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SCANNED NOV 0 6 2015

Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

▶ 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.lrs.gov/form990.

Open to Public Inspection

Interr	al Reve	nue Service	► Information about Form 990-EZ and its in	nstruction	is is at _{www./r}	s.gov/forn	1990.		Inspection
A	or the	2014 calend	ar year, or tax year beginning SEP 1, 20	14	and endin	g AU	G 3	1, 2	2015
В	heck if	ie C	Name of organization						dentification number
	٦ .	ess change							
	٦		PINEBROOK FOUNDATION, INC.				2	4-08	337915
	_	1 1	mber and street (or P O. box, if mail is not delivered to street add	ress)	IR	oom/suite			number
	Final	return return/ nated 1	.328 GYPSY HILL ROAD, P.O. BO	X 501			(215	643-3636
	٦	ded return Cit	y or town, state or province, country, and ZIP or foreign postal c					up Exer	
	7		WYNEDD VALLEY, PA 19437-050	1				nber 🕨	•
G /		iting Method:	Cash X Accrual Other (specify)				-		If the organization is
		e: N/A					1		d to attach Schedule B
				sert no.)	4947(a)(1) or	527	4	•	990-EZ, or 990-PF).
		f organization			ther		····		
		•	1 7b to line 9 to determine gross receipts. If gross receipts are \$2	.00.000 or n	nore, or if total a	ssets (Part	ii.		······································
			re \$500,000 or more, file Form 990 instead of Form 990-EZ	,	•	`	. 1	▶ \$	53,664.
_	art I		ue, Expenses, and Changes in Net Assets o	r Fund I	Balances (s	ee the instr	uctions	for Par	
		Check if th	e organization used Schedule O to respond to any question in the	ıs Part I					X
	1		s, gifts, grants, and similar amounts received					1	40,000.
	2		vice revenue including government fees and contracts					2	
	3	-	dues and assessments					3	
	4	Investment i	ncome	SEE	SCHEDU	LE O		4	4,934.
	5a	Gross amou	nt from sale of assets other than inventory		5a	8,7	30.		
	Ь	Less: cost or	other basis and sales expenses		5b	8,7			
	c	Gain or (loss	5c	<64.>					
	6		fundraising events						
d)	l a	-	e from gaming (attach Schedule G if greater than						
Ž	1	\$15,000)			6a				
Revenue	ь								
Œ]	from fundraising events reported on line 1) (attach Schedule G if the sum of such							
			e and contributions exceeds \$15,000)		6b			i i	
	C		expenses from gaming and fundraising events		6c			1 1	
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6	b and subtr	act line 6c)			6d	
	7a	Gross sales	of inventory, less returns and allowances	L	7a				
	Ь	Less: cost of	f goods sold		7b			1	
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	-				7c	
	8	Other revenu	ue (describe in Schedule O)					8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				_	9	44,870.
	10	Grants and s	similar amounts paid (list in Schedule 0)	SEE	SCHEDU	LE O		10	2,500.
	11	Benefits paid	to or for members	ì				11	
S	12	Salaries, oth	er compensation, and employee benefits				1	12	8,748.
SU.	13	Professiona	fees and other payments to independent contractors	1				13	4,980.
Expenses	14	Occupancy,	rent, utilities, and maintenance OCT 27 2015	ļ				14	
Ш	15		nications, postage, and simplified	i E				15	
	16		ses (describe in Schedule 0)	SEF	SCHEDU	LE O		16	1,395.
	17		ses. Add lines 10 through 16	<u>'</u>				17	17,623.
s	18		leficit) for the year (Subtract line 17 from line 9)		-			18	27,247.
Net Assets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A))					[]	
As	1	(must agree	with end-of-year figure reported on prior year's return)					19	355,768.
Net Et	20		es in net assets or fund balances (explain in Schedule 0)	SEE	SCHEDU	LE O		20	<14,569.>
	21		r fund balances at end of year. Combine lines 18 through 20					21	368,446.
LH	A Fo	r Paperwork I	Reduction Act Notice, see the separate instructions						Form 990-EZ (2014)

