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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

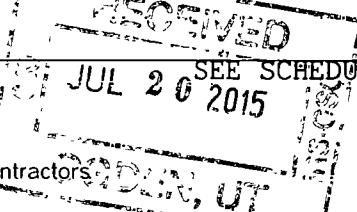
OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public  
Inspection

<b>A</b> For the 2013 calendar year, or tax year beginning <b>9/01</b> , 2013, and ending <b>8/31</b> , 2014		<b>C</b> <b>PINE TREE ISD EDUCATION FOUNDATION</b> P O BOX 5878 LONGVIEW, TX 75608		<b>D</b> Employer identification number <b>42-1611225</b>	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>E</b> Telephone number <b>903-295-5021</b>		<b>F</b> Group Exemption Number	
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
<b>I</b> Website: ► <a href="http://WWW.PTISD.ORG/FOUNDATION">WWW.PTISD.ORG/FOUNDATION</a>					
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>91,982.</b>					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	43,331.	
	2	Program service revenue including government fees and contracts	2	16,890.	
	3	Membership dues and assessments	3		
	4	Investment income	4	31,313.	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less. direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a	448.		
b	Less cost of goods sold	7b	1,755.		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,307.		
8	Other revenue (describe in Schedule O)	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	90,227.		
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	15,135.	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13	2,500.	
	14	Occupancy, rent, utilities, and maintenance	14		
	15	Printing, publications, postage, and shipping	15	9.	
	16	Other expenses (describe in Schedule O)	16	20,153.	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	37,797.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	52,430.	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	287,257.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	339,687.		
 JUL 20 2015 SEE SCHEDULE O SEE SCHEDULE O DFW, UT					

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**Part II Balance Sheets (see the instructions for Part II)**

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	287,257.	22 339,687.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
<b>25 Total assets</b>	<b>287,257.</b>	<b>25 339,687.</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0.</b>	<b>26 0.</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>287,257.</b>	<b>27 339,687.</b>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

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

What is the organization's primary exempt purpose? SEE SCHEDULE Q

Describe the organization's primary service purpose. SEE SCHEDULE 3  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

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

28	<u>OPERATING EXPENSES OF THE FOUNDATION.</u>		
	-----		
28a	(Grants \$ 15,135.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,991.	
29	<u>PIRATES &amp; PEARLS GALA- TO RECOGNIZE DISTINGUISHED PINE TREE ALUMNI</u>		
	-----		
29a	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,383.	
30	<u>PT HONORS RECEPTION- TO CELEBRATE TEACHERS SERVICE TO PINE TREE ISD AND TO ITS STUDENTS. TO AWARD TEACHERS WITH GRANTS AND AWARDS FOR THEIR OUTSTANDING SERVICE.</u>		
	-----		
30a	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,851.	
31	Other program services (describe in Schedule O) <b>SEE SCHEDULE O</b>		
	-----		
31a	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,192.	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	24,417.

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O  
 the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	Yes	No
33		X	
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	Yes	No
34		X	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	No
35a		X	
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	Yes	No
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	Yes	No
35c		X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	Yes	No
36		X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0.	Yes	No
b	Did the organization file <b>Form 1120-POL</b> for this year?	Yes	No
37b		X	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	Yes	No
38a		X	
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	Yes	No
38b		N/A	
39	Section 501(c)(7) organizations Enter	Yes	No
a	Initiation fees and capital contributions included on line 9	Yes	No
39a		N/A	
b	Gross receipts, included on line 9, for public use of club facilities	Yes	No
39b		N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► <b>40a</b> 0. , section 4912 ► <b>40b</b> 0. , section 4955 ► <b>40c</b> 0. , section 4958 ► <b>40d</b> 0. , section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	Yes	No
40b		X	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► <b>40e</b> 0.	Yes	No
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► <b>40e</b> 0.	Yes	No
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	Yes	No
40e		X	
41	List the states with which a copy of this return is filed ► <b>NONE</b>	Yes	No

42a	The organization's books are in care of ► <b>HANNAH CREAMY</b> Located at ► <b>1701 PINE TREE ROAD LONGVIEW TX</b>	Telephone no ► <b>903-295-5021</b> ZIP + 4 ► <b>75604</b>	Yes	No
42b		X		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	Yes	No	
42c		X		

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

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

If 'Yes,' enter the name of the foreign country ►

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> <input type="checkbox"/> <b>N/A</b> <b>N/A</b>	Yes	No
43		X	
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	Yes	No
44a		X	
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	Yes	No
44b		X	
c	Did the organization receive any payments for indoor tanning services during the year?	Yes	No
44c		X	
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	Yes	No
44d			
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	Yes	No
45a		X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	Yes	No
45b		X	

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

	Yes	No
46		X

**Part VI** Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

1

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49 a		X
49 b		

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

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

49 a X  
49 b

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>NONE</u>				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Signature of officer 	Date 7-13-15
		Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature
	KAREN A. JACKS, CPA		
	Firm's name ► KAREN A. JACKS & ASSOCIATES PC		Date 7/13/15
Firm's address ► P.O. BOX 3167 LONGVIEW, TX 75606		Check <input type="checkbox"/> if self-employed	
		PTIN P01404823	
		Firm's EIN ► 75-2886572	
		Phone no (903) 238-8822	

May the IRS discuss this return with the preparer shown above? See instructions.

