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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ 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 , 20

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	C Name of organization DUNMORE COMMUNITY ASSOCIATION		D Employer identification number 55-0671973
	Number and street (or P.O. box, if mail is not delivered to street address) RT 1 BOX 149 B	Room/suite	E Telephone number 304-456-3046
	City or town, state or country, and ZIP + 4 DUNMORE WV 24934		F Group Exemption Number ▶

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: ▶ _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (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.

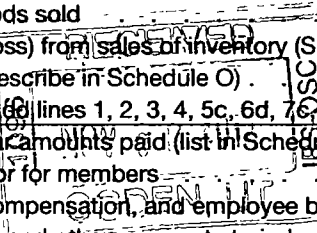
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **18143.**

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

1	Contributions, gifts, grants, and similar amounts received	1	9655.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
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	1500.
b	Gross income from fundraising events (not including \$ 0 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	6988.
c	Less: direct expenses from gaming and fundraising events	6c	5860.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2628.
7a	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	12283.
10	Grants and similar amounts paid (list in Schedule O)	10	1029.
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	
14	Occupancy, rent, utilities, and maintenance	14	4760.
15	Printing, publications, postage, and shipping	15	0
16	Other expenses (describe in Schedule O)	16	2049.
17	Total expenses. Add lines 10 through 16 ▶	17	7838.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4445.
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	97417.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	101862.

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23 5

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 II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20523	24967
23 Land and buildings	63000	63000
24 Other assets (describe in Schedule O)	13895	13895
25 Total assets	97417	101862
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	97417	101862

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? Donations for Community Service

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 SHERIFF DEPT., BFD VFD, FROST VFD, CASS VFD, FOOD PANTRY6, GIRL SCOUTS, BOY SCOUTS ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1029.
29 BANK CHARGES, BUSINESS LICENSES, ADVERTISING, INSURANCE ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1020.
30 N/A ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0.
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0.
32 Total program service expenses (add lines 28a through 31a)	32	2049.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Douglas Galford Rt 1 Box 106, Dunmore, WV 24934	President/10 hrs.	0	0	0
Sherry Chestnut Rt 1 Box 1, Dunmore, WV 24934	Vice President/10 hrs.	0	0	0
Kathy Garber Rt 1 Box 152 C, Dunmore, WV 24934	Secretary/10 hrs.	0	0	0
Martha McCray Rt 1 Box 155, Dunmore, WV 24934	Treasurer/10 hrs.	0	0	0
Jim Garber Rt 1 Box 152 C, Dunmore, WV 24934	Board Member	0	0	0
George Pritchard RR 1 Box 169, Dunmore, WV 24934	Board Member	0	0	0
Kestra Pritchard RR 1 Box 169, Dunmore, WV 24934	Board Member	0	0	0
Bobbi Jo Simmons Rt 1 Box 16, Dunmore, WV 24934	Board Member	0	0	0
Jackie Galford Rt 1 Box 106, Dunmore, WV 24934	Board Member	0	0	0
Brent Moore Dunmore, WV 24934	Trustee	0	0	0
James Carpenter Rt 1 Box 103, Dunmore, W 24934	Trustee	0	0	0
David Smith Green Bank, WV 24944	Trustee	0	0	0

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

Table with columns for question number, question text, and Yes/No checkboxes. Questions include: 33 Did the organization engage in any significant activity not previously reported to the IRS? 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 35c 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? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b Did the organization file Form 1120-POL for this year? 38a 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? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9. 39b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955. 40b 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? 40c 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. 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed. 42a The organization's books are in care of; Telephone no.; Located at; ZIP + 4. 42b 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)? 42c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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. 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 **46**

Yes	No
	✓

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 **47**

Yes	No
	✓

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

Yes	No
	✓

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

Yes	No
	✓

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No
	✓

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

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

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

▶ <u>Douglas W. Galford</u> Signature of officer	3 Nov 12 Date
▶ Douglas W Galford President Type or print name and title	

Paid Preparer Use Only

Pnnt/Type preparer's name JoAnn Gilardi	Preparer's signature <u>JoAnn Gilardi</u>	Date 11/1/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00184392
Firm's name ▶ Gilardi Tax Services	Firm's EIN ▶ 27-4071104		Phone no. 304-456-4787	
Firm's address ▶ HC 77 #70, Thornwood Road, Bartow, WV 24920-9400				

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