

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning 10/01/00, and ending 9/30/01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: PINE CASTLE, INC. D Employer ID number: 59-0704733. E Telephone number: 904-733-2650. F Check if application pending.

G Org type (check only one) 501(c)(3) (insert no) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990EZ)

J Accounting method Cash Accrual Other (specify)

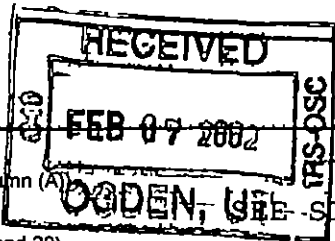
K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return

Note H and I are not applicable to section 527 orgs. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN) L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with columns for line number, description, and amount. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a-6c Rental income; 7 Other investment income; 8a-8d Sales of assets other than inventory; 9 Special events and activities; 10a-10c Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18 Excess or (deficit) for the year; 19-21 Net assets or fund balances.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	1,675,713	330,853	82,096
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	458,947	77,878	17,469
30	Professional fundraising fees	30	45,232	5,188	40,044
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	118,663	11,634	5,262
34	Telephone	34	22,254	2,869	868
35	Postage and shipping	35	7,826	831	1,346
36	Occupancy	36	102,906	6,182	615
37	Equipment rental and maintenance	37	74,989	1,850	185
38	Printing and publications	38	17,605	2,596	10,659
39	Travel	39	320,813	3,580	471
40	Conferences, conventions, and meetings	40			
41	Interest	41	15,502	15,502	
42	Depreciation, depletion, etc (att. sch.)	42	133,138	9,597	956
43	Other expenses (itemize) a	43a			
	b SEE STATEMENT	43b	202,256	45,231	5,657
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,195,844	498,289	165,628

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)
<p>SEE STATEMENT</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	
<p>a ADULT DAY TRAINING - PROVIDES ON-THE-JOB TRAINING FOR THOSE MEMBERS WHO ARE POTENTIALLY EMPLOYABLE IN THE COMMUNITY OR WITHIN THE ORG.</p> <p>(Grants and allocations \$ _____)</p>	1,188,237
<p>b GROUP HOMES - PROVIDES MEMBERS THE OPPORTUNITY TO LIVE IN RESIDENTIAL HOUSING WITHIN A COMMUNITY ENVIRONMENT.</p> <p>(Grants and allocations \$ _____)</p>	915,579
<p>c SUPPORTED EMPLOYMENT - PROVIDES ON-THE-JOB TRAINING FOR THOSE MEMBERS WHO ARE POTENTIALLY EMPLOYABLE IN THE COMMUNITY.</p> <p>(Grants and allocations \$ _____)</p>	364,506
<p>d SUPPORTED LIVING - PROVIDES ASSISTANCE IN ACTIVITIES TO ENABLE MEMBERS TO LIVE ON THEIR OWN IN THE COMMUNITY</p> <p>(Grants and allocations \$ _____)</p>	63,605
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	2,531,927

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		Where required attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
A s s e t s	45	Cash-non-interest-bearing			45	
	46	Savings and temporary cash investments		291,728	46	53,241
	47a	Accounts receivable	47a 65,210			
	b	Less allowance for doubtful accounts	47b	81,876	47c	65,210
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		319,417	49	478,466
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)				
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		31,217	53	28,030
	54	Investments-securities SEE STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		70,953	54	68,264
	55a	Investments-land, buildings and equipment basis		55a 3,253,416		
	b	Less accumulated depreciation (attach schedule) SEE STMT 6	55b 1,248,266	1,526,540	55c	2,005,150
56	Investments-other (attach schedule)			56		
57a	Land buildings and equipment basis					
b	Less accumulated depreciation (attach schedule)	57b		57c		
58	Other assets (describe)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)				2,321,731	59	2,698,361
L i a b i l i t i e s	60	Accounts payable and accrued expenses		136,148	60	274,321
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET		125,240	64b	285,466
	65	Other liabilities (describe)			65	
66 Total liabilities (add lines 60 through 65)				261,388	66	559,787
N e t a s s e t s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		2,060,343	67	2,138,574
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land building, and equipment fund			71	
	72	Retained earnings, endowment accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)				2,060,343	73	2,138,574
74 Total liabilities and net assets / fund balances (add lines 66 and 73)				2,321,731	74	2,698,361

