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## Form **990**

Dop2#men\* of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

2011
Open to Public Inspection

| A_F                     | or the                 | 2011 calendar year, or tax year beginning $$ SEP $1$ , $2011$ $$ and en                            | nding A      | UG 31, 2012                  |                               |
|-------------------------|------------------------|--|--------------|------------------------------|-------------------------------|
| В                       | Check if<br>applicable | C Name of organization   |              | D Employer identific         | ation ושניה ber               |
|                         | Address                | PINEBROOK FOUNDATION, INC.   |              |                              | -                             |
|                         | Name<br>change         | Doing Business As  |              | 24-08                        | 337915                        |
|                         | Initial                |  | oom/suite    | E Telephone number           |                               |
| F                       | Termin-                | 1328 GYPSY HILL ROAD, P.O. BOX 501   |              |                              | 643-3636                      |
|                         | Amende                 |  |              | G Gross receipts \$          | 579,020.                      |
|                         | Applica-               | GWYNEDD VALLEY, PA 19437-0501  |              | H(a) Is this a group re      |                               |
|                         | pending                | F Name and address of principal officer: RICHARD T CRAWFORD  |              | for affiliates?              | Yes X No                      |
|                         |                        | SAME AS C ABOVE  |              | H(b) Are all affiliates incl |                               |
| 1                       | Tax-exe                | mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or                                    | 527          | If "No," attach a            | list. (see instructions)      |
|                         |                        | E ► WWW.WPEO.COM   |              | H(c) Group exemption         |                               |
|                         |                        | organization: X Corporation Trust Association Other  | L Year       | of formation: 1958 M         | State of legal domicile: IL   |
|                         |                        | Summary  |              |                              |                               |
| a                       | 1 E                    | Briefly describe the organization's mission or most significant activities: ${	t TO 	ext{ SPI}}$   | READ         | AND PROMOTE                  | THE GOSPEL                    |
| Š                       |                        | OF JESUS CHRIST.   |              |                              |                               |
| rna                     | 2                      | Check this box   if the organization discontinued its operations or dispose                        | ed of more   | than 25% of its net as       | sets                          |
| ove.                    | 3 1                    | lumber of voting members of the governing body (Part VI, line 1a)                                  |              | . 3                          | 2                             |
| G<br>S                  | 4 1                    | lumber of independent voting members of the governing body (Part VI, line 1b)                      |              | . 4                          | <u> </u>                      |
| es                      | 5 1                    | otal number of individuals employed in calendar year 2011 (Part V, line 2a)                        | •            | 5                            | 8                             |
| Σ                       | 6 1                    | otal number of volunteers (estimate if necessary)  |              | 6                            | 1                             |
| Activities & Governance | 7a1                    | otal unrelated business revenue from Part VIII, column (C), line 12                                |              | 7a                           | 186,121.                      |
| _                       | b 1                    | let unrelated business taxable income from Form 990-T, line 34                                     |              | 7b                           |                               |
|                         |                        |  | <u> </u>     | Prior Year                   | Current Year                  |
| ē                       |                        | Contributions and grants (Part VIII, line 1h)  | <u> </u>     | 1,030.                       | 0.                            |
| Revenue                 |                        | Program service revenue (Part VIII, line 2g)   |              | 366,157.                     | 203,940.                      |
| 3e                      |                        | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)                                       |              | 0.                           | 301,518.                      |
| -                       | 1                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                           | <u> </u>     | 0.                           | 80.                           |
|                         |                        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                 |              | 367,187.                     | 505,538.                      |
|                         | 1                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                   | <u> </u>     | 0.                           | 0.                            |
|                         | L                      | Benefits paid to or for members (Part IX, column (A), line 4)                                      | <u> </u>     | 0.                           | 0.                            |
| ěs                      | 15 8                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                  | <u> </u>     | 223,928.                     | 176,380.                      |
| éns                     | 16a                    | Professional fundraising fees (Part IX, column (A)-line (Te)                                       | <u>,</u>  -  | 0.                           | 0.                            |
| Expenses                | ·  _b                  |  | <u>0.  </u>  | 127 017                      | 105 075                       |
| -                       | 177                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                       | <u> </u>     | 137,817.                     | 105,275.                      |
|                         | 1                      | Total expenses. Add lines 13-1/7 (must equal Part 1X, column (A)-line 25)                          | <u> </u>     | 361,745.                     | 281,655.                      |
| <u></u>                 | 19 1                   | Revenue less expenses. Subtract line-18 from line 12   |              | 5,442.                       | 223,883.                      |
| ts o                    |                        | Food and (Body In 16)  | Be           | ginning of Current Year      | End of Year                   |
| SSe                     | 20                     | Total assets (Part X, line 16)   |              | 240,869.<br>10,622.          | 383,591.                      |
| Net Assets or           | 21                     | Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20    |              | 230,247.                     | 13,961.<br>369,630.           |
|                         | art II                 | Signature Block  | <del></del>  |                              | 303,030.                      |
|                         |                        | Ities of perjury, I declare that I have examined this return, including accompanying schedules     | and statem   | nents, and to the best of m  | v knowledge and helief it is  |
|                         |                        | t, and complete. Declaration of preparer (other than officer) is based on all information of which |              |                              | , morriougo and bollol, it is |
| uu                      | o, our 156             | the same summaries of property (units that united) is beauty of an information of white            | .c., propuis | 1/8/,2                       |                               |
| Sig                     | nn l                   | Signature of officer   |              | Date                         |                               |
|                         | ere                    | RICHARD T CRAWFORD, PRESIDENT  |              |                              |                               |
| пе                      | :1 <b>C</b>            | Type or print name and title   |              |                              |                               |
|                         |                        | Print/Type preparer's name Preparer's signature  | 1            | Date Check                   | PTIN                          |
| Pa                      | id                     | · · · · · · · · · · · · · · · · · · ·  | EKUL         | 1 4 2013 If self-employ      | P00734965                     |
|                         | eparer                 | Firm's name MCGLADREY LLP  |              | Firm's EIN                   | 42-0714325                    |
|                         | e Only                 | Firm's address 751 ARBOR WAY, SUITE 200  |              |                              |                               |
|                         |                        | BLUE BELL, PA 19422  |              | Phone no. 2                  | 15.641.8600                   |
| M                       | ay the If              | RS discuss this return with the preparer shown above? (see instructions)                           |              |                              | X Yes No                      |

