	5 MO S/L	72	36
65	COPIER	6/01/18	2,100			2,100	5 MO S/L	665	420
66	AKOYA SOFTWARE	12/02/19	27,178			27,178	3 MO Amort	755	9,059
	Total Other Depreciation		<u>289,457</u>			<u>289,457</u>		<u>94,342</u>	<u>15,412</u>
	Total ACRS and Other Depreciation		<u>289,457</u>			<u>289,457</u>		<u>94,342</u>	<u>15,412</u>
	Grand Totals		316,827			315,263		97,454	16,200
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>316,827</u>			<u>315,263</u>		<u>97,454</u>	<u>16,200</u>

72-1390352

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
42	SOFA-GREEN-OFFICE MGR	6/30/14	85		X	42	7 MQ200DB	80	4
43	HAT RACK-FOYER	6/30/14	10		X	5	7 MQ200DB	9	1
45	FRIDGE-WHITE-KITCHEN	6/30/14	300		X	150	7 MQ200DB	282	13
46	CONFERENCE TABLE W/10 CHAIRS-BI	6/30/14	100		X	50	7 MQ200DB	94	4
50	SERVER-ED	12/28/16	2,632		X	1,316	5 MQ200DB	2,362	144
67	ROOF	7/31/19	24,243			24,243	39 MMS/L	285	622
			<u>27,370</u>			<u>25,806</u>		<u>3,112</u>	<u>788</u>
Other Depreciation:									
1	TASK CHAIR-BLUE-INTERN	2/29/08	0			0	0 HY	0	0
2	CHAIR-BLACK-INTERN	2/29/08	0			0	0 HY	0	0
4	4 DR LETTER FILE CABINET-INTERN	2/29/08	0			0	0 HY	0	0
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	856	214
51	APPLE LAPTOP-ED	12/01/17	1,636			1,636	5 MO S/L	682	327
52	COMPUTER-OFFICE MGR	3/01/17	910			910	5 MO S/L	515	182
53	DESK-MOVABLE ED	12/01/17	490			490	7 MO S/L	146	70
54	LAPTOP- DEV DIR	9/01/17	803			803	5 MO S/L	375	160
55	1501 ADELINE BUILDING-DONATED	5/26/17	175,000			175,000	39 MO S/L	11,592	4,487
56	MONITOR-OFFICE MANAGER	1/11/18	250			250	5 MO S/L	100	50
57	32 BLACK FOLDING CHAIRS	1/01/18	685			685	5 MO S/L	274	137
58	ROYAL 18 PG CROSS CUT SHREDDER	8/16/18	185			185	5 MO S/L	49	37
59	8 WHITE PLASTIC FOLDING TABLES	1/01/18	436			436	5 MO S/L	175	87
60	TV & MOUNT EQUIP	2/15/18	311			311	5 MO S/L	119	62
61	SOFA-EXEC DIR	2/01/18	150			150	5 MO S/L	58	30
62	SHARK VACUUM	1/01/18	150			150	5 MO S/L	60	30
63	PANASONIC PHONE SYSTEM	2/01/18	120			120	5 MO S/L	46	24
64	SLIVER CABINET-FOYER (DONATED)	1/01/18	180			180	5 MO S/L	72	36
65	COPIER	6/01/18	2,100			2,100	5 MO S/L	665	420
	Total Other Depreciation		<u>184,476</u>			<u>184,476</u>		<u>15,784</u>	<u>6,353</u>
	Total ACRS and Other Depreciation		<u>184,476</u>			<u>184,476</u>		<u>15,784</u>	<u>6,353</u>
	Grand Totals		211,846			210,282		18,896	7,141
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>211,846</u>			<u>210,282</u>		<u>18,896</u>	<u>7,141</u>

72-1390352

Bonus Depreciation Report

FYE: 12/31/2020

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
Grand Total			<u>27,370</u>		<u>0</u>	<u>0</u>	<u>1,564</u>	<u>25,806</u>