432171 12-15-14

			163	110
l4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		х
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
ь	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)	45b		

Form 990-EZ (2014)

Form	990-E2	(2014) PINEBROOK FOUND	ATION, IN	1C.			24-08379	15	ı	Page 4
<u></u> -	D. 2 15							_		No
46		e organization engage, directly or indirectly, in pol	itical campaign activ	vities on behalf of or i	n oppositio	n to candidates for pu	iplic office?			37
Pa	rt VI	complete Schedule C, Part I Section 501(c)(3) organizations	only			··		46		<u> </u>
		All section 501(c)(3) organizations must a	-	47.49b and 52. and	d complet	a the tables for line	s 50 and 51			
		Check if the organization used Schedule	· •		-	e the tables for line	S SQ and ST			
		Shook if the organization used Schedule	C to respond to a	any question in this	T CIT VI	·	· 		Yes	No
47	Did the	e organization engage in lobbying activities or hav	e a section 501(h) e	election in effect durin	o the tax ve	ar? If "Yes." complete	Sch. C. Part II	47		X
48		organization a school as described in section 170					· · · /	48	-	X
49 a		e organization make any transfers to an exempt no						49a		X
		was the related organization a section 527 organ		•				49b		
50	Compl	ete this table for the organization's five highest co	mpensated employ	ees (other than office	rs, director	s, trustees and key en	nployees) who ead	h rec	eived i	nore
	than \$	100,000 of compensation from the organization. I	f there is none, ente	er "None."						
		(a) Name and title of each employee		(b) Average		(C) Reportable	(d) Health benefits, contributions to		Estim	
				per week dev		compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred		unt of	
		NONNON	E	positio	II		compensation	COI	npens	alion
						ļ		}		
						ļ				
				_]		
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				_		'				
						-				
				_		ļ				
							 .	ļ		
						Ţ		ĺ		
	Total	where of other complement and over \$100,000					l	l		—
		number of other employees paid over \$100,000 lete this table for the organization's five highest co	mnoncated indepe	ndent contractors who	and reco	wed more than \$100	000 of companes	ion fr	om the	1
51		zation. If there is none, enter "None." NON		ildeni comi actors win	J Cacil ICCC	ived more man \$ 100,	ooo or compensar	ion ne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	_	Name and business address of each independe			(b)	Type of service	(c) C	omne	rsatio	
		y manio and sacrificos address of each imagenias	commutation			, , , ,				
							~			
										
									•	
					_					
d	Total r	number of other independent contractors each rec	ceiving over \$100,0	00						
52	Did th	e organization complete Schedule A? Note . All se	ction 501(c)(3) org	anızatıons must attac	h a		_	-,	,	
		eted Schedule A					X			No
		lties of perjury, I declare that I have examined this						je and	belief	, it is
true,	correc	t, and complete. Declaration of preparer (other the	an officer) is based	on all information of v	vhich prepa	rer has any knowledg	e.			
		Kuhard T. Crewfo	ded_				10/19/1	5		
Sig	n	Signature of officer					Cate /			
He	re	RICHARD T CRAWFORD,	PRESIDE	NT						
	1		15		I Data	Check	I IF LOTIN			
		Print/Type preparer's name	Preparer's signat		Date	Check	if PTIN			
Pai	id	CHRISTOPHER M.	CHRISTOP	HEK M.	What	self- emplo	· .	2 4	065	
Pre	pare	PEKULA	PEKULA		1 10		P007			
	e Onl	Firm's name MCGLADREY LI		200		Firm's EIN				
		Firm's address ► 751 ARBOR W	•	200		Phone no	215.641	. • 8	000	
								Ye		1.1-
мау	tne IRS	discuss this return with the preparer shown abo	ver See Instruction	S						<u>No</u>

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

PINEBROOK FOUNDATION, INC.