| ram service expenses                                    | iding grants of \$ ) 262,769.   | (Revenue \$                           | Form <b>990</b> (2011)   |
|---|---|---------------------------------------|--|
| inclu   |   | (Revenue \$                           |  |
| ram services (Describe in Schedul                       | le O.)  |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
| <u> </u>  |   |                                       |  |
|   |   |                                       | <del></del>  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
| ) (Expenses \$  | including grants of \$  | ) (Revenue \$                         | )  |
|   |   | <del></del>                           |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   | <del></del>                           |  |
|   |   |                                       |  |
|   |   |                                       | <u>.</u>   |
|   |   |                                       |  |
| ) (Expenses \$  | including grants of \$  | ) (Revenue \$                         |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
|   |   | <del></del>                           |  |
| OUS RADIO STATIO  | N-BROADCASTING EXPENSE  |                                       | 200,5200   |
|   | ny, for each program service reported.  2,769. including grants of \$                             | ) (Revenue \$                         | 203,940.)  |
|   | and section 4947(a)(1) trusts are required to   |                                       |  |
| scribe these changes on Schedul                         | e O<br>accomplishments for each of its three larges   | st program services, as measure       | ed by expenses   |
| anization cease conducting, or ma                       | ake significant changes in how it conducts, a   | any program services?                 | X Yes No   |
| orm 990 or 990-EZ?<br>escribe these new services on Sch | <br>edule O.  |                                       | Yes X No   |
|   | nt program services during the year which we  | ere not listed on                     |  |
|   |   | · · · · · · · · · · · · · · · · · · · |  |
|   |   |                                       |  |
|   | THE GOSPEL OF JESUS CH  | RIST.                                 |  |
|   | ise to any question in this Part III  |                                       | X  |
|   |   |                                       |  |
|   | ement of Program Servic<br>of Schedule O contains a respondible<br>of the organization's mission. |                                       | ement of Program Service Accomplishments  k if Schedule O contains a response to any question in this Part III |

Form 990 (2011) PINEBROOK FOUNDATION, INC.

Part IV | Checklist of Required Schedules

|     |  |       | Yes    | No        |
|-----|--|-------|--------|-----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |       |        |           |
|     | If "Yes," complete Schedule A  | 1_1_  | X      |           |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2     |        | <u> </u>  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | l :   |        |           |
|     | public office? If "Yes," complete Schedule C, Part I   | 3     |        | X         |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |       |        |           |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4     |        | <u> </u>  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |       |        |           |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5     |        | <u> X</u> |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |       |        |           |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6     |        | <u> X</u> |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |       |        |           |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7     |        | _X_       |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | _     |        | 77        |
| _   | Schedule D, Part III   | _8    |        | _X_       |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide  |       |        | v         |
| 40  | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9_    |        | _X_       |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 40    |        | X         |
| 44  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   | 10    |        |           |
| 11  | as applicable.   |       |        |           |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |       |        |           |
| a   | Part VI  | 11a   |        | х         |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  | ,,,,, |        |           |
| _   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b   |        | X         |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |       |        |           |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c   |        | X         |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |       |        |           |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d   |        | <u>X</u>  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e   |        | <u>X</u>  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |       |        |           |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f   |        | <u> </u>  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |       |        |           |
|     | Schedule D, Parts XI, XII, and XIII  | 12a   |        | <u> </u>  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |       |        |           |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional   | 12b   |        | <u>X</u>  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13    |        | X         |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a   |        | <u> </u>  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 |       |        |           |
|     | or more? If "Voc." complete Schodule F. Parte Land IV  | 14b   |        | X         |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  | 140   |        |           |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15    |        | _x        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   |       |        |           |
|     | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16    |        | X         |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |       |        |           |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17    |        | X         |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |       |        |           |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18    |        | _X_       |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |       |        |           |
|     | complete Schedule G, Part III  | 19    |        | X         |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a   |        | X         |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b   |        |           |
|     |  | Form  | 990 (2 | 2011)     |

|     |  | ł    | Yes | No             |
|-----|--|------|-----|----------------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the  |      |     |                |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21   |     | X              |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,   |      |     |                |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   |     | X              |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |      |     |                |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |      |     |                |
|     | Schedule J   | _23_ |     | X              |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |      |     |                |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |      |     |                |
|     | Schedule K. If "No", go to line 25   | 24a  |     | X_             |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |     | <del> </del> - |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |      |     |                |
|     | any tax-exempt bonds?  | 24c  |     | <u> </u>       |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |     | <u> </u>       |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a   |      |     | <sub>•</sub>   |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     | _X_            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |     |                |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |      |     | <br>           |
|     | Schedule L, Part I   | 25b  |     | X              |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified   |      | İ   | <b>.</b>       |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26   |     | X              |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |      |     |                |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |      |     | x              |
|     | of any of these persons? If "Yes," complete Schedule L, Part III   | 27   |     |                |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |      |     |                |
| _   | instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a  |     | x              |
| a   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b  |     | X              |
| b   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 200  |     | <u> </u>       |
| С   | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c  |     | x              |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   |     | X              |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |      |     |                |
| 30  | contributions? If "Yes," complete Schedule M   | 30   |     | х              |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |      |     |                |
| ٠.  | If "Yes," complete Schedule N, Part I  | 31   | ŀ   | Х              |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |      |     |                |
|     | Schedule N. Part II  | 32   |     | X              |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |     |                |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | Х              |
| 34  | Was the organization related to any tax-exempt or taxable entity?  |      |     |                |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | . 34 | _   | X_             |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | X              |
|     | 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," complete Schedule R, Part V, line 2  | 35b  |     | X              |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |      |     |                |
|     | If "Yes," complete Schedule R, Part V, line 2  | 36   |     | X              |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |      |     |                |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |     | X              |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  |      |     |                |
|     | Note. All Form 990 filers are required to complete Schedule O  | 38   | X   | <u> </u>       |
|     |  | Form | 990 | (2011)         |

132004 01-23-12

Form 990 (2011)