►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

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.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Name of the organization <b>PINE TREE ISD EDUCATION FOUNDATION</b>	Employer identification number <b>42-1611225</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 9  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	48,818.	38,200.	45,914.	54,306.	43,331.	230,569.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>4 Total.</b> Add lines 1 through 3	<b>48,818.</b>	<b>38,200.</b>	<b>45,914.</b>	<b>54,306.</b>	<b>43,331.</b>	<b>230,569.</b>
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						230,569.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	48,818.	38,200.	45,914.	54,306.	43,331.	230,569.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,105.	12,355.	17,269.	19,106.	31,313.	87,148.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV) SEE PART IV	2,435.	2,692.	1,809.	1,865.	448.	9,249.
<b>11 Total support.</b> Add lines 7 through 10						326,966.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	70.52 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	72.33 %
<b>16a 33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
<b>b 33-1/3% support test – 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

**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 below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total Support.</b> (Add Ins 9,10c, 11 and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
<b>19a 33-1/3% support tests – 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33-1/3% support tests – 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

PINE TREE ISD EDUCATION FOUNDATION

Employer identification number

42-1611225

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROMOTE AND SUPPORT THE EDUCATIONAL PROGRAMS FOR BOTH THE STUDENTS AND STAFF  
PERSONNEL OF PINE TREE INDEPENDENT SCHOOL DISTRICT.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

2013

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

PINE TREE ISD EDUCATION FOUNDATION

42-1611225

**FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CLASS OF ACTIVITY: SCHOLARSHIP GRANT  
 DONEE'S NAME: KILGORE COLLEGE DUAL CREDIT SCHOLARSHIP  
 CASH AMOUNT GIVEN: \$ 6,635.

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 1,845.
ANCHOR CLUB EXPENSES	463.
BANK CHARGES	6.
BEACON AWARDS- TEACHER GIFTS	1,300.
BOARD EXPENSE	265.
BRICK PLAZA PROJECT	429.
CONFERENCES, CONVENTIONS, AND MEETINGS	45.
DUES & SUBSCRIPTIONS	1,774.
GALA EXPENSE	5,383.
HOMECOMING LUNCHEON	3,763.
INFORMATION TECHNOLOGY	1,000.
MEALS & ENTERTAINMENT	32.
OFFICE EXPENSES	165.
PT HONORS RECEPTION	3,551.
SALES TAX	132.
<b>TOTAL \$</b>	<b>20,153.</b>

**FORM 990-EZ, PART III, LINE 31  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
ALUMNI HOMECOMING LUNCHEON- TO RECOGNIZE DISTINGUISHED PINE TREE ALUMNI		3,763.
INCLUDES FOREIGN GRANTS: NO		
BRICK PLAZA PROJECT- TO COMMEMORATE PAST AND PRESENT PINE TREE STUDENTS WITH BRICKS IN A PLAZA BUILT ESPECIALLY FOR THEM.		429.
INCLUDES FOREIGN GRANTS: NO		
<b>TOTAL \$</b>	<b>0.</b>	<b>\$ 4,192.</b>

PINE TREE ISD EDUCATION FOUNDATION

42-1611225

**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
ELIZABETH MITCHELL DIRECTOR	0	\$ 0.	\$ 0.	\$ 0.
SUZANNE SMITH VICE PRESIDENT	0	0.	0.	0.
RON HUTCHISON VICE PRESIDENT	0	0.	0.	0.
CHAPIN MILLER DIRECTOR	0	0.	0.	0.
DONNA PRUITT DIRECTOR	0	0.	0.	0.
IVA HOLYFIELD VICE PRESIDENT	0	0.	0.	0.
MARY SUITS VICE PRESIDENT	0	0.	0.	0.
DANNY GARRETT DIRECTOR	0	0.	0.	0.
MICHAEL BLACK VICE PRESIDENT	0	0.	0.	0.
JUDY STILES PARLIAMENTARIAN	0	0.	0.	0.
ANN ADAMSON DIRECTOR	0	0.	0.	0.
CHRIS JONES DIRECTOR	0	0.	0.	0.
HANNAH CREACY EXECUTIVE DIR.	0	0.	0.	0.
JENNIFER HARRIS PRESIDENT	0	0.	0.	0.
KEITH HONEY DIRECTOR	0	0.	0.	0.
INDIRA LANKA DIRECTOR	0	0.	0.	0.

PINE TREE ISD EDUCATION FOUNDATION

42-1611225

**FORM 990-EZ, PART IV (CONTINUED)**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND TITLE</u>	<u>AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS &amp; CONTRIB- BUTION TO EBP &amp; DC</u>	<u>ESTIMATED AMOUNT OF OTHER COMPEN.</u>
DR. CRAIG MEEK DIRECTOR	0	\$ 0.	\$ 0.	\$ 0.
RAYMOND RUSSELL TREASURER	0	0.	0.	0.
DR. T.J. FARLER MEMBER-AT-LARGE	0	0.	0.	0.
LEZLI CHAPPEL DIRECTOR	0	0.	0.	0.
BRIAN DAUGBJERG DIRECTOR	0	0.	0.	0.
MELANIE EDWARDS DIRECTOR	0	0.	0.	0.
LEAH FINLEY DIRECTOR	0	0.	0.	0.
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

2013

**SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5**

PINE TREE ISD EDUCATION FOUNDATION

42-1611225

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
MERCHANDISE & GAME TICKET SALES					
TOTAL	\$ 448.	\$ 1,865.	\$ 1,809.	\$ 2,692.	\$ 2,435.
	<u>\$ 448.</u>	<u>\$ 1,865.</u>	<u>\$ 1,809.</u>	<u>\$ 2,692.</u>	<u>\$ 2,435.</u>