72-1390352

Depreciation Adjustment Report

FYE: 12/31/2020

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	42	SOFA-GREEN-OFFICE MGR	4	4	0
Page 1	1	43	HAT RACK-FOYER	1	1	0
Page 1	1	45	FRIDGE-WHITE-KITCHEN	13	13	0
Page 1	1	46	CONFERENCE TABLE W/10 CHAIRS-BURG'	4	4	0
Page 1	1	50	SERVER-ED	144	144	0
Page 1	1	67	ROOF	622	622	0
				<u>788</u>	<u>788</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
42	SOFA-GREEN-OFFICE MGR	6/30/14	85	1	1
43	HAT RACK-FOYER	6/30/14	10	0	0
45	FRIDGE-WHITE-KITCHEN	6/30/14	300	5	5
46	CONFERENCE TABLE W/10 CHAIRS-BURG	6/30/14	100	2	2
50	SERVER-ED	12/28/16	2,632	126	126
67	ROOF	7/31/19	24,243	621	621
			<u>27,370</u>	<u>755</u>	<u>755</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	0	0
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	161	161
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	9,060	0
	Total Other Depreciation		<u>289,457</u>	<u>15,200</u>	<u>6,140</u>
	Total ACRS and Other Depreciation		<u>289,457</u>	<u>15,200</u>	<u>6,140</u>
	Grand Totals		<u>316,827</u>	<u>15,955</u>	<u>6,895</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

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

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	3,404,676	10,435,468	7,030,792
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	2,032,572	827,547	-1,205,025
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	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	56,809	42,087	-14,722
	12. Total revenue. Add lines 1 through 11	5,494,057	11,305,102	5,811,045
Expenses	13. Grants and similar amounts paid	2,734,441	1,870,684	-863,757
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	199,256	172,870	-26,386
	17. Professional fundraising fees			
	18. Other professional fees	41,171	52,645	11,474
	19. Occupancy, rent, utilities, and maintenance	7,744	12,799	5,055
	20. Depreciation and Depletion	7,599	16,200	8,601
	21. Other expenses	399,372	105,886	-293,486
	22. Total expenses. Add lines 13 through 21	3,389,583	2,231,084	-1,158,499
	23. Excess or (Deficit). Subtract line 22 from line 12	2,104,474	9,074,018	6,969,544
Other Information	24. Total exempt revenue	5,494,057	11,305,102	5,811,045
	25. Total unrelated revenue	1,101,878		-1,101,878
	26. Total excludable revenue	987,503	869,634	-117,869
	27. Total assets	8,978,148	18,679,635	9,701,487
	28. Total liabilities	981,142	1,608,611	627,469
	29. Retained earnings	7,997,006	17,071,024	9,074,018
	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			

Form 990T	Two Year Comparison Report	2019 & 2020
Name _____ For calendar year 2020, or tax year beginning _____, ending _____		Taxpayer Identification Number 72-1390352

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

		2019	2020	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.	8,963	-8,963
	4. Rent income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Income from controlled organizations (net of expense)	6.		
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.	1,092,915	-1,092,915
	11. Total trade or business income. Combine lines 1 through 10	11.	1,101,878	-1,101,878
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. Total deductions. Add lines 12 through 22	23.		
	24. Net income (990T/first activity); Subtract line 23 from 11	24.	1,101,878	-1,101,878
	25. Number of unrelated business activities for this return	25.	1	-1
26. Unrelated business taxable income from all trades	26.	1,101,878	-1,101,878	
27. Disallowed employee fringe benefits	27.			
28. Charitable contributions	28.			
29. Taxable income before NOL loss	29.	1,101,878	-1,101,878	
30. Net operating loss (pre-2018)	30.			
31. Specific deduction	31.	1,000	1,000	
32. Unrelated business taxable income.	32.	1,100,878	-1,100,878	
Tax & Credits	33. Income tax (corporate or trust)	33.	231,184	-231,184
	34. Proxy tax	34.		
	35. Other taxes	35.		
	36. Total taxes	36.	231,184	-231,184
	37. Other credits	37.		
	38. General business credit	38.		
	39. Credit for prior year minimum tax	39.		
	40. Total credits	40.		
	41. Net tax after credits	41.	231,184	-231,184
	42. Recapture taxes and 965 tax	42.		
	43. Total Taxes	43.	231,184	-231,184
Due/Refund	44. Prior year overpayment and estimated tax payments	44.		
	45. Payment made with extension	45.	235,998	-235,998
	46. Backup withholding and foreign withholding	46.		
	47. Other payments	47.		
	48. Total payments	48.	235,998	-235,998
	49. Balance due/(Overpayment)	49.	-4,814	4,814
	50. Overpayment applied to next year	50.		
	51. Penalties	51.	4,814	-4,814
52. Total due/(Refund)	52.			