132005 01-23-12

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

24-0837915 PINEBROOK FOUNDATION, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Νo 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Яa X X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

| ē | a a t | ion | $\sim$ | Dico | locuro |
|---|-------|-----|--------|------|--------|

List the states with which a copy of this Form 990 is required to be filed ▶IL 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request Own website

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RICHARD CRAWFORD - 215-643-3636 - 215-643-3636 328 GYPSY HILL RD, P.O. BOX 501, GWYNEDD VALLEY

01-23-12

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

| (A)<br>Name and Title    | (B) Average hours per week  | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |          |              |  | h an   | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of other  |  |
|--------------------------|---|--|-----------------------|----------|--------------|--|--------|--|--|--|--|
|                          | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trustee or director   | Institutional trustee | Officer  | Key employee | Highest compensated employee                     | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |  |
| 1) RICHARD T. CRAWFORD   |   |  |                       |          |              |  |        |  |  |  |  |
| RESIDENT                 | 12.00   | X  | <u> </u>              | X        | L            | ļ  |        | 0.                                     | 0.                                       | C  |  |
| 2) ELIZABETH P. CRAWFORD | 15 00   |  |                       |          |              |  |        | 15 406                                 | •  |  |  |
| ECRETARY                 | 15.00   | X  |                       | X        | <br>         |  |        | 17,496.                                | 0.                                       |  |  |
|                          |   |  |                       |          |              |  |        |  | <del> </del>                             |  |  |
|                          |   | <u> </u>   | -                     |          |              |  |        |  |  |  |  |
|                          |   |  |                       |          | !            |  |        |  |  |  |  |
|                          |   | <u> </u>   |                       |          |              |  |        |  |  |  |  |
|                          |   |  |                       |          | -            |  |        |  |  |  |  |
|                          |   |  |                       |          |              |  |        |  |  |  |  |
|                          |   | -  |                       |          |              | -  |        |  |  |  |  |
|                          |   |  |                       |          |              |  |        |  |  |  |  |
|                          |   |  |                       |          |              |  |        |  |  |  |  |
|                          |   |  |                       |          |              |  |        |  |  |  |  |
|                          |   | -  |                       |          |              |  |        |  |  |  |  |
|                          |   |  |                       |          |              | <del>                                     </del> |        |  |  |  |  |
|                          |   |  |                       |          |              | 1  |        |  |  |  |  |
|                          |   |  |                       | $\vdash$ |              |  |        |  |  | <u> </u>   |  |

| Part VII   Section A. Officers, Directors, Tru                                | <u>istees, Key Ei</u> | mplo                           | yee           | s, a         | nd l   | High                         | est      | Compensated Employ      | ees (continued)                |              |          |                 |          |
|---|-----------------------|--------------------------------|---------------|--------------|--------|------------------------------|----------|-------------------------|--------------------------------|--------------|----------|-----------------|----------|
| . (A)   | (B)                   | (C)                            |               |              |        |                              |          | (D)                     | (E)                            |              |          | (F)             |          |
| Name and title  | Average               | (do                            |               | Posi<br>heck |        | i<br>than (                  | one      | Reportable              | Reportable                     |              |          | timate          |          |
|   | hours per<br>week     |                                |               |              |        | ıs botl<br>or/trus           |          | compensation            | compensation                   | ו י          |          | ount            | of       |
|   | (describe             |                                | J             |              |        | 1                            | ,        | from the                | from related                   |              |          | other           | tion     |
|   | hours for             | drect                          |               |              |        | _                            |          |                         | organizations<br>(W-2/1099-MIS |              |          | oensa<br>om the |          |
|   | related               | 90                             | trustee       |              |        | sate                         |          | (W-2/1099-MISC)         | (***-2/1033-14110              | ~            |          | anızatı         |          |
|   | organizations         | Individual trustee or director | altru         |              | yee ye | ш                            |          | (                       |                                |              | _        | relate          |          |
|   | ın Schedule           | idual                          | Institutional | ᡖ            | 를<br>를 | esto                         | 펄        |                         |                                |              | orga     | nızatı          | ons      |
|   | O)                    | ģ                              | Instr         | Officer      | Key    | Highest compensated employee | Ē        |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       | <u> </u>                       |               |              | ļ      | ļ                            |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                | İ            |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       | _                              |               |              | ldash  | igspace                      |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                | 1            |          |                 |          |
|   |                       | <b>├</b> -                     | <u> </u>      |              | _      | $\vdash$                     |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   | _                     | <u> </u>                       |               |              |        | ļ                            |          |                         | <u>-</u> .                     |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       | <u> </u>                       |               |              |        | <u> </u>                     |          |                         |                                | $\dashv$     |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   | L                     | <u> </u>                       | <u> </u>      |              | !      |                              |          | 17 406                  |                                | <del>~</del> |          |                 |          |
| 1b Sub-total  |                       |                                |               |              |        |                              |          | 17,496.                 |                                | 0.           |          |                 | 0.       |
| c Total from continuation sheets to Part VI                                   | I, Section A          |                                |               |              |        |                              |          | 17,496.                 |                                | 0.           |          |                 | 0.       |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but n | at limited to th      |                                | lioto         | od al        |        | 2) 14/1                      | - r      |                         | 000 of reportable              |              |          |                 | <u> </u> |
| compensation from the organization  | or inflited to th     | 1056                           | IISLE         | u ai         | JUV    | 9) WI                        | IU IE    | eceived more than proc  | ,000 or reportable             | ,            |          |                 | 0        |
| compensation from the organization  |                       |                                | -             |              |        |                              |          |                         |                                |              | Т        | Yes             | No       |
| 3 Did the organization list any former officer,                               | director, or tri      | ıster                          | e. ke         | v en         | nolo   | vee.                         | or       | highest compensated e   | mplovee on                     | ſ            |          |                 |          |
| line 1a? If "Yes," complete Schedule J for s                                  |                       |                                | 0,            | ,            |        | ,,,                          | <b>.</b> | mg.root componicator c  | p.oyoo o                       |              | 3        |                 | X        |
| 4 For any individual listed on line 1a, is the su                             |                       |                                | amo           | ensa         | ation  | n and                        | l oth    | her compensation from   | the organization               | ľ            |          |                 |          |
| and related organizations greater than \$150                                  | •                     |                                | •             |              |        |                              |          | •                       | o. gaa                         |              | 4        |                 | Х        |
| 5 Did any person listed on line 1a receive or a                               |                       |                                |               |              |        |                              |          |                         | dual for services              | Ī            |          |                 |          |
| rendered to the organization? If "Yes," com                                   | plete Schedul         | e J f                          | or s          | uch ,        | pers   | son                          |          |                         |                                |              | 5        |                 | X        |
| Section B. Independent Contractors  | <u> </u>              |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
| 1 Complete this table for your five highest co                                | mpensated in          | depe                           | ende          | nt c         | onti   | racto                        | rs t     | that received more than | \$100,000 of comp              | oensa        | ation fr | om              |          |
| the organization Report compensation for                                      |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
| (A)   |                       | -                              |               |              |        |                              |          | (B)                     |                                |              | (C       |                 |          |
| Name and business   | address               | N(                             | INC           | <u> </u>     |        |                              |          | Description of s        | ervices                        | C            | omper    | satio           | n        |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              | _        |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              | 4        |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         | İ                              |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              |          |                         |                                |              |          |                 |          |
|   |                       |                                |               |              |        |                              | -        |                         |                                |              |          |                 |          |
| <del></del>   |                       |                                |               |              |        |                              |          | 4 - 1 1 - 1 - 1 - 1     |                                |              |          |                 |          |
| 2 Total number of independent contractors (i                                  | _                     | iot li                         | mite          | a to         | tno    | ise lis<br>M                 | tec      | a above) who received n | tore than                      |              |          |                 |          |
| \$100,000 of compensation from the organi                                     | zation                |                                |               |              |        | <u>U</u>                     |          |                         |                                |              |          | 200             | 2011     |
|   |                       |                                |               |              |        |                              |          |                         |                                |              | Form 9   | プラリ (2          | ∠U11)    |

