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EXTENDED TO APRIL 18, 2017 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

Department of the Treasury Internal Revenue Service

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

A	For th	e 2015 calendar year, or tax year beginning SEP 1, 2015 and ending A	JG 31,	2016			
В	Check rapplicate	C Name of organization		dentification number			
	Ť.	ess change					
Ē	\neg	e change PINEBROOK FOUNDATION, INC.	24-0	837915			
	_	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone	number			
	Final	return/ 1328 GYPSY HILL ROAD, P.O. BOX 501	(215	(215)643-3636			
	_	City or town, state or province, country, and ZIP or foreign postal code	+	Group Exemption			
	_	alion pending GWYNEDD VALLEY, PA 19437-0501	Number	•			
G		nting Method Cash X Accrual Other (specify)	H Check ▶	If the organization is			
1	Websi	te N/A	not require	ed to attach Schedule B			
		tempt status (check only one)X 501(c)(3) 501(c) () ◀(Insert no) 4947(a)(1) or 52	⊣ '	, 990-EZ, or 990-PF)			
_		of organization X Corporation Trust Association Other		 			
L	Add Im	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	t II,	.			
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	52,716.			
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions for Par				
		Check if the organization used Schedule O to respond to any question in this Part I		X			
	1	Contributions, gifts, grants, and similar amounts received	1	15,000.			
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3				
	4	Investment income SEE SCHEDULE O	4	5,515.			
	5a	Gross amount from sale of assets other than inventory 5a 32,	201.				
	b	Less cost or other basis and sales expenses 5b 39,	124.				
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<6,923.>			
	6	Gaming and fundraising events	21 12				
ō	a	Gross income from gaming (attach Schedule G if greater than					
n e		\$15,000) 6a					
Revenue	b	Gross income from fundraising events (not including \$ of contributions					
, _"		from fundraising events reported on line 1) (attach Schedule G if the sum of such					
,		gross income and contributions exceeds \$15,000) 6b					
	С	Less direct expenses from gaming and fundraising events					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d				
	7 a	Gross sales of inventory, less returns and allowances 7a					
	b	Less cost of goods sold 7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule O)	8				
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	13,592.			
	10	Grants and similar amounts paid (list in Schedule 0)	10				
	11	Benefits paid to or for members	11	0.010			
es	12	Salaries, other compensation, and employee benefits $31 - 5$	12	8,748.			
ens	13	Professional rees and other payments to independent confuactors	13	3,125.			
Expenses	14	Occupancy, rent, utilities, and maintenance	14	_			
ш	15	Printing, publications, postage, and shipping	15	1 510			
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	1,512.			
	17	Total expenses Add lines 10 through 16	▶ 17	13,385.			
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	207.			
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A))	F-1-1-1	260 446			
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19	368,446. 20,711.			
Š	20	Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O	20				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	389,364. Form 990-EZ (2015)			
LH	H LOL	Paperwork Reduction Act Notice, see the separate instructions		ruini 330-E& (2013)			

532171 12 02 15

Pa	art II Balance Sheets (see the instructions for Part II)	<u> </u>	-			
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part II			
			(A) Beginning of year			nd of year
22	Cash, savings, and investments		368,446	. 22		389,364.
23	Land and buildings	Ļ		23		
24	Other assets (describe in Schedule 0)	Ļ		24	<u> </u>	
25	Total assets	Ļ	368,446			389,364.
26	Total liabilities (describe in Schedule 0)		0	- 1		0.
	Net assets or fund balances (line 27 of column (B) must agree with line 21)		368,446	• 27	ļ. .	389,364.
Pa	art III Statement of Program Service Accomplishmen	`	•	[47]		rpenses for section
_	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part III	X		and 501(c)(4)
Nha	at is the organization's primary exempt purpose? SEE SCHEDULE O					ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program s her, describe the services provided, the number of persons benefited, and other relevant inform		penses. In a clear and concise		others)	
			THE CUDICE		 	
28	GRANTS TO SPREAD AND PROMOTE THE GO	SPED OF OE	SUS CHRIST]]	
						
