

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2001

Open to Public Inspection

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 2001 calendar year, or tax year beginning 10/01/01, and ending 9/30/02

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: PINE CASTLE, INC
Number and street (or P O box if mail is not delivered to street address): 4911 SPRING PARK ROAD
Room/suite:
City or town, state or country, and ZIP + 4: JACKSONVILLE FL 32207

D Employer ID number: 59-0704733
E Telephone number: 904-733-2650
F Accounting method: [X] Accrual [] Cash [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) and I are not applicable to section 527 organizations

G Web site

J Organization type

(check only one) [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes" enter no. of affiliates: [X] N/A [] Yes [] No
H(c) Are all affiliates included? [X] N/A [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I Enter 4-digit GEN

M Check [X] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,039,743

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

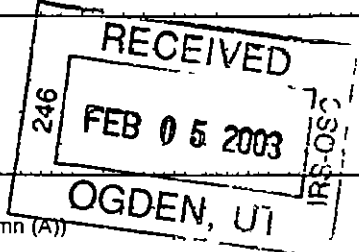
SCANNED FEB 13 2003

RECEIVED

EXPENSES

ASSETS

Table with 12 columns (1-12) and 21 rows (1-21) detailing revenue, expenses, and net assets. Includes sub-columns for 1a-1c, 6a-6b, 8a-8c, 9a-9b, 10a-10b, and 13-17. Total revenue is 3,455,785 and total expenses is 3,631,363.



P 2

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 21)

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 1,896,887	1,460,588	350,605	85,694
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 546,153	428,115	103,268	14,770
30 Professional fundraising fees	30 46,143		3,205	42,938
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 122,958	109,463	9,847	3,648
34 Telephone	34 25,260	21,472	2,941	847
35 Postage and shipping	35 9,283	6,151	1,022	2,110
36 Occupancy	36 107,304	99,264	7,295	745
37 Equipment rental and maintenance	37 80,062	77,946	1,743	373
38 Printing and publications	38 14,528	5,941	2,094	6,493
39 Travel	39 347,261	345,200	1,766	295
40 Conferences, conventions, and meetings	40			
41 Interest	41 19,778	19,692	69	17
42 Depreciation, depletion, etc (att sch)	42 159,846	148,299	10,478	1,069
43 Other expenses not covered above (itemize) a	43a			
b SEE STATEMENT 2	43b 255,900	189,444	61,674	4,782
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 3,631,363	2,911,575	556,007	163,781

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 24)

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)
a SEE STATEMENT 3 ADULT DAY TRAINING - PROVIDES ON-THE-JOB TRAINING FOR THOSE MEMBERS WHO ARE POTENTIALLY EMPLOYABLE IN THE COMMUNITY OR WITHIN THE ORG. (Grants and allocations \$ _____)	1,397,171
b GROUP HOMES - PROVIDES MEMBERS THE OPPORTUNITY TO LIVE IN RESIDENTIAL HOUSING WITHIN A COMMUNITY ENVIRONMENT. (Grants and allocations \$ _____)	1,114,848
c SUPPORTED EMPLOYMENT - PROVIDES ON-THE-JOB TRAINING FOR THOSE MEMBERS WHO ARE POTENTIALLY EMPLOYABLE IN THE COMMUNITY. (Grants and allocations \$ _____)	379,370
d INDEPENDENT LIVING - PROVIDES ASSISTANCE IN ACTIVITIES TO ENABLE MEMBERS TO LIVE ON THEIR OWN IN THE COMMUNITY (Grants and allocations \$ _____)	20,186
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	2,911,575

Part IV Balance Sheets (See Specific Instructions on page 24)

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
45	Cash-non-interest-bearing		45
46	Savings and temporary cash investments	53,241	46 45,113
47a	Accounts receivable	47a 98,635	
b	Less allowance for doubtful accounts	47b	47c 98,635
48a	Pledges receivable	48a	
b	Less allowance for doubtful accounts	48b	48c
49	Grants receivable	478,466	49 428,210
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)	51a	
b	Less allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	28,030	53 26,055
54	Investments-securities SEE STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	68,264	54 65,038
55a	Investments-land, buildings, and equipment basis	55a 3,022,238	
b	Less accumulated depreciation (attach schedule) SEE STMT 5	55b 1,105,196	55c 2,005,150 1,917,042
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment basis	57a	
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)	2,698,361	59 2,580,093
60	Accounts payable and accrued expenses	274,321	60 303,389
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	285,466	64b 313,708
65	Other liabilities (describe _____)		65
66	Total liabilities (add lines 60 through 65)	559,787	66 617,097
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	2,138,574	67 1,962,996
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, column (B) must equal line 21)	2,138,574	73 1,962,996
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,698,361	74 2,580,093