| ,  | , VI                  | N Statement of Nevende   |                        | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|--|-----------------------|--|------------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | b<br>c<br>d<br>e<br>f | Fundraising events  Related organizations  Government grants (contributions)  1c  1d  1e   |                        |                      |  |   |   |
| Program Service<br>Revenue                             | 2 a b c c d           | AIR TIME REVENUE 51  | ness Code<br>5100      | 203,940.             | 112,167.                               | 91,773.                                 |   |
|  | 3                     | Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed                    | ▶                      | 203,940.             |  |   |   |
|  | 5<br>6 a<br>b         | Gross rents Less: rental expenses  | Personal               |                      |  |   |   |
|  | 7 a                   | a Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses  (i) Securities (ii) 375  | Other , 000.           |                      |  |   |   |
| Other Revenue  | 8 a                   | Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18                                     | •                      | 301,518.             | 207,170.                               | 94,348.                                 |   |
| ŏ  | o<br>-9 a             | Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less. direct expenses b   | <b>&gt;</b>            |                      |  |   | <del></del>   |
|  | 10 a                  | Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory |                        |                      |  |   |   |
|  |                       | Miscellaneous Revenue Busin  MISCELLANEOUS 90  | ness Code<br>0 0 0 9 9 | 80.                  | 80.                                    |   |   |
| 13200<br>01-23   | 12                    | All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.  | <b>&gt;</b>            | 80.<br>505,538.      | 319,417.                               | 186,121.                                | 0 .<br>Form <b>990</b> (2011)   |

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do  | Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,   | (A)            | (B)                      | (C)                                   | (D)<br>Fundraising                  |
|-----|--|----------------|--------------------------|---------------------------------------|-------------------------------------|
|     | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service expenses | Management and general expenses       | Fundraising<br>expenses             |
| 1   | Grants and other assistance to governments and   |                |                          |                                       |                                     |
|     | organizations in the United States. See Part IV, line 21   |                |                          |                                       |                                     |
| 2   | Grants and other assistance to individuals in  |                |                          |                                       |                                     |
|     | the United States. See Part IV, line 22  |                |                          |                                       |                                     |
| 3   | Grants and other assistance to governments,  |                | •                        |                                       |                                     |
|     | organizations, and individuals outside the   |                |                          |                                       |                                     |
|     | United States. See Part IV, lines 15 and 16  |                |                          |                                       | · · · · · · · · · · · · · · · · · · |
| 4   | Benefits paid to or for members  |                |                          |                                       |                                     |
| 5   | Compensation of current officers, directors,   |                |                          |                                       |                                     |
|     | trustees, and key employees  | 17,496.        |                          | 17,496.                               |                                     |
| 6   | Compensation not included above, to disqualified   |                |                          |                                       |                                     |
|     | persons (as defined under section 4958(f)(1)) and  |                |                          |                                       |                                     |
|     | persons described in section 4958(c)(3)(B)   | 132,663.       | 132,663.                 |                                       |                                     |
| 7   | Other salaries and wages   |                |                          |                                       |                                     |
| 8   | Pension plan accruals and contributions (include   |                |                          |                                       |                                     |
|     | section 401(k) and section 403(b) employer contributions)  |                |                          |                                       |                                     |
| 9   | Other employee benefits  | 13,906.        | 13,906.                  |                                       |                                     |
| 0   | Payroll taxes  | 12,315.        | 10,925.                  | 1,390.                                |                                     |
| 1   | Fees for services (non-employees).   |                |                          |                                       |                                     |
| а   | Management   |                |                          |                                       |                                     |
| þ   | Legal  |                |                          |                                       |                                     |
| C   | Accounting   | 12,240.        | 12,240.                  |                                       |                                     |
| d   | Lobbying   |                |                          |                                       |                                     |
| е   | Professional fundraising services. See Part IV, line 17  |                |                          |                                       |                                     |
| f   | Investment management fees   |                |                          |                                       |                                     |
| g   | Other .  |                |                          |                                       |                                     |
| 12  | Advertising and promotion  | 23,283.        | 23,283.                  |                                       |                                     |
| 13  | Office expenses  | 13,732.        | 13,732.                  | <del></del>                           | <del> </del>                        |
| 4   | Information technology   |                |                          |                                       |                                     |
| 15  | Royalties  |                |                          |                                       |                                     |
| 6   | Occupancy .  | 2,444.         | 2,444.                   |                                       |                                     |
| 7   | Travel   | 1,728.         | 1,728.                   |                                       |                                     |
| 8   | Payments of travel or entertainment expenses   | 1              |                          |                                       |                                     |
|     | for any federal, state, or local public officials  |                |                          |                                       |                                     |
| 9   | Conferences, conventions, and meetings   |                |                          | · · · · · · · · · · · · · · · · · · · | <del></del>                         |
| 0:  | Interest   |                |                          |                                       |                                     |
| 1:1 | Payments to affiliates   |                |                          |                                       |                                     |
| 2   | Depreciation, depletion, and amortization  | 1,931.         | 1,931.                   |                                       |                                     |
| :3  | Insurance  | 3,066.         | 3,066.                   |                                       |                                     |
| 24  | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                |                          |                                       |                                     |
| а   | COMMISSIONS  | 11,477.        | 11,477.                  |                                       |                                     |
| b   | DEAT DOMARK MANDO  | 9,758.         | 9,758.                   |                                       |                                     |
| C   | AUMO ENDEMOR   | 8,027.         | 8,027.                   |                                       |                                     |
| d   | TATOONED MANY  | 6,836.         | 6,836.                   |                                       |                                     |
|     | All other expenses   | 10,753.        | 10,753.                  |                                       |                                     |
| 5   | Total functional expenses. Add lines 1 through 24e   | 281,655.       | 262,769.                 | 18,886.                               | 0                                   |
| 26  | Joint costs. Complete this line only if the organization   |                |                          |                                       |                                     |
|     | reported in column (B) joint costs from a combined   |                |                          |                                       |                                     |
|     | educational campaign and fundraising solicitation.   |                |                          |                                       |                                     |
|     | Check here If following SOP 98-2 (ASC 958-720)   |                |                          |                                       |                                     |

