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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

PINEWOOD PARK TRUST

Employer identification number

74-1656940

PART III EXEMPT PURPOSE

TO PROVIDE LOW INCOME HOUSING FOR THE ECONOMICALLY DEPRIVED
AND PHYSICALLY DISABLED PERSONS THAT QUALIFIED UNDER CITY,
STATE AND FEDERAL STANDARDS.

Pt VI-A, Line 2 THE ORGANIZATION DOCUMENTED MEETING AND ACTIONS TAKEN
AS A WHOLE FOR THE BOARD MEETINGS

Pt VI-B, Line 11A THE ORGANIZATION HAS A MANAGEMENT AGENT AND CONSULTANT
THAT REVIEWS RETURNS ON BEHALF OF THE ORGANIZATION AND
MAKES RECOMMENDATIONS ACCORDINGLY TO BOARD MEMBERS

Pt VI-B, Line 15 A. THE ORGANIZATION HAS BASIC INTERNAL EVALUATION PROCESS THAT IS
PERFORMED ANNUALLY. SALARIES ARE DETERMINED BY LIKE
COMPANIES AND INDUSTRY STANDARDS IN THE AREA

Pt VI-B, Line 15 B. THE ORGANIZATION HAS BASIC INTERNAL EVALUATION PROCESS THAT IS
PERFORMED ANNUALLY. SALARIES ARE DETERMINED BY LIKE
COMPANIES AND INDUSTRY STANDARDS IN THE AREA.

Pt VI-C, Line 19 THE ORGANIZATION HAS VARIOUS REPORTING REQUIREMENTS
EVERY YEAR. DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Pt VII-A Line 1 BOX SHOULD BE CHECKED FOR NO COMPENSATION OF OFFICERS

Pt IV Line 10 BOX SHOULD BE CHECKED NO. SCE D PART V NOT REQUIRED.

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Mar. 01, 2011 LTR 2694C 0 R
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PINFWOOD PARK TRUST
120 KIRKSEY
LUFKIN TX 75904



040352

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

[Handwritten Signature] _____ Date 4-1-11

Signature of officer or trustee
OFFICER/Trst
Title