Employer identification number 24-0837915

Pa	rt I	Reason for Public C	Charity Status (A	II organizations must co	mplete thi	s part) Se	e instructions			
The	ne organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)									
1		•	•	•	-	•)(A)(i).			
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Ħ				ation 170	/b\/ 4\/ A\/;;	:1			
3	-	A hospital or a cooperative l						N 1 4 - 12		
4	ت	A medical research organiza	ation operated in cor	ijunction with a nospital	aescribea	i in sectioi	1 170(b)(1)(A)(III). Entert	tne nospitar's name,		
	city, and state									
5	ш	An organization operated fo	r the benefit of a col	lege or university owned	or operat	ed by a go	overnmental unit describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II)									
6		A federal, state, or local gov	ernment or governm	nental unit described in s	section 17	'O(b)(1)(A)	v).			
7		An organization that normal	lv receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (Co	•				- · · · · · · · · · · · · · · · · · · ·			
8		A community trust describe	•	1)(A)(vi) (Complete Part	- 11 \					
	\mathbf{x}	·					una mambarahin fasa ai	nd areas resemble from		
9		An organization that normal	•	•	-		•	- '		
		activities related to its exem	•	· · · · · · · · · · · · · · · · · · ·				•		
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busine:	sses acqu	ired by the organization	after June 30, 1975		
		See section 509(a)(2). (Con								
10		An organization organized a	ind operated exclusi	vely to test for public sa	fety Sees	section 50	9(a)(4).			
11	\Box	An organization organized a	ind operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) oi	r section 5	509(a)(2)	See section 509(a)(3) . C	heck the box in		
		lines 11a through 11d that of	describes the type of	f supporting organization	n and com	plete lines	11e, 11f, and 11g			
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its sup	ported ord	anization(s), typically by	giving		
		the supported organization	•	•	-	_		= =		
		organization You must c	` ' '	• • • •				., .		
ь		Type II. A supporting orga	•		tion with it	s sunnorte	ed organization(s) by ha	vina		
_										
		control or management of			anie persc	nis that co	intiol of manage the sup	ported		
		organization(s) You must	-					1 0		
C	:							ed with,		
	_	_ its supported organization	n(s) (see instructions	 You must complete f 	Part IV, Se	ections A,	D, and E.			
C	ı	$oldsymbol{ol}}}}}}}}} $	•							
		that is not functionally int	egrated The organiz	zation generally must sat	tisfy a dist	rıbutıon re	quirement and an attent	iveness		
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
•		Check this box if the orga	inization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or								
1	- Fnt	er the number of supported of	• •	,.	5 5					
ç		vide the following information	•	ed organization(s)						
		(i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		organization		(described on lines 1-9	listed i governing o	n your	support (see	other support (see		
				above or IRC section	Yes	No	Instructions)	Instructions)		
				(see instructions))	103					
					l	1				
				•						
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")			<u> </u>	<u> </u>		
2	Tax revenues levied for the organ-		·				
	ization'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				1		
5	The portion of total contributions						
	by each person (other than a			1			
	governmental unit or publicly			İ	1		
	supported organization) included			1			
	on line 1 that exceeds 2% of the				[1	
	amount shown on line 11,		ļ				
	column (f)]	,	1		
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		1		1		
	securities loans, rents, royalties	1					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					<u> </u>	
10	Other income Do not include gain						
	or loss from the sale of capital			ļ			
	assets (Explain in Part VI)					<u> </u>	
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, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	
_	organization, check this box and sto					<u> </u>	
<u>Se</u>	ction C. Computation of Pub	ic Support Pe	ercentage				
	Public support percentage for 2014 (•	, column (f))		14	%
	Public support percentage from 2013					15	%
16	a 33 1/3% support test - 2014. If the	_			e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						▶□
1	o 33 1/3% support test - 2013. If the				id line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua						
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art VI how the orga	nization
	meets the "facts-and-circumstances"	•	•		-	4- 1. 4-	▶∟
١	10% -facts-and-circumstances tes						
	more, and if the organization meets t						e
	organization meets the "facts-and-cir		•				? H
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	ba, 16b, 17a, or 1			
					Sch	lequie A (Form 99	0 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 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