| Pai                         | rt X· | Balance Sheet  |                              |                          |     |                    |
|-----------------------------|-------|--|------------------------------|--------------------------|-----|--------------------|
| •                           |       |  |                              | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1     | Cash - non-interest-bearing                          |                              | 33,024.                  | 1   | 383,591.           |
|                             | 2     | Savings and temporary cash investments               |                              | •                        | 2   |                    |
|                             | 3     | Pledges and grants receivable, net                   |                              |                          | 3   |                    |
|                             | 4     | Accounts receivable, net                             |                              | 46,541.                  | 4   |                    |
|                             | 5     | Receivables from current and former officers, di     | rectors, trustees, key       |                          |     |                    |
|                             |       | employees, and highest compensated employee          | es. Complete Part II         |                          |     |                    |
|                             |       | of Schedule L  |                              |                          | 5   |                    |
|                             | 6     | Receivables from other disqualified persons (as      | defined under section        |                          |     |                    |
|                             |       | 4958(f)(1)), persons described in section 4958(c     | (3)(B), and contributing     |                          |     |                    |
|                             |       | employers and sponsoring organizations of sections   | ion 501(c)(9) voluntary      |                          |     |                    |
|                             |       | employees' beneficiary organizations (see instru     | ctions)                      |                          | 6   |                    |
| Assets                      | 7     | Notes and loans receivable, net                      |                              |                          | 7   |                    |
| Ass                         | 8     | Inventories for sale or use                          |                              |                          | 8   |                    |
|                             | 9     | Prepaid expenses and deferred charges                | 13,781.                      | 9                        |     |                    |
|                             | 10a   | Land, buildings, and equipment, cost or other        |                              |                          |     |                    |
|                             |       | basis. Complete Part VI of Schedule D                | 10a 0.                       |                          |     |                    |
|                             | b     | Less: accumulated depreciation                       | 10b                          | 73,023.                  | 10c |                    |
|                             | 11    | Investments - publicly traded securities             |                              |                          | 11  |                    |
|                             | 12    | Investments - other securities. See Part IV, line    |                              | 12                       |     |                    |
|                             | 13    | Investments - program-related. See Part IV, line     |                              | 13                       |     |                    |
|                             | 14    | Intangible assets                                    |                              | 14                       |     |                    |
|                             | 15    | Other assets. See Part IV, line 11                   |                              | 74,500.                  | 15  |                    |
|                             | 16    | Total assets. Add lines 1 through 15 (must equ       | ai line 34)                  | 240,869.                 | 16  | 383,591.           |
|                             | 17    | Accounts payable and accrued expenses                |                              | 9,645.                   | 17  | 13,961.            |
|                             | 18    | Grants payable                                       |                              | 18                       |     |                    |
|                             | 19    | Deferred revenue                                     |                              |                          | 19  |                    |
|                             | 20    | Tax-exempt bond liabilities                          |                              |                          | 20  |                    |
| S                           | 21    | Escrow or custodial account liability. Complete      | Part IV of Schedule D        |                          | 21  |                    |
| Liabilities                 | 22    | Payables to current and former officers, director    | s, trustees, key employees,  |                          |     |                    |
| iab                         |       | highest compensated employees, and disqualifi        | ed persons. Complete Part II |                          |     |                    |
|                             |       | of Schedule L  |                              |                          | 22  |                    |
|                             | 23    | Secured mortgages and notes payable to unrela        |                              |                          | 23  |                    |
|                             | 24    | Unsecured notes and loans payable to unrelate        | d third parties              |                          | 24  |                    |
|                             | 25    | Other liabilities (including federal income tax, pa  | -                            |                          |     |                    |
|                             |       | parties, and other liabilities not included on lines | 17-24) Complete Part X of    |                          |     |                    |
|                             |       | Schedule D   |                              | 977.                     |     | 0.                 |
|                             | 26    | Total liabilities. Add lines 17 through 25           |                              | 10,622.                  | 26  | 13,961.            |
|                             |       | Organizations that follow SFAS 117, check he         | ere  and complete            |                          |     |                    |
| Ses                         | l     | lines 27 through 29, and lines 33 and 34.            |                              |                          |     |                    |
| <u>a</u>                    | 27    | Unrestricted net assets                              | •                            |                          | 27  |                    |
| Ba                          | 28    | Temporarily restricted net assets                    | •                            |                          | 28  | <del></del>        |
| Ē                           | 29    | Permanently restricted net assets                    | इ.चि                         |                          | 29  | <del></del>        |
| Net Assets or Fund Balances | İ     | Organizations that do not follow SFAS 117, c         | heck here 🕨 🐰 and            |                          |     |                    |
| Ö                           |       | complete lines 30 through 34.                        |                              | _                        | 0.0 | ^                  |
| set                         | 30    | Capital stock or trust principal, or current funds   |                              | 0.                       |     | 0.                 |
| As                          | 31    | Paid-in or capital surplus, or land, building, or ed |                              | 0.                       | 31  | 0.                 |
| Net                         | 32    | Retained earnings, endowment, accumulated in         | come, or other funds         | 230,247.                 | 32  | 369,630.           |
| _                           | 33    | Total net assets or fund balances                    | •                            | 230,247.                 | 33  | 369,630.           |
|                             | 34_   | Total liabilities and net assets/fund balances       |                              | 240,869.                 | 34  | 383,591.           |