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
N/A	N/A
<p>a Total revenue, gains, and other support per audited financial statements ▶ a</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p>\$</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c</p> <p>d Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p>\$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e</p>	<p>a Total expenses and losses per audited financial statements ▶ a</p> <p>b Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify)</p> <p>\$</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c</p> <p>d Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p>\$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CAPTAIN ANDY ANDERSEN JACKSONVILLE	DIRECTOR	0	0	0
DR THOM BOROWY JACKSONVILLE	DIRECTOR	0	0	0
SUE BUTTS PONTE VEDRA BEACH	1ST VP	0	0	0
JOHN CAMPBELL NEPTUNE BEACH	TREASURER	0	0	0
MINDY HANNA JACKSONVILLE	SECRETARY	0	0	0
JAMES F. H. HENRY JACKSONVILLE	PRESIDENT	0	0	0
WILLIAM GENE HUTSON JACKSONVILLE	DIRECTOR	0	0	0
DAVID LANE JACKSONVILLE	DIRECTOR	0	0	0
GREG LECHWAR JACKSONVILLE	DIRECTOR	0	0	0
SEE STATEMENT 7				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes" attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)

		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81			
b	Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	N/A		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			<u>0</u>
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			<u>0</u>
90a	List the states with which a copy of this return is filed <u>NONE</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		<u>72</u>
91	The books are in care of <u>LEIGH TOWNSEND</u> Located at <u>4911 SPRING PARK ROAD, JACKSONVILLE, FL</u>			
	Telephone no <u>904-733-2650</u> ZIP code <u>32207</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		<u>0</u>

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM FEES					266,823
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	11,637	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			41	74,536	
103 Other revenue					
a					
b MISCELLANEOUS					74,479
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	86,173	341,302
105 Total (add line 104, columns (B), (D), and (E))					427,475

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROGRAM FEES ARE FEES CHARGED TO THE MEMBERS WHO ARE NOT SPECIFICALLY FUNDED THROUGH THE STATE--HRS THESE FEES GO TOWARD THE CARE AND WELL-BEING OF THESE CLIENTS. SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

1/12/02
Date Jonathan May, Executive Director
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

PINE CASTLE, INC

59-0704733

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
JOHNATHAN MAY JACKSONVILLE, FLORIDA	EXEC. DIR. 37.5	77,828	6,226	0
RANDALL DUNCAN JACKSONVILLE, FLORIDA	AST EXEC DIR 37.5	58,697	4,696	0
LEIGH TOWNSEND JACKSONVILLE, FLORIDA	FIN. DIR. 37.5	54,887	1,165	0
Total number of other employees paid over \$50 000	▶ 3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instr List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$ 50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50 000 for professional services	▶	

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See pg. 2 of the instr.)		

SEE STMT 9

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A. Support Schedule (Complete only if you checked a box on line 10, 11 or 12) **Use cash method of accounting**

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib received (Do not incl unusual grants See line 28)	2,245,053	1,976,747	1,695,412	1,499,176	7,416,388
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc, purpose	587,227	695,267	613,860	621,911	2,518,265
18 Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)) rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	10,468	10,485	9,077	8,139	38,169
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of services or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23 Total of lines 15 through 22	2,842,748	2,682,499	2,318,349	2,129,226	9,972,822
24 Line 23 minus line 17	2,255,521	1,987,232	1,704,489	1,507,315	7,454,557
25 Enter 1% of line 23	28,427	26,825	23,183	21,292	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 149,091
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts				26b
	c Total support for section 509(a)(1) test Enter line 24 column (e)				26c 7,454,557
	d Add Amounts from column (e) for lines 18 38,169 22	19	20b		26d 38,169
	e Public support (line 26c minus line 26d total)				26e 7,416,388
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 99.4880%
27 Organizations described on line 12	a For amounts included in lines 15, 16 and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person" Enter the sum of such amounts for each year				N/A
	(1999)	(1998)	(1997)	(1996)	
	b For any amount included in line 17 that was received from a nondisqualified person attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				N/A
	(1999)	(1998)	(1997)	(1996)	
	c Add Amounts from column (e) for lines 15 17	16 20	17 21		27c
	d Add Line 27a total and line 27b total				27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %
28 Unusual Grants For an organization described in line 10, 11 or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instr)					

Part V Private School Questionnaire (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures announcements and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No " attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

- Check here a if the organization belongs to an affiliated group
Check here b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 9 of the instructions)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2000, 1999, 1998, 1997, and Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
b Paid staff or management (include compensation in expenses reported on lines c through h)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h)

Table with columns: Yes, No, Amount. Rows corresponding to items a-i.

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The first row contains 'N/A' in column (a).

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (Yes is checked with an 'X')

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The first row contains 'N/A' in column (a).