Form 990	Tax Return History	2020
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Name PINEBELT FOUNDATION	Employer Identification Number 72-1390352
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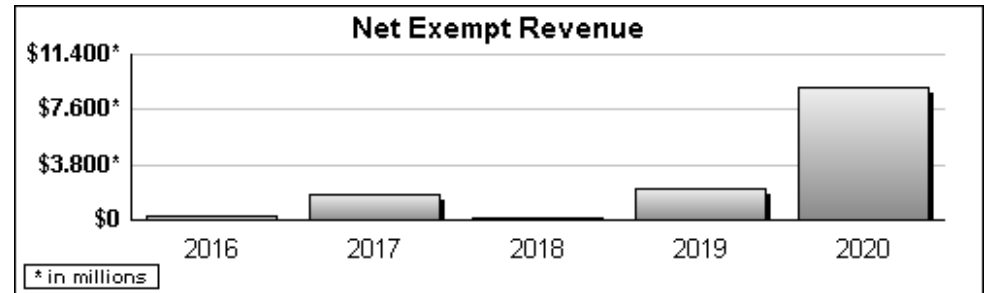
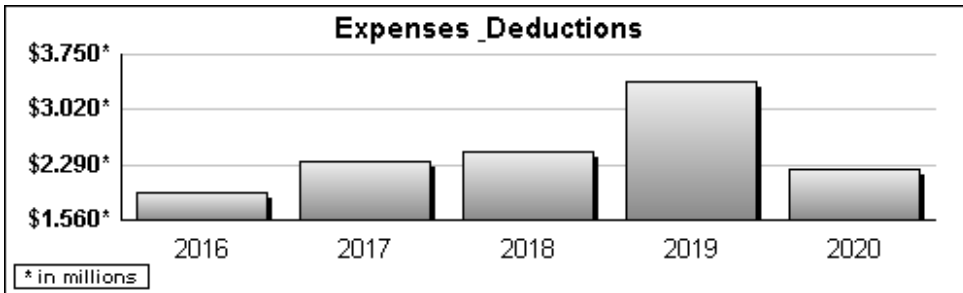
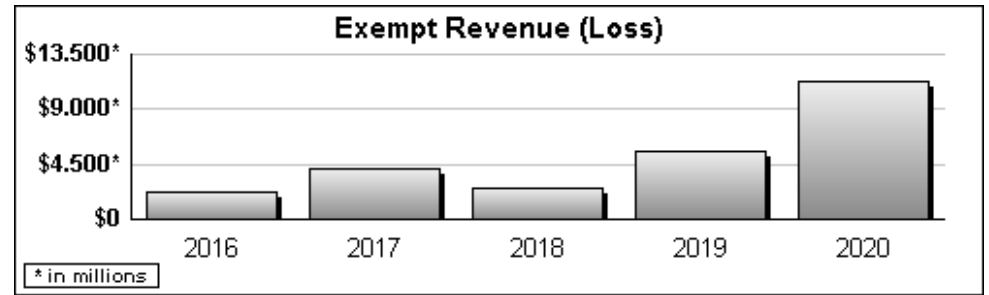
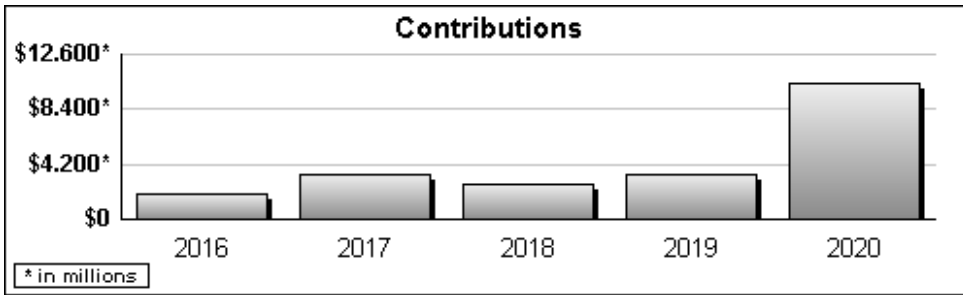
	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	1,890,754	3,471,486	2,614,391	3,404,676	10,435,468	
Membership dues						
Program service revenue						
Capital gain or loss			-242			
Investment income	227,220	497,850	-246,482	2,032,572	827,547	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	32,534	118,900	160,686	56,809	42,087	
Total revenue	2,150,508	4,088,236	2,528,353	5,494,057	11,305,102	
Grants and similar amounts paid	1,688,461	2,039,978	2,125,956	2,734,441	1,870,684	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	129,682	167,854	170,014	199,256	172,870	
Professional fees	22,420	28,749	34,377	41,171	52,645	
Occupancy costs	14,976	11,448	14,462	7,744	12,799	
Depreciation and depletion	12,119	3,764	6,512	7,599	16,200	
Other expenses	59,278	72,980	99,612	399,372	105,886	
Total expenses	1,926,936	2,324,773	2,450,933	3,389,583	2,231,084	
Excess or (Deficit)	223,572	1,763,463	77,420	2,104,474	9,074,018	
Total exempt revenue	2,150,508	4,088,236	2,528,353	5,494,057	11,305,102	
Total unrelated revenue		2,233		1,101,878		
Total excludable revenue	259,754	614,517	-86,038	987,503	869,634	
Total Assets	4,605,949	6,475,338	6,519,935	8,978,148	18,679,635	
Total Liabilities	568,053	673,979	627,403	981,142	1,608,611	
Net Fund Balances	4,037,896	5,801,359	5,892,532	7,997,006	17,071,024	