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

|          |                                       |                        | OK FOUNDATIO   |  |                              |                                       |                 |  | 2  | 4-0837915              |
|----------|---------------------------------------|------------------------|--|--|------------------------------|---------------------------------------|-----------------|--|--|------------------------|
| Part I   | Reason                                | for Public Chari       | ity Status (All organiz                                    | ations mus                                       | st complet                   | e this part                           | .) See inst     | ructions.  |  | · ·- ·-                |
| he organ | ization is not a                      | private foundation b   | pecause it is: (For lines 1                                | through 1  | 1, check o                   | only one b                            | ox.)            |  |  |                        |
| 1 🔲      | A church, cor                         | nvention of churches   | s, or association of churc                                 | ches descr                                       | nbed in se                   | ction 170                             | (b)(1)(A)(i)    |  |  |                        |
| 2 🔲      | A school des                          | cribed in section 17   | 0(b)(1)(A)(ii). (Attach Scl                                | hedule E)  |                              |                                       |                 |  |  |                        |
| з 🔲      |                                       |                        | tal service organization of                                |  | n section                    | 170(b)(1)(                            | A)(iii).        |  |  |                        |
| 4        | •                                     |                        | perated in conjunction                                     |  |                              |                                       |                 | (b)(1)(A)(iii                                    | i). Enter t                                      | he hospital's name,    |
| . —      | city, and state                       | _                      | ,  | •  |                              |                                       |                 | ,  | •  | •                      |
| 5 🔲      | • •                                   |                        | benefit of a college or un                                 | iversity ov                                      | vned or or                   | erated by                             | a governr       | nental unit                                      | describe   | ed in                  |
| •        | _                                     | (b)(1)(A)(iv). (Comple | _  | ,  | ,-                           | <b>,</b>                              | <b>3</b>        |  |  |                        |
| 6 🔲      |                                       |                        | ent or governmental unit                                   | described  | l in sectio                  | n 17(/h)/1                            | <b>\/</b> \/\/\ |  |  |                        |
| 7 🗔      | •                                     | , •                    | eives a substantial part of                                |  |                              |                                       |                 | r from the                                       | neneral i  | nublic described in    |
| ,        | -                                     | b)(1)(A)(vi). (Complet |  | or its supp                                      | ore mornia                   | 90101111110                           |                 |  | 90.10.4.   |                        |
| 8 🔲      | _                                     |                        | ection 170(b)(1)(A)(vi). (                                 | Complete   | Part II \                    |                                       |                 |  |  |                        |
| s X      |                                       |                        |  |  |                              | om contril                            | outione m       | ambarehir  | s face ar  | nd arose receints from |
| 9 12     |                                       |                        | eives: (1) more than 33 1<br>actions - subject to certa    |  |                              |                                       |                 |  |  |                        |
|          |                                       |                        |  |  |                              |                                       |                 |  |  |                        |
|          |                                       |                        | axable income (less sect                                   | ion o i i ia.                                    | x) IIOIII Du                 | 5111 <del>0</del> 55 <del>0</del> 5 a | cquirea b       | y tri <del>o</del> orga                          | i iizalioi i                                     | alter dulle 30, 1373.  |
|          |                                       | 509(a)(2). (Complete   |  | at for publi                                     | a aafatu C                   | oo aaatia                             | - 500(a)(4      | 13   |  |                        |
|          | •                                     | •                      | perated exclusively to test<br>perated exclusively for the | · -  | =                            |                                       |                 | -  | out the  | nurnases of one or     |
| п 🗀      | -                                     |                        | itions described in section                                |  |                              |                                       |                 |  |  |                        |
|          |                                       |                        |  |  |                              |                                       | ) See Sec       | :tion 509(a                                      | a)(3). One                                       | eck the box that       |
|          |                                       | ·· · · · ·             | organization and comple                                    |  | e III - Func                 |                                       | agratad         |  | -a   | Type III - Other       |
| . 🗀      | a Type I                              |                        | 」Type II c<br>t the organization is not                    |  |                              | -                                     | •               | more diec  | uu<br>Lodified                                   |                        |
| e        |                                       | ·                      | han one or more publicly                                   |  |                              |                                       |                 |  |  |                        |
|          |                                       | =                      |  |  |                              |                                       |                 |  | (a)(1) UI  | Section 309(a)(2).     |
| f        | _                                     |                        | ten determination from t                                   | ne ino ina                                       | шизату                       | рез, туре                             | ii, or Type     | 9 111  |  |                        |
|          |                                       | rganization, check th  |  |  |                              | from on.                              | of the fall     |  | 0002   |                        |
| g        | •                                     |                        | rganization accepted an                                    |  |                              | -                                     |                 |  |  | Yes No                 |
|          |                                       | •                      | rectly controls, either al                                 | one or tog                                       | enier wini                   | persons u                             | escribed        | ii (ii) ariu (i                                  | ii) DeiOw,                                       | 11g(i)                 |
|          | -                                     |                        | upported organization?                                     |  |                              |                                       |                 | •  | •  | 11g(ii)                |
|          |                                       | <u>-</u>               | n described in (i) above?                                  |  |                              |                                       |                 |  |  | 11g(iii)               |
|          |                                       |                        | person described in (i) o                                  |  |                              |                                       |                 | •  |  | [                      |
| h        | Provide the fo                        | bilowing information   | about the supported org                                    | gamzation  | (8).                         |                                       |                 |  |  |                        |
|          |                                       |                        | (iii) Type of  | Civil la tha a                                   | raonization                  | (u) Did voi                           | notify the      | (vi) ls  | the  |                        |
| ` '      | of supported                          | (ii) EIN               | organization   | r  | irganization<br>sted in your | organizati                            |                 | organizatio                                      | n ın çol.  | (vii) Amount of        |
| org      | anization                             |                        | (described on lines 1-9                                    |  | document?                    | (i) of your                           |                 | (i) organiz                                      | ea in ine  <br>.?                                | support                |
|          |                                       |                        | above or IRC section (see instructions))                   | Yes  | No                           | Yes                                   | No              | Yes  | No   |                        |
| <u> </u> |                                       |                        | (000   | 1.05   |                              | 100                                   | -110            | 100  | - 110  |                        |
|          |                                       |                        |  |  |                              |                                       |                 |  | [ ]  |                        |
|          |                                       |                        |  |  |                              |                                       |                 |  | 1  |                        |
|          |                                       |                        |  |  |                              |                                       |                 |  |  |                        |
|          |                                       |                        |  |  |                              |                                       |                 | <del>                                     </del> |  |                        |
