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Form 990-EZ

Short Form

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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011**

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization	PINE MANOR IMPROVEMENT ASSOCIATION INC
Number and street (or P O box, if mail is not delivered to street address)	PO BOX 61464
City or town, state or country, and ZIP + 4	Fort Myers, FL 33906

D Employer identification number	65-0133208
E Telephone number	(239) 275-5180
F Group Exemption Number	►

G Accounting method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► www.pmiafl.org**J Tax-Exempt status** (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 39,407

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 36,361
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 420
	4 Investment income	4 4
	5a Gross amount from sale of assets other than inventory	5a 0
	b Less cost or other basis and sales expenses	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
Expenses	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 2,622
	c Less direct expenses from gaming and fundraising events	6c 9,276
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d -6,654
	7a Gross sales of inventory, less returns and allowances	7a 0
	b Less cost of goods sold	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 30,131
	10 Grants and similar amounts paid (list in Schedule O)	10 0
Net Assets	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 7,376
	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 3,509
	15 Printing, publications, postage, and shipping	15 1,015
	16 Other expenses (describe in Schedule O)	16 0
	17 Total expenses. Add lines 10 through 16	17 11,900
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,231
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 28,960
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 47,191

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	23,534	22 41,765
23 Land and buildings	5,426	23 5,426
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	28,960	25 47,191
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,960	27 47,191

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Community based not for profit engaging community and civic organization to improve the lives of children and their families

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Pine Manor Improvement Association was established to strengthen at-risk families in the Pine Manor neighborhood and in recent years has become an integral part of the community. The Association's mission is to provide valuable resources to meet the daily needs of our community. This includes but is not limited to a food bank, assistance with housing and services, availability of computers to complete job searches, resume writing assistance, applications for jobs, ACCESS assistance for food stamps and Medicaid and an after school program. Additionally we will use funds to improve neighborhood involvement in our ten annual events including Easter egg hunt, our annual Keep Lee County Beautiful Trash Bash, Volunteer Appreciation Dinner, End of Summer Fling (our goal is to provide 300 children with back packs and school supplies), Celebrating Safe Communities (community march and candle light vigil), Make a Difference Day, Annual "Trunk or Treat", Thanksgiving dinner for Neighborhood, and Christmas Dinner with Santa and our adopt a family program. Our organization has incurred substantial growth in the last few years, serving almost 1,500 unduplicated clients each month, with 55% of those served being children between the ages of 0 -18. Among the families who have children in our programs, the average yearly income is \$13,000. All of the children currently enrolled in our programs are recipients of the Free and Reduced Lunch Program at school. Many of our programs are prevention-oriented and are devoted to preventing school failure and delinquency among at-risk youth. Programs such as ours are the basis for an effective continuum of care because they are often the point of entry for families in need of multiple services. By interacting with the families on a daily basis, we are able to identify additional services needed and make referrals as appropriate. Unfortunately, we have found that our funding has been decimated by the recent recession. This has resulted in a loss of our pre-school program, English Language classes and Spanish-language Computer Classes, which have all been eliminated due to budget cuts from partnering organizations. We have also had to move our food bank services from weekly to once a month due to the increase in numbers and the lack of funding available. EMERGENCY FOOD PROGRAMMING PMIA embraces the philosophy that our role is to help end hunger and allow our clients to achieve self sustainability. To this end, we strive to meet the following goals * Meet the food needs of all Pine Manor residents in need * Promote good nutrition and health * Foster community economic development * Strengthen local and regional food systems * Honor and celebrate diverse cultures and traditions * Build the capacity for people to create change through education and empowerment * Educate the residents of the benefits and joy of growing, preparing, and eating their own food. Unfortunately, given the economic conditions of the area we serve, this is an ongoing struggle. However, in order to reach the long term goal to end hunger, we have very specific objectives. When a client comes to our center seeking food we have active volunteers and personnel who ask questions regarding the client's particular need. We assist them with signing up for programs such as SNAP (formerly food stamps), unemployment compensation, filling out job applications, resumes and connecting them to job resources. We also strive to help influence dietary choices for better health through various workshops. In addition, PMIA is working with University of Florida's Extension Services and Lee County Health Department to develop new programs for children and their families, providing education on nutrition. These programs include * Urban agriculture * Community and back yard gardens * Increased access to affordable fresh produce * Nutrition education and food self-reliance * Workshops TEEN OUTREACH PROGRAMMING The Teen Outreach Program is a well-established, broad, developmental intervention program that attempts to help teens understand and evaluate their life options. The program includes three essential program components classroom/group instruction, community service, and service learning * Classroom/group instruction involves small group activities and discussions on age/stage-appropriate topics of special interest to young people, allowing them to examine their values and master life skills within a supportive peer group guided by a trained adult facilitator * Community service offers participants a variety of service and volunteer roles, which provides youths with an opportunity to help others, reconnects young people to their communities, challenges them to learn new skills, and authenticates their strengths and talents * Service learning links the community service experience to the classroom or group instruction-and ultimately to students' lives-by allowing youth to process and reflect on their service activities. The Teen Outreach Program curriculum focus is twofold (1) helping students prepare for their real-world experiences through fostering self-esteem, confidence, social skills, decision making, and discipline, and (2) personal and social developmental growth and guidance through an exploration of personal and life values, understanding oneself and others, building life skills, mechanisms for coping with stress, communication skills, and the transition to adulthood. Core curriculum activities include values clarification, relationships, communication, influence, goal setting, decision making, adolescent development, and community service learning. The group of approximately 15 to 20 girls and 15 to 20 boys meet 4 days a week at the Community Center. In addition to the curriculum mentioned above, the program also includes * Homework assistance * Friday night activities * Field trips * Male Mentoring * Female mentoring program LITERACY PROGRAMMING We are seeking funds to provide academic and vocational opportunities for disadvantaged children and their families. This includes funds to purchase supplies for English literacy, Spanish computer class, and mentoring of teens in our outreach programs. Although Lee County has made significant progress in providing universal access to education, a vast majority of Pine Manor Residents cannot read or write English. Many of those affected are adult women who are already living in poor conditions that are further exasperated by their lack of ability to communicate. Pine Manor Community Center has partnered with Children's Advocacy Center to bring an after school program to the community to assist children with their homework and reading skills because many of them do not have anyone in the home that speaks the language to assist. Literacy has a profound socio-economic impact on our families and perpetuates the cycles of poverty (due to limited productive capacity, lack of skills needed to gain formal employment and inability to educate their own children). This challenge facing our families has profoundly undermined their ability to break out of the vicious cycle of poverty and to educate their children. PMIA recognizes literacy is both the cause and the effect of numerous social challenges. We have partnered with Lee County literacy program and they have trained two individuals to work with the families in our neighborhood. This program offers English as a second language concentrating on the following 1 Livelihood development income generation 2 Health education Awareness and prevention, childcare, home-based care for the sick, reproductive health, nutrition and sanitation 3 Civic/life skills education gender relations, conflict management and resolution 4 Promoting social change and development through adult literacy and adult basic education. In order to achieve these goals, the program needs to develop and implement a structured literacy curriculum that is relevant to our learners' needs. We need to be able to purchase literacy books with facilitator instructions. Additionally we need funds to buy supplies to fund this program. THE COST PER CLIENT SERVED PER MONTH Calculation used is the average of total clients served per month divided by our total monthly expenses of our program. Our annual operations budget is \$56,000 and we serve approximately 3000 clients a month. The cost per client served per month is approximately \$1.56.

