



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545 1150

2011

Department of the Treasury
Internal Revenue Service

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



A For the 2011 calendar year, or tax year beginning **2011**, and ending **2011**, and ending

B Check if applicable	C	D Employer identification number
<input type="checkbox"/> Address change	PINE BLUFF PARK, INC. P.O. BOX 43 NEW HOPE, VA 24469	54-0788570
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(540) 434-5961
<input type="checkbox"/> Terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (7) (insert no.) 4947(a)(1) or 527

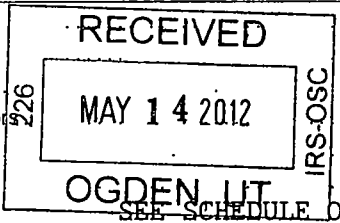
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 67,153.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

	Description	Code	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	145.
	3 Membership dues and assessments	3	58,048.
	4 Investment income	4	150.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b 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	
6c Less: direct expenses from gaming and fundraising events	6c		
6d 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	8,010.	
7b Less: cost of goods sold	7b	5,809.	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,201.	
8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8	800.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,344.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	32,827.
	13 Professional fees and other payments to independent contractors	13	421.
	14 Occupancy, rent, utilities, and maintenance	14	22,270.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	6,496.
	17 Total expenses. Add lines 10 through 16	17	62,014.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-670.	
ASSETS	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	45,109.
	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	44,439.



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

Form 990-EZ (2011)

SCANNED JUN 13 2012

84

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
b Did the organization file Form 1120-POL for this year?
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 in a prior year and still outstanding at the end of the tax year covered by this return?
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations Enter.
a Initiation fees and capital contributions included on line 9 39a 2,500.
b Gross receipts, included on line 9, for public use of club facilities. 39b 0.
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A; section 4955 N/A
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed 41 NONE

42 a The organization's books are in care of JANIS HEPLER Telephone no. (540) 434-5961
Located at 114 BATTLEFIELD ROAD WAYNESBORO VA ZIP + 4 22980

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
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
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
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)

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

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		
48		
49a		
49b		

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?

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

e 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 prepared 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: *J. Robert Branner* Date: *5/10/12*
 Type or print name and title: *JANIS W. HEPLER, Treasurer*

Paid Preparer Use Only: Print/Type preparer's name: J ROBERT BRANNER Preparer's signature: *JRB* Date: 5/07/12
 Check if self-employed PTIN: P00832602
 Firm's name: YOUNG, NICHOLAS, BRANNER & PHILLIPS, LLP Firm's EIN: 54-0947976
 Firm's address: P.O. BOX 2187 HARRISONBURG, VA 22801-9506 Phone no: (540) 433-2581

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.



Name of the organization

PINE BLUFF PARK, INC.

Employer identification number

54-0788570

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

PROVIDE RECREATION FOR MEMBERS

2011

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 23422

PINE BLUFF PARK, INC.

54-0788570

5/07/12

11 33AM

PART 2, LINE 23
LAND & BUILDINGS

THE CURRENT VALUE OF THE PARK'S PROPERTY, BUILDINGS, ETC., IS \$217,400 PER THE COUNTY'S TAX ASSESSMENT.

ATTACHMENT TO FORM 990-EZ (Part IV)

Pine Bluff Park, Inc.

EIN: 54-0788570

Officers & Directors

Debbie Arnold
38 Old Stone Church Lane
Fort Defiance, VA 24437
540-248-7824
President (Paid \$1,412)

Ashley Duke
201 Greenwood Road
Staunton, VA 24401
540-885-6753
Vice President

Tricia Black
505 Humbert Road
Crimora, VA 24431
540-294-1067
Secretary

Roger Thornton
Humbert Road
Crimora, VA 24431
540-363-5074

Cyndi Thornton
508 Round Hill School Road
Ft. Defiance, VA 24437
540-363-4038

Janis Hepler
114 Battlefield Road
Waynesboro, VA 22980
540-363-4598
Treasurer (Paid \$2,000)

Kevin Armstrong
576 New Hope & Crimora Road
Waynesboro, VA 22980
540-363-0222

James Duke
201 Greenwood Road
Staunton, VA 24401
540-885-6753

Rita Colvin
P.O. Box 96
New Hope, VA 24469
540-363-5908

Brian Bailey
584 New Hope/Crimora Road
Waynesboro, VA 22980
540-290-7757