|          |                                       |                        |  |  | 1                            |                                       |                 |  |  |                        |
|          |                                       |                        |  |  |                              |                                       |                 |  |  |                        |
|          |                                       |                        |  |  |                              |                                       |                 |  | 1 1  |                        |
|          | · · · · · · · · · · · · · · · · · · · |                        |  | <del>                                     </del> |                              |                                       | <del> </del>    |  | $\vdash$   |                        |
|          |                                       |                        |  |  |                              |                                       |                 |  |  |                        |
|          |                                       |                        |  |  | <u> </u>                     | <del> </del>                          |                 | <u> </u>   | <del>                                     </del> |                        |
| otal     |                                       |                        |  |  |                              |                                       |                 |  |  |                        |
| otal     |                                       | l                      | L  | <u> </u>   | 1                            | <del></del>                           | <u> </u>        | <del></del>                                      |  |                        |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec  | tion A. Public Support                      |                      |                       |                        |                      |                     |                         |
|------|---|----------------------|-----------------------|------------------------|----------------------|---------------------|-------------------------|
| alei | ndar 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           |                      |                       |                        |                      |                     |                         |
|      | ınclude any "unusual grants.")              |                      |                       |                        |                      |                     |                         |
| 2    | Tax revenues levied for the organ-          |                      |                       |                        |                      |                     |                         |
|      | ızation's benefit and either paid to        |                      |                       |                        |                      |                     |                         |
|      | or expended on its behalf                   |                      |                       |                        |                      |                     |                         |
| 3    | The value of services or facilities         |                      |                       |                        |                      |                     |                         |
|      | furnished by a governmental unit to         |                      |                       |                        |                      |                     |                         |
|      | the organization without charge             |                      |                       |                        |                      |                     |                         |
| 4    | Total. Add lines 1 through 3                |                      |                       |                        |                      |                     |                         |
| 5    | The portion of total contributions          |                      |                       |                        |                      |                     |                         |
|      | by each person (other than a                |                      |                       |                        |                      |                     |                         |
|      | governmental unit or publicly               |                      |                       |                        |                      |                     |                         |
|      | supported organization) included            |                      |                       |                        |                      |                     |                         |
|      | on line 1 that exceeds 2% of the            |                      |                       |                        |                      |                     |                         |
|      | amount shown on line 11,                    |                      |                       |                        |                      |                     |                         |
|      | column (f)                                  |                      |                       |                        |                      |                     |                         |
| 6    | Public support. Subtract line 5 from line 4 |                      |                       |                        |                      |                     |                         |
| Sec  | tion B. Total Support                       |                      |                       |                        |                      |                     |                         |
| ale  | ndar year (or fiscal year beginning in)     | (a) 2007             | (b) 2008              | (c) 2009               | (d) 2010             | (e) 2011            | (f) Total               |
| 7    | Amounts from line 4                         |                      |                       |                        |                      |                     |                         |
| 8    | Gross income from interest,                 |                      |                       |                        |                      |                     |                         |
|      | dividends, payments received on             |                      |                       |                        |                      |                     |                         |
|      | securities loans, rents, royalties          |                      |                       |                        |                      |                     |                         |
|      | and income from similar sources             |                      |                       |                        |                      |                     |                         |
| 9    | Net income from unrelated business          |                      |                       |                        |                      |                     |                         |
|      | activities, whether or not the              |                      |                       |                        |                      |                     |                         |
|      | business is regularly carried on            |                      |                       |                        |                      |                     |                         |
| 10   | Other income. Do not include gain           |                      |                       |                        |                      |                     |                         |
|      | or loss from the sale of capital            |                      |                       |                        |                      |                     |                         |
|      | assets (Explain in Part IV.)                |                      |                       |                        |                      |                     |                         |
| 11   | Total support. Add lines 7 through 10       |                      |                       | <u> </u>               |                      |                     |                         |
| 12   | Gross receipts from related activities      | , etc. (see instruct | ions)                 |                        |                      | 12                  |                         |
| 13   | First five years. If the Form 990 is fo     | r the organization'  | 's first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3)        |                         |
| _    | organization, check this box and stor       | here                 |                       |                        |                      |                     | <b>&gt;</b>             |
| Sec  | ction C. Computation of Publ                | ic Support Pe        | ercentage             |                        |                      | <del> </del>        |                         |
|      | Public support percentage for 2011 (        |                      | -                     | column (f))            |                      | 14                  | %                       |
|      | Public support percentage from 2010         |                      | -                     |                        |                      | 15                  | . %                     |
| 16a  | 33 1/3% support test - 2011. If the         | _                    |                       |                        | 14 is 33 1/3% or     | more, check this b  | ox and                  |
| _    | stop here. The organization qualifies       |                      | -                     |                        |                      |                     | ▶∟                      |
| b    | 33 1/3% support test - 2010. If the         |                      |                       |                        | ine 15 is 33 1/39    | % or more, cneck t  | nis box                 |
|      | and stop here. The organization qua         | · -                  |                       |                        | 10 10 10             | 11 44 4004          | ▶□                      |
| 17a  | 10% -facts-and-circumstances tes            |                      | <del>-</del>          |                        |                      |                     |                         |
|      | and if the organization meets the "fac      |                      |                       | •                      | •                    | art IV now the orga | nization                |
|      | meets the "facts-and-circumstances"         | •                    | •                     |                        | •                    | 47                  | . ▶∟                    |
| þ    | 10% -facts-and-circumstances tes            |                      | -                     |                        |                      |                     |                         |
|      | more, and if the organization meets t       |                      |                       |                        | •                    |                     | e <u> </u>              |
|      | organization meets the "facts-and-cir       |                      | -                     |                        |                      |                     | ▶₩                      |
| 18   | Private foundation. If the organization     | on did not check a   | box on line 13, 16    | oa, 16b, 17a, or 17    |                      | •                   | ·                       |
|      |   |                      |                       |                        | Sch                  | edule A (Form 990   | or 990- <b>EZ)</b> 2011 |