(Grants \$ 29,943)

If this amount includes foreign grants, check here

28a 24,791

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32 24,791

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robin Gretz PO BOX 61464 Fort Myers, FL 33906	President 20	0	0	0
Jim Sanger PO BOX 61464 Fort Myers, FL 33906	Vice President 20	0	0	0
Anne Gomez PO BOX 61464 Fort Myers, FL 33906	Treasurer 20	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 ► 0, section 4912 ► 0, section 4955 ► 0

b *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization ► 0

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► **FL**

42a The organization's books are in care of ► **Anne Gomez** Telephone no ► **(239) 275-5180**

PO BOX 61464
Located at ► **FORT MYERS, FL**

ZIP + 4 ► **33906**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		No
38a		No
38b		
39a		
39b		
40a	0	
40b		No
40c	0	
40d	0	
40e		No
41	FL	
42a		
PO BOX 61464		
Located at ► FORT MYERS, FL		
ZIP + 4 ► 33906		
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		No

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		No

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 Trischa Zumbach Director Type or print name and title	2012-03-14 Date
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions) EIN <input type="checkbox"/> Phone no. <input type="checkbox"/>

May the IRS discuss this return with the preparer shown above? See instructions Yes No

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
PINE MANOR IMPROVEMENT ASSOCIATION INC

Employer identification number

65-0133208

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 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

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 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)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 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 that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				45,501	39,402	84,903
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
4 Total. Add lines 1 through 3	0	0	0	45,501	39,402	84,903
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)						0
6 Public Support. Subtract line 5 from line 4						84,903

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	45,501	39,402	84,903
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	4	4
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				0	0	0
11 Total support (Add lines 7 through 10)						84,907
12 Gross receipts from related activities, etc (See instructions)				12		38,591

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
b 10%-facts-and-circumstances test—2010. 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 65-0133208
Name: PINE MANOR IMPROVEMENT ASSOCIATION INC

Form 990-EZ, Special Condition Description:

Special Condition Description