	10				000	
20	(Grants \$) If this amount includes foreign g	rants, check here			28a 	 -
29						
			-		} }	
	/C				29a	
30	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	29a	
JU						
					1 1	
	(Grants \$) If this amount includes foreign g	rante chack hara		\Box	30a	
31	Other program services (describe in Schedule O)	rants, check here		<u> </u>	1004	
	(Grants \$) If this amount includes foreign g	rants check here	_		31a	
	Total program service expenses (add lines 28a through 31a)	rants, check here			32	
-						
P	art IV. List of Officers, Directors, Trustees, and Key E	mplovees (list each	one even if not compensated -	see the		or Part IVI
Pa	art, IV, List of Officers, Directors, Trustees, and Key E			see the		or Part IV)
Pa	Check if the organization used Schedule O to response	ond to any ques	tion in this Part IV	Leis	instructions for	
Pa	Check if the organization used Schedule O to response		(c) Reportable compensation (Forms	(d) He		(e) Estimated amount of other
Pa	art, IV, List of Officers, Directors, Trustees, and Key E	oond to any ques (b) Average hours	tion in this Part IV	(d) He contr emple plans,	instructions for	(e) Estimated
Pa	Check if the organization used Schedule O to respond title	oond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
Pa	Check if the organization used Schedule O to response	oond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other compensation
Pa RI PR	CHARD T. CRAWFORD	oond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	ealth benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of other
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532172 12-02-15

Form **990-EZ** (2015)

Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirements			_
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X
			Yes	No
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 0	33	├	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	34	ļ	x
25.2	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		
JJ 4	on lines 2, 6a, and 7a, among others)?	35a	ļ	х
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	35b	N/	
	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			<u> </u>
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	验.	-]
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	数		ļ. ₅₂
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 5.01(a)(7) exempletions. Feters	180 180	l	} 、
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A		1	
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1.	-	1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	12511250	- vár	50
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			一套
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		24.5	, 7
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	24	}	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	養力量	E	. g. 4.
_	by the organization All exposurations At any time during the toy user the exposuration a party to a prohibited by shelter		克 達	3 2
е	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	40e		X
41	List the states with which a copy of this return is filed NONE	400		1
	The organization's books are in care of ► RICHARD CRAWFORD Telephone no. ► 215-64	3 – 3	636	
	Located at ▶ 1328 GYPSY HILL RD, P.O. BOX 501, GWYNEDD VALLEY, ZIP+4 ▶ 1			-
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		Yes	No
	account)?	42b	<u> </u>	Х
	If "Yes," enter the name of the foreign country:	1998 65	<u> </u>	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	¥		ν
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
42	If "Yes," enter the name of the foreign country: Section 4047(a)(1) recoverage charatella truste filing Form 900 F7 is liquid Form 1041 - Check bare		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
	and enter the amount of tax-exempt interest received of accreed during the tax year	14 / 11	·	
			Yes	No
44 a	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	i.		
	of Form 990-EZ	44b	<u> </u>	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	<u> </u>	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	├	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	4	1	1
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	00.57	(2015)
53217	73	TOTAL S	30-EZ	(2010)

SCHEDULE A

Department of the Treasury

(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.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number PINEBROOK FOUNDATION, INC. 24-0837915 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving.
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving.
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving.
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving.
 ☐ Type I. A supporting organization operated.
 ☐ Type I. A supporting o the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 19 organization support (see other support (see governing document? above (see instructions)) instructions) instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ, 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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)

1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 Section B. Total Support	Section A. Public Support								
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 Section B. Total Support	Total								
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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 Section B. Total Support									
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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 Section B. Total Support									
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amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support									
Section B. Total Support									
Calendar year for fiscal year heginning in \ (a) 2011 (b) 2012 (d) 2013 (d) 2014 (a) 2015 (d) 2015									
Calculate John for novel John Degrammy m/F [a] 2011 [b] 2012 [c] 2010 [d] 2014 [e] 2015 [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 VI)									
11 Total support. Add lines 7 through 10									
12 Gross receipts from related activities, etc. (see instructions)									
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									
<u></u>									
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	%								
15 Public support percentage from 2014 Schedule A, Part II, line 14	%								
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	-								
stop here. The organization qualifies as a publicly supported organization									
b 33 1/3% support test - 2014. 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 stop here. The organization qualifies as a publicly supported organization									
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	,								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the								
organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization									
18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-									

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)