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 in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

JAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

N/A		a	Total revenue, gains, and other support per audited financial statements ▶	a
b		Amounts included on line a but not on line 12, Form 990		
(1)		Net unrealized gains on investments \$		
(2)		Donated services and use of facilities \$		
(3)		Recoveries of prior year grants \$		
(4)		Other (specify) \$		
Add amounts on lines (1) through (4) ▶		b		b
c		Line a minus line b ▶		
d		Amounts included on line 12, Form 990 but not on line a		
(1)		Investment expenses not included on line 6b, Form 990 \$		
(2)		Other (specify) \$		
Add amounts on lines (1) and (2) ▶		d		d
e		Total revenue per line 12, Form 990 (line c plus line d) ▶		

N/A		a	Total expenses and losses per audited financial statements ▶	a
b		Amounts included on line a but not on line 17, Form 990		
(1)		Donated services and use of facilities \$		
(2)		Prior year adjustments reported on line 20, Form 990 \$		
(3)		Losses reported on line 20, Form 990 \$		
(4)		Other (specify) \$		
Add amounts on lines (1) through (4) ▶		b		b
c		Line a minus line b ▶		
d		Amounts included on line 17, Form 990 but not on line a		
(1)		Investment expenses not included on line 6b, Form 990 \$		
(2)		Other (specify) \$		
Add amounts on lines (1) and (2) ▶		d		d
e		Total expenses per line 17, Form 990 (line c plus line d) ▶		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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
ARNETTE GREENE JACKSONVILLE	DIRECTOR	0	0	0
BRUCE TRIMBLE JACKSONVILLE	DIRECTOR	0	0	0
CAPTAIN ANDY ANDERSEN JACKSONVILLE	DIRECTOR	0	0	0
DAVID LANE JACKSONVILLE	TREASURER	0	0	0
DR. THOM BOROWY JACKSONVILLE	DIRECTOR	0	0	0
ELLEN MORRIS PONTE VEDRA BEACH	2ND VP	0	0	0
ERIN SHIRLEY JACKSONVILLE	DIRECTOR	0	0	0
GREG LECHWAR JACKSONVILLE	DIRECTOR	0	0	0
JAMES F. H. HENRY JACKSONVILLE	PAST PREZ	0	0	0
SEE STATEMENT 6				

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 27

Part VI Other Information (See Specific Instructions on page 27)

		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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr		
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 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	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
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	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
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		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	113
91	The books are in care of <input type="checkbox"/> LEIGH TOWNSEND Located at <input type="checkbox"/> 4911 SPRING PARK ROAD, JACKSONVILLE, FL	Telephone no	904-733-2650 ZIP + 4 <input type="checkbox"/> 32207
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note	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	<u>PROGRAM FEES</u>					411,599
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	4,226	
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	42,574	
103	Other revenue					
a						
b	<u>MISCELLANEOUS</u>					67,600
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		46,800	479,199
105	Total (add line 104, columns (B), (D), and (E))					525,999

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 32)

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 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 pg. 33)

- (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)

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.

Please

11/29/03
Date

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

2001

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
NONE				

Total number of other employees paid over \$50 000 ▶

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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 ▶

Part III Statements About Activities (See page 2 of the instructions)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc? 4. Do you have a section 403(b) annuity plan for your employees?

SEE STMT 8

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
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 [x] 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)

Table with 2 columns: (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 6 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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions merchandise sold or services performed; 18 Gross inc from int, dividends amounts received from pymt on securities loans; 19 Net income from unrelated business activities; 20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf; 21 The value of serv or fac furnished to the org by a governmental unit 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; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24. Sub-rows: 26a 177,755; 26b; 26c 8,887,771; 26d 41,667; 26e 8,846,104; 26f 99.5312%.

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year N/A

(2000) (1999) (1998) (1997) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return 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

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21. d Add Line 27a total and line 27b total. e Public support (line 27c total minus line 27d total). 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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 12 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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all items.