5300 Pine Castle, Inc
59-0704733
FYE 9/30/2001

Federal Statements

Statement 1 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
WORKSHOPS	\$ 565,701	\$ 491,165	\$ 74,536
TOTAL	<u>\$ 565,701</u>	<u>\$ 491,165</u>	<u>\$ 74,536</u>

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD ADJUSTMENT FOR COMPENSATED ABSENCES	\$ -82,292
TOTAL	<u>\$ -82,292</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
INDIRECT EXPENSE				
BUILDING MAINTENANCE	27,608	25,511	1,908	189
CLIENT EDUCATION	420	420		
CLIENT SUPPORT	21,571	21,557	13	1
DUES & MEMBERSHIP	13,068	1,523	10,260	1,285
INSURANCE	60,634	52,294	7,681	659
MISCELLANEOUS	16,737	13,183	2,977	577
CONSULTANTS	44,381	20,117	21,671	2,593
RECRUITING	13,929	13,929		
STAFF TRAINING	3,908	2,834	721	353
TOTAL	<u>\$ 202,256</u>	<u>\$ 151,368</u>	<u>\$ 45,231</u>	<u>\$ 5,657</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

PINE CASTLE, INC WAS ESTABLISHED IN 1952 TO PROMOTE THE GENERAL WELFARE OF DEVELOPMENTALLY DISABLED ADULTS AND TO PROVIDE A CENTER FOR RESEARCH AND TRAINING IN THE FIELD OF MENTAL DISABILITIES

5300 Pine Castle, Inc
59-0704733
FYE 9/30/2001

Federal Statements

Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK			
FIRST GUARANTY BANK	34,402	38,689	
SUNTRUST COMMON STOCK & MUTUAL FUND	36,551	29,575	
	<u>70,953</u>	<u>68,264</u>	

Statement 6 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND, BULDINGS, & EQUIPMENT	\$ 2,641,668	\$ 1,115,128	\$ 3,253,416	\$ 1,248,266
TOTAL	<u>\$ 2,641,668</u>	<u>\$ 1,115,128</u>	<u>\$ 3,253,416</u>	<u>\$ 1,248,266</u>

5300 Pine Castle, Inc
59-0704733
FYE 9/30/2001

Federal Statements

Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

<u>Name</u>	<u>Title</u>	<u>Average Hours</u>	<u>Address</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MARY BLAND LOVE	DIRECTOR		JACKSONVILLE			
RADHE MITTAL	DIRECTOR		JACKSONVILLE			
PAUL MOORE	PAST PREZ		JACKSONVILLE			
ELLEN MORRIS	DIRECTOR		PONTE VEDRA BEACH			
LYNNE ORR-HOLLEY	DIRECTOR		PONTE VEDRA			
MARIE PENA	DIRECTOR		JACKSONVILLE			
J B SASSER, JR.	DIRECTOR		JACKSONVILLE			
ERIN SHIRLEY	DIRECTOR		JACKSONVILLE			
TED SPETNAGEL	DIRECTOR		PONTE VEDRA BEACH			
STAN TENENBAUM	DIRECTOR		JACKSONVILLE			
BOB WILLIAMS	DIRECTOR		JACKSONVILLE			
HASTINGS WILLIAMS, JR	2ND VP		PONTE VEDRA BEACH			
JENNIFER YOUNG	DIRECTOR		JACKSONVILLE			

5300 Pine Castle, Inc

59-0704733

FYE 9/30/2001

Federal Statements

Statement 8 - Form 990, Part VIII - Relationship of Activities

Line No

Description

103

THE MAJORITY OF THE MISCELLANEOUS REVENUE IS GENERATED BY
THE SALE OF SODA AND SNACKS AND FROM REIMBURSEMENT FOR
BUSING COSTS

Mortgages and Other Notes Payable

Form **990**

2000

For calendar year 2000, or tax year beginning 10/01/00 , and ending 9/30/01

Name PINE CASTLE, INC Employer Identification Number 59-0704733

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) <u>FIRST GUARANTY BANK</u>	
(2) <u>FIRST GUARANTY BANK</u>	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <u>130,410</u>	<u>3/03/00</u>	<u>1/03/17</u>	<u>\$1,051 PER MONTH</u>	<u>7.500</u>
(2) <u>177,300</u>	<u>3/01/01</u>	<u>11/01/19</u>	<u>\$1,335 PER MONTH</u>	<u>6.630</u>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <u>REAL ESTATE</u>	<u>MORTGAGE</u>
(2) <u>REAL ESTATE</u>	<u>MORTGAGE</u>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<u>125,240</u>	<u>115,517</u>
(2)		<u>169,949</u>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	125,240	285,466

5300 Pine Castle, Inc
59-0704733
FYE 9/30/2001

Federal Statements

Statement 9 - Schedule A, Part III, Question 2d - Payment of Compensation

SEE PART I OF SCHEDULE A