Form 990T	Tax Return History	2020
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Name PINEBELT FOUNDATION	Employer Identification Number 72-1390352
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* Income shown net of expenses

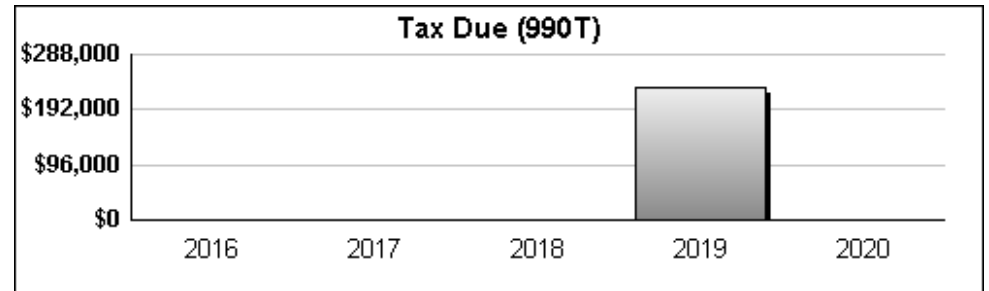
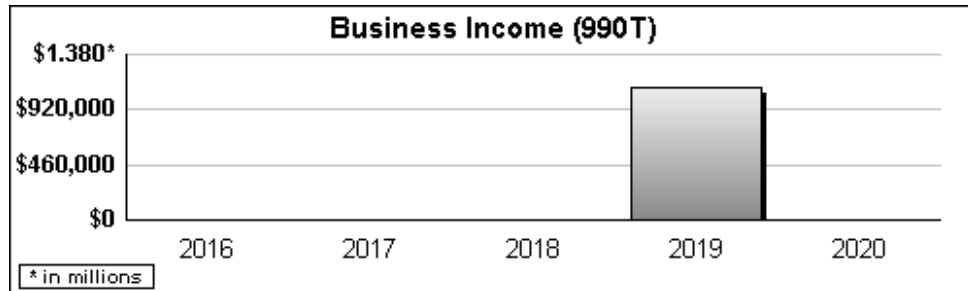
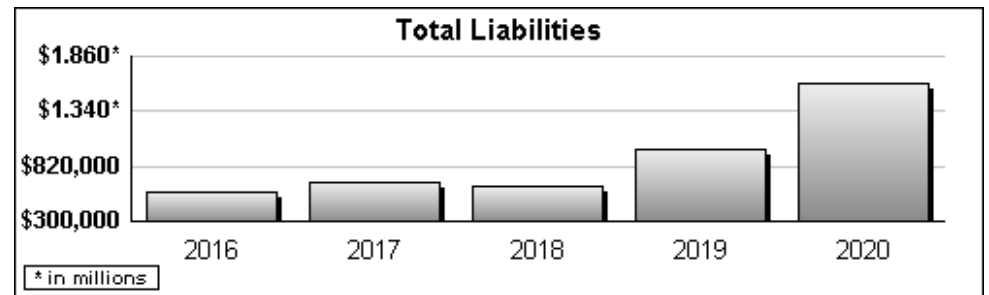
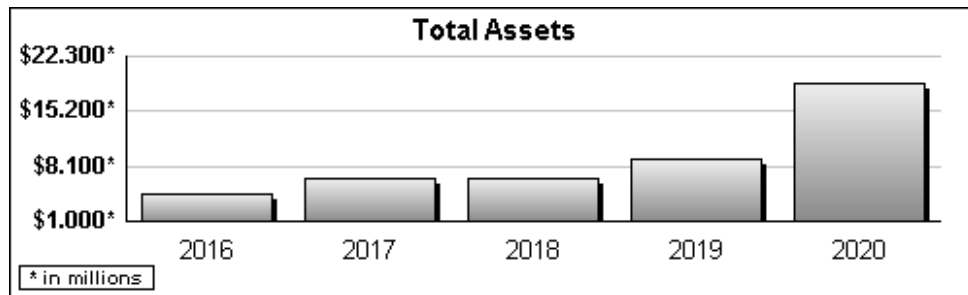
	2016	2017	2018	2019	2020	2021
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss				8,963		
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		2,233		1,092,915		
Total trade or business income.		2,233		1,101,878		
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance		379				
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History	2020
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Name PINEBELT FOUNDATION	Employer Identification Number 72-1390352
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	2016	2017	2018	2019	2020	2021
Other deductions		3,891				
Net income (990T/first activity)		-2,037		1,101,878		
UBTI from all trades	0	0	0	1,101,878	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				1,100,878		
Income tax (corporate or trust)				231,184		
Other taxes						
Total taxes				231,184		
General business credit						