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 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/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 [X] No

b If "Yes," complete the following schedule

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

Federal Statements

Statement 6 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hours	Address	Compensation	Benefits	Expenses
JENNIFER YOUNG	SECRETARY		JACKSONVILLE			
JOHN CAMPBELL	1ST VP		NEPTUNE BEACH			
KAREN MAYFIELD	DIRECTOR		JACKSONVILLE			
MARIE PENA	DIRECTOR		JACKSONVILLE			
MARY W JARRETT	DIRECTOR		JACKSONVILLE			
MINDY HANNA	DIRECTOR		JACKSONVILLE			
RADHE MITTAL	DIRECTOR		JACKSONVILLE			
SIDNEY MORGAN	DIRECTOR		JACKSONVILLE			
STAN TENENBAUM	DIRECTOR		JACKSONVILLE			
SUE BUTTS	PRESIDENT		PONTE VEDRA BEACH			
TED SPETNAGEL	DIRECTOR		PONTE VEDRA BEACH			
J.B SASSER	DIRECTOR		JACKSONVILLE			
JONATHAN MAY	EXEC. DIR	37 5	JACKSONVILLE	79,363	5,320	
RANDALL DUNCAN	ASST DIR.	37 5	JACKSONVILLE	62,078	4,170	
LEIGH TOWNSEND	FIN DIR.	37 5	JACKSONVILLE	57,047	3,834	

Statement 7 - 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

Statement 8 - Schedule A, Part III, Question 2d - Payment of Compensation

SEE PART V, FORM 990

Federal Statements

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

Description	Gross Sales	COGS	Gross Profit
WORKSHOPS	\$ 626,532	\$ 583,958	\$ 42,574
TOTAL	<u>\$ 626,532</u>	<u>\$ 583,958</u>	<u>\$ 42,574</u>

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
BUILDING MAINTENANCE	18,428	17,194	1,120	114
CLIENT SUPPORT	24,213	24,199	13	1
DUES & MEMBERSHIP	12,773	2,348	9,947	478
INSURANCE	81,705	72,008	8,807	890
MISCELLANEOUS	15,894	13,408	1,935	551
CONSULTANTS	80,152	48,222	29,337	2,593
RECRUITING	7,257	7,257		
STAFF TRAINING	15,478	4,808	10,515	155
TOTAL	<u>\$ 255,900</u>	<u>\$ 189,444</u>	<u>\$ 61,674</u>	<u>\$ 4,782</u>

Statement 3 - 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.

Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK			
FIRST GUARANTY BANK	38,689	41,662	MARKET
SUNTRUST COMMON STOCK & MUTUAL FUND	29,575	23,376	MARKET
	<u>68,264</u>	<u>65,038</u>	

Statement 5 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
LAND, BULDINGS, & EQUIPMENT	\$ 3,253,416	\$ 1,248,266	\$ 3,022,238	\$ 1,105,196
TOTAL	<u>\$ 3,253,416</u>	<u>\$ 1,248,266</u>	<u>\$ 3,022,238</u>	<u>\$ 1,105,196</u>

Mortgages and Other Notes Payable

Form
990/990-PF

2001

For calendar year 2001 or tax year beginning

10/01/01, and ending

9/30/02

Name

Employer Identification Number

PINE CASTLE, INC.

59-0704733

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

Name of lender

Relationship to disqualified person

(1) FIRST GUARANTY BANK

(2) FIRST GUARANTY BANK

(3) FORD MOTOR CREDIT

(4) FORD MOTOR CREDIT

(5)

(6)

(7)

(8)

(9)

(10)

Original amount
borrowed

Date of loan

Maturity
date

Repayment terms

Interest
rate

(1) 130,410

3/03/00

1/03/17

\$1,051 PER MONTH

7 500

(2) 177,300

3/01/01

11/01/19

\$1,335 PER MONTH

6 630

(3) 25,249

9/30/02

9/30/07

\$453 11 PER MONTH

2 900

(4) 26,157

9/30/02

9/30/07

\$469 40 PER MONTH

2 900

(5)

(6)

(7)

(8)

(9)

(10)

Security provided by borrower

Purpose of loan

(1) REAL ESTATE

MORTGAGE

(2) REAL ESTATE

MORTGAGE

(3) VEHICLE

TRANSPORTATION

(4) VEHICLE

TRANSPORTATION

(5)

(6)

(7)

(8)

(9)

(10)

Consideration furnished by lender

Balance due at
beginning of yearBalance due at
end of year

(1) 115,517

105,354

(2) 169,949

156,948

(3) 25,249

(4) 26,157

(5)

(6)

(7)

(8)

(9)

(10)

Totals 285,466

313,708