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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

DUNMORE COMMUNITY ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

RT 1 BOX 149B

City or town, state or province, country, and ZIP or foreign postal code

DUNMORE WV 24934

D Employer identification number

55-0671973

E Telephone number

304-456-3046

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 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 ▶ \$ **33744**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	14815.	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4		13	Professional fees and other payments to independent contractors	13	
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	1999.
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	39.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	3200
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	5229
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	13788	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23346
b	Gross income from fundraising events (not including \$ 3590. 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	3590.	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	89612
c	Less: direct expenses from gaming and fundraising events	6c	2585	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14793	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	112958
7a	Gross sales of inventory, less returns and allowances	7a	1550.				
b	Less: cost of goods sold	7b	2584				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1034				
8	Other revenue (describe in Schedule O)	8	1				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	28575				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

SCANNED JUN 19 2014

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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	11942	22 9105
23 Land and buildings	63000	23 63000
24 Other assets (describe in Schedule O)	29927	24 40853
25 Total assets	104869	25 112958
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104869	27 112958

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? **NON PROFIT ORGANIZATION, BINGO, SQUARE DANCING**

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 N/A		
(Grants \$ N/A) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 N/A		
(Grants \$ N/A) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 N/A		
(Grants \$ N/A) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	0

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
DOUGLAS W. GALFORD 15408 FROST RD, DUNMORE, WV 24934	PRESIDENT 10HRS	0	0	0
JIM GARBER 438 SITLINGTON RD., DUNMORE, WV 24934	VICE-PRESIDENT 10 HRS	0	0	0
KATHY GARBER 438 SITLINGTON RD, DUNMORE, WV 24934	SECRETARY 10HRS	0	0	0
MARTHA MCCRAY 1463 SITLINGTON RD., DUNMORE, WV 24934	TREASURER 10 HRS	0	0	0
BILL LOVELACE P O BOX 34, DUNMORE, WV 24934	BOARD MEMBER	0	0	0
NORMA MCDANIELS 137 3RD. AVE, DURBIN, WV 26264	BOARD MEMBER	0	0	0
JAMES GRAGG 386 STONEY CREEK RD., MARLINTON, WV 24954	BOARD MEMBER	0	0	0
GEORGE PRITCHARD 20839 BROWNS CREEK RD., DUNMORE, WV 24934	BOARD MEMBER	0	0	0
KESTRA PRITCHARD 20839 BROWNS CREEK RD., DUNMORE, WV 24934	BOARD MEMBER	0	0	0
BRENT MOORE WESLEY CHAPEL RD., DUNMORE, WV 24934	TRUSTEE	0	0	0
JAMES GARBER 438 SITLINGTON RD., DUNMORE, WV 24934	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

		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 O		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a	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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 _____	none
b	Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
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		<input checked="" type="checkbox"/>
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 ▶ _____		none
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		none
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ none		
42a	The organization's books are in care of ▶ Douglas W. Galford Telephone no. ▶ 304-456-3046 Located at ▶ 15408 Frost Rd., Dunmore, WV ZIP + 4 ▶ 24934		
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: ▶ n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ n/a	42c	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		n/a
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	44d	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

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
				<input checked="" type="checkbox"/>

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

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
				<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a			<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b			<input checked="" type="checkbox"/>

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	NONE	N/A	N/A	N/A

f Total number of other employees paid over \$100,000 **NONE**

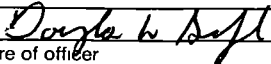
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

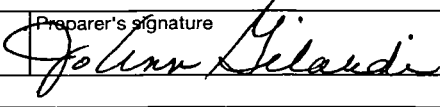
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE	N/A	N/A

d Total number of other independent contractors each receiving over \$100,000 **NONE**

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		14 MAY 14
	Signature of officer	Date
	Douglas W. Galford, President	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	JoAnn Gilardi		5/14/14		P00184392
	Firm's name	Firm's EIN			
	Gilardi Tax Services	27-4071104			
	Firm's address	Phone no			
	1346 Thornwood Rd., Bartow, WV 24920-8518	304-456-4787			

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

**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.

▶ 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

DUNMORE COMMUNITY ASSOCIATION

Employer identification number

55-0671973

PART ONE LINE 16:

ADVERTISING \$ 275.

LICENSE \$1000.

INSURANCE \$ 724.

SUPPLIES \$1433.

ACCOUNTING \$ 80.

TOTAL \$3512.00

PART ONE LINE 8:

INTEREST \$1

PART ONE LINE 10:

TOMMY KELLY FUND \$100

CHARLIE LOUDERMILK FUND \$100

HONOR GUARD \$200

WVMR RADIO \$200

DUNMORE COMM CENTER \$1800

WALLY SHEARS \$100

FROST VFD \$100

GREEN BANK SENIOR CNTR \$100

POCAHONTAS CO. SHERIFF/KIDS \$100

PCHS GIRLS BASKETBALL \$100

UPPER PC FOOD PANTRY \$100

BOY SCOUTS \$ 50

GIRL SCOUTS \$50

PCHS FICA TRIP \$50

Name of the organization

Employer identification number

DUNMORE COMMUNITY ASSOCIATION

55-0671973

CONTINUATION OF PART ONE LINE 10:

PCHS FORESTRY TRIP \$50

TOTAL OF PART ONE LINE 10 \$3200