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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Pine Bluff Park Inc. D Employer identification number: 54-0788570. E Telephone number: (540) 578-5575. 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: N/A

J Tax-exempt status (check only one): 501(c)(3), 501(c)(7), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$63,995

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

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) includes contributions, gaming, and sales. Expenses section (lines 10-17) includes grants, salaries, and other costs. Net Assets section (lines 18-21) shows the year-end balance.

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	23,583	22	31,005
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	23,583	25	31,005
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,583	27	31,005

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?
Provide Recreation for Members

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 Provide members with a swimming/recreation facility for their pleasure and recreation (Grants \$ 51,222)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	51,222

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 title	(b) 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
See Additional Data Table				

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

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

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

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

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here *****
 Signature of officer
 Carolyn Harlow Treasurer
 Type or print name and title
 2014-05-12
 Date

Paid Preparer Use Only
 Print/Type preparer's name: J Robert Branner
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P00832602
 Firm's name: Young Nicholas Branner & Phillips LLP
 Firm's EIN: _____
 Firm's address: PO Box 2187
 Harrisonburg, VA 228019506
 Phone no: (540) 433-2581

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

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 54-0788570
Name: Pine Bluff Park Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Debbie Arnold President	2 00	0		
Ashley Duke Vice President	1 00	0		
Janis Hepler Treasurer	3 00	2,000		
Tricia Black Secretary	1 00	0		
Roger Thornton Board Member	2 00	500		
Bryan Bailey Board Member	0	0		
Norma Gutshall Board Member	30 00	4,585		
Rita Colvin Board Member	0	0		
James Duke Board Member	0	0		
Angie Boylen Board Member	0	0		
Joe Kristoff Board Member	0	0		
Brian Meyer Board Member	0	0		
Rick Smallwood Board Member	0	0		
Mel Allen Board Member	0	0		
Chris Brown Board Member	0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

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Carolyn Harlow Treasurer	3 00	0		

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
Pine Bluff Park Inc

Employer identification number

54-0788570

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - Part 2, Line 23 Land & Buildings The current value of the Park's property, buildings, etc , is \$280,200 per the County's tax assessment
Other Revenue 1	Reimbursements, etc \$1525
Other Expenses 1001	Advertising and Promotion \$250
Other Expenses 1002	Office Expenses \$135
Other Expenses 1005	Travel \$981
Other Expenses 1012	Insurance \$2709
Other Expenses 1	Property taxes \$1109
Other Expenses 2	Training \$405
Other Expenses 3	Board Meeting \$298
Other Expenses 5	State Corp Fees \$45