# Schedule A (Form 990 or 990-EZ) 2011 PINEBROOK FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 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 b   | elow, please comp                       | lete Part II)        |                        | <del>-</del>        |                       |                 |  |
|---|--|---|----------------------|------------------------|---------------------|-----------------------|-----------------|--|
|   | tion A. Public Support   | r                                       |                      |                        | Τ                   |                       | <del></del>     |  |
|   | ndar year (or fiscal year beginning in) 🕨  | (a) 2007                                | <b>(b)</b> 2008      | (c) 2009               | (d) 2010            | (e) 2011              | (f) Total       |  |
| 1   | Gifts, grants, contributions, and  |   |                      |                        |                     |                       |                 |  |
|   | membership fees received. (Do not  |   |                      |                        |                     |                       |                 |  |
|   | include any "unusual grants.")   | 1,909.                                  | 1,500.               | 700.                   | 1,030.              | <u> </u>              | 5,139.          |  |
|   | 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 | 235,178.                                | 225,741.             | 222,723.               | 212,371.            | 112,167.              | 1008180.        |  |
|   | Gross receipts from activities that  | 1                                       | ,                    |                        |                     |                       |                 |  |
| _   | are not an unrelated trade or bus-   |   |                      |                        |                     |                       |                 |  |
|   |  |   |                      |                        |                     |                       |                 |  |
|   | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |   |                      |                        |                     |                       |                 |  |
| _   | The value of services or facilities furnished by a governmental unit to the organization without charge  |   |                      |                        |                     |                       |                 |  |
|   | Total. Add lines 1 through 5   | 237,087.                                | 227,241.             | 223,423.               | 213,401.            | 112,167.              | 1013319.        |  |
| _   | Amounts included on lines 1, 2, and  | 237,007.                                | 221,241.             | 223,423.               | 213, 101.           | 112,107.              | 1013313.        |  |
|   | 3 received from disqualified persons   |   |                      |                        |                     |                       | 0.              |  |
| 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  |   |                      |                        |                     |                       | 0.              |  |
|   | amount on line 13 for the year Add lines 7a and 7b   |   |                      |                        |                     |                       | 0.              |  |
| _   |  |   |                      |                        |                     |                       | 1013319.        |  |
|   | Public support (Subtract line 7c from line 6) tion B. Total Support  |   |                      |                        |                     | I                     | T               |  |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2007                                | (b) 2008             | (c) 2009               | (d) 2010            | (e) 2011              | (f) Total       |  |
| _   | Amounts from line 6  | 237,087.                                | 227,241.             | 223,423.               | 213,401.            | 112,167.              | 1013319.        |  |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                  |   |                      |                        |                     |                       |                 |  |
| b   | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  |   |                      |                        |                     |                       |                 |  |
| _   | Add lines 10a and 10b  |   |                      |                        |                     |                       |                 |  |
| _   | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | 5,398.                                  | <6.342.              | > <4,341.              | > 1,853.            | 21,187.               | 17,755.         |  |
| 12  | Other income Do not include gain or loss from the sale of capital  |   | 10/0321              | <u> </u>               |                     | 80.                   |                 |  |
| 40  | assets (Explain in Part IV.)   | 242,485.                                | 220 800              | 210 002                | 215,254.            |                       | 80.<br>1031154. |  |
|   | Total support (Add lines 9, 10c, 11, and 12)   |   |                      |                        |                     |                       |                 |  |
| 14  | First five years. If the Form 990 is for   | ruie organization's                     | s urst, second, thir | a, tourth, or tinth to | ax year as a sectio | ıı ou i(c)(3) organız | zation,         |  |
| 800   | check this box and stop here   | io Support Po                           | roontogo             |                        |                     |                       |                 |  |
| Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f) 98.27 %   |  |   |                      |                        |                     |                       |                 |  |
|   |  | • | •                    | column (t))            |                     | 15                    | 98.27 %         |  |
|   | 16 Public support percentage from 2010 Schedule A, Part III, line 15 16 100.00 %   |   |                      |                        |                     |                       |                 |  |
| Section D. Computation of Investment Income Percentage  17 Investment Income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)   |  |   |                      |                        |                     |                       |                 |  |
|   | ,  |   |                      |                        |                     |                       |                 |  |
|   | 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   |  |   |                      |                        |                     |                       |                 |  |

#### SCHEDULE O (Form 990'or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Employer identification number Name of the organization 24-0837915 PINEBROOK FOUNDATION, INC. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: ON MARCH 31, 2012 THE ORGANIZATION SOLD THEIR REGIGIOUS RADIO STATION WPEO AM 1020. FORM 990, PART VI, SECTION A, LINE 2: ELIZABETH CRAWFORD (SECRETARY) IS THE SPOUSE OF RICHARD CRAWFORD (PRESIDENT). FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION HAS ENGAGED OUR INDEPENDENT ACCOUNTANTS MCGLADREY LLP TO PREPARE FORM 990, BASED ON THE TRIAL BALANCE PROVIDED TO THEM. THE FORM 990 IS THEN REVIEWED BY MANAGEMENT, AND MADE AVAILABLE TO THE DIRECTORS FOR REVIEW, PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST AT THEIR OFFICES. ORGANIZATION DOES NOT CURRENTLY HAVE A CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENT. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: GOODWILL WRITEDOWN -84,500.