Sec	ction A. Public Support	elow, please comp	ete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(8) 2010	(0) 2011	(0) 2012	(u) 2013	(e) 2014	(I) Total
•	membership fees received (Do not	•	1			ł	
	include any "unusual grants ")	1,030.				40,000.	41,030.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	212,371.	112 167				
_	organization's tax-exempt purpose	414,3/1.	112,167.				324,538.
3	Gross receipts from activities that			ĺ			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	213,401.	112,167.			40,000.	365,568.
7a	Amounts included on lines 1, 2, and 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 amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6.)						365,568.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	213,401.	112,167.			40,000.	365,568.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,254.	4,238.	4,871.	10,363.
t	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses acquired after June 30, 1975				<u>.</u>	<u> </u>	
•	Add lines 10a and 10b			1,254.	4,238.	4,871.	10,363.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,853.	21,187.				23,040.
12	Other income Do not include gain or loss from the sale of capital		80.				80.
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	215,254.	133,434.	1,254.	4,238.	44,871.	
	First five years. If the Form 990 is fo						
	check this box and stop here		,,	,,	.,		▶□
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2014 ((line 8, column (f) d	ivided by line 13, co	olumn (f))		15	91.61 %
16			•			16	96.27 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	014 (line 10c, colu	mn (f) divided by lin	e 13, column (f))	_	17	2.60 %
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	.44 %
19	a 33 1/3% support tests - 2014. If the	e organization did r	not check the box o	n line 14, and line	15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	-	•				► X
I	b 33 1/3% support tests - 2013. If the	-					
	line 18 is not more than 33 1/3%, chi		•				▶;;;
20	Private foundation. If the organization	on did not check a	pox on line 14, 19a	ı, or 190, check th	is box and see ins	SITUCTIONS	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part vi what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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Lighther content year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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<u>4</u> 5

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

b c Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount

Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

greater than zero, see instructions)

instructions)

Breakdown of line 7

d Excess from 2013 e Excess from 2014

and 4c

Schedule A	(Form 990 or 990-l	EZ) 2014 PINEBRO	OK FOUNDAT:	ION, INC.		24-0837915 Page 8
Part VI	Supplementa	I Information. Provide	de the explanations i	required by Part II, III	ne 10, Part II, line 17a	24-0837915 Page 8 or 17b, and Part III, line 12
	Also complete the	s part for any additional	information (See ins	tructions)	· · · · · · · · · · · · · · · · · · ·	·
						
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SCHEDULE 0

(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.les.gov/form990

2014

Open to Public Inspection

Name of the organization

Employer identification number

PINEBROOK FOUNDATION, INC.	24-0837915
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS	5,173.
NON DIVIDEND DISTRIBUTION	-239.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	4,934.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: GOSPEL SPREADING	
GRANTEE NAME: SONGTIME CAPE COD CONFERENCE	
GRANTEE ADDRESS: PO BOX 100 BARNSTABLE, MA 02630	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 08/03/15	
AMOUNT GIVEN:	2,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSE	428.
PAYROLL TAXES	967.
TOTAL TO FORM 990-EZ, LINE 16	1,395.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN/LOSS ON INVESTMENTS	-14,569.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SPREAD AND PROMOTE THE

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

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE O

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(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.

OMB No 1545-0047

Open to Public

Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number 24-0837915 PINEBROOK FOUNDATION, INC. GOSPEL OF JESUS CHRIST. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, THE ORGANIZATION, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.