Sec	Section A. Public Support									
Cale	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and	<u> </u>								
	membership fees received (Do not									
	include any "unusual grants ")				40,000.	15,000.	55,000.			
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose	112,167.					112,167.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513						i			
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	112,167.			40,000.	15,000.	167,167.			
	Amounts included on lines 1, 2, and					<u> </u>				
	3 received from disqualified persons		Į į				0.			
t	Amounts included on lines 2 and 3 received									
	from other than disqualified persons that			ļ						
	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.			
	Public support. (Subtract line 7c from line 6)			2 34 65 E	- N G	3 .	167,167.			
Sec	ction B. Total Support	Service Service Services	A s sheep at your Designs . Suppose				<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Amounts from line 6	(a) 2011 112, 167.	, , , , , , , , , , , , , , , , , , ,		40,000.	15,000.	167,167.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources		1,254.	4,238.	4,871.	<1,408.	8,955.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses	:				}				
	acquired after June 30, 1975									
	Add lines 10a and 10b		1,254.	4,238.	4,871.	<1,408.	> 8,955.			
	Net income from unrelated business					<u>-</u> -				
	activities not included in line 10b,	!	i							
	whether or not the business is regularly carried on	21,187.					21,187.			
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)	133,434.	1,254.	4,238.	44,871.	13,592.	197,389.			
	First five years. If the Form 990 is for									
1-7	check this box and stop here	the organization s	s inst, second, time	s, routin, or mar ta	ix year as a sectio	11 30 1(c)(3) organiz	.ation,			
Sar	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2015 (oluma (fi)		15	84.69 %			
			•	olumn (I))		16	$\frac{91.61}{91.61}$ %			
	Public support percentage from 2014 ction D. Computation of Investigation						3 2 7 0 2 70			
				2 12 column (f)		17	4.54 %			
	Investment income percentage for 20		**	e 13, column (i))			2.60 %			
	Investment income percentage from:	•	· ·	on line 14 and line	15 is more than 3	18 3 1/3% and line 1				
198	33 1/3% support tests - 2015. If the	=					I / Is not ► X			
	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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
b							and			
00	line 18 is not more than 33 1/3%, che									
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									
53202	532023 09 23-15 Schedule A (Form 990 or 990-EZ) 2015									

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also
- support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
1		
2		
3a		
3b		
3c		
4a	**	
4b	· · · · · · · · · · · · · · · · · · ·	, "′; ,
4c		
		A Service
5a .>-, 5b	ž	
5b 5c	,	
6		
7		
8		
9a		
9b		
9c		
10a		
10b n 990 or 99	0-EZ	2015

those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3h

Schedule A (Form 990 or 990-EZ) 2015

1.50

🔟 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2

3

4

5

Enter 85% of line 1

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)

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets		·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			- * · · · ·
	(reasonable cause required-see instructions)			î p
3	Excess distributions carryover, if any, to 2015		* **	
а			:	
ь		4-1	・ 海海毒薬 かっこう	Like . Better .
c		1 场际		響から 二名は郷
d	From 2013	1 1	異義型の主主義に	1500 公園園的 "共
	From 2014	٠ ا	のはないと	to the firm
f	Total of lines 3a through e		2	~
	Applied to underdistributions of prior years			(4) P
	Applied to 2015 distributable amount		7	
i	Carryover from 2010 not applied (see instructions)		e de e e esperatura	
	Remainder Subtract lines 3g, 3h, and 3i from 3f		表的为" 是一种 "的对象	建脉、100%。
4	Distributions for 2015 from Section D,	1.7	· 4 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3	
	line 7 \$	(j)		
a	Applied to underdistributions of prior years			* ,
	Applied to 2015 distributable amount	- 1	· 高州(河南)	
	Remainder Subtract lines 4a and 4b from 4		10 man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5	Remaining underdistributions for years prior to 2015, if			2
-	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h		the second second	
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3		ρ' , s	
•	and 4c			
	Breakdown of line 7			
	DICARGOWIT OF HITE I			
<u>a</u> b				
	Evenes from 2012			
	Excess from 2013			
d	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990 EZ) 2015 F	INEBROOK	FOUNDATION,	INC.	24-0837915 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, line 1, Part IV, Section D, line	ation. Provide the 3b, 3c, 4b, 4c, 5a, es 2 and 3, Part IV,	e explanations required 6, 9a, 9b, 9c, 11a, 11b Section E, lines 1c, 2a,	by Part II, line 10, Part II, line, and 11c, Part IV, Section B	e 17a or 17b, Part III, line 12, , lines 1 and 2, Part IV, Section C, . Part V, Section B, line 1e, Part V,
	(See Instructions)				
					
					
					
					
					
					
					<u> </u>
		<u> </u>			

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.

2015
Open to Public Inspection

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

Employer identification number Name of the organization PINEBROOK FOUNDATION, INC. 24-0837915 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: **DIVIDENDS** 5,515. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: OFFICE EXPENSE 537. PAYROLL TAXES 975. TOTAL TO FORM 990-EZ, LINE 16 1,512. FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS: CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT: UNREALIZED GAIN/LOSS ON INVESTMENTS 20,711. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SPREAD AND PROMOTE THE 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. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2015)