Other credits						
Net tax after credits				231,184		
Estimated tax payments						
Other payments				471,996		
Balance due/Overpayment				-240,812		



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	\$ 854,153					
LESS: LESS INVESTMENT FEES	-26,606					
Total	<u>\$ 827,547</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	\$ 52,645	\$	\$ 52,645	\$
Total	\$ 52,645	\$ 0	\$ 52,645	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 3,150	\$	\$ 3,150	\$
DUES	1,810		1,810	
POSTAGE	730		730	
Total	\$ 5,690	\$ 0	\$ 5,690	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
VARIOUS CONTRIBUTORS	\$ 1,558,901
FUNDRAISING	50,835
FORREST GENERAL HOSPITAL	
Cash Contribution	248,485
PEARL RIVER VALLEY	
Cash Contribution	213,942
STATE OF MS DEPARTMENT OF FINANCE	
Cash Contribution	934,335
USB DONOR ADVISED FUND	
Cash Contribution	375,750
VENDORIN, LLC	
Cash Contribution	6,803,220
BCBS MS FOUNDATION	
Cash Contribution	250,000
Total	<u>\$ 10,435,468</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
RENTAL INCOME	\$ 13,182
Total	<u>\$ 13,182</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
INTEREST & DIVIDEND INCOME	\$ 854,153
LESS: LESS INVESTMENT FEES	-26,606
MISCELLANEOUS INCOME	22,036
MANAGEMENT FEES	6,869
Total	<u>\$ 856,452</u>