



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



2013

Open to Public Inspection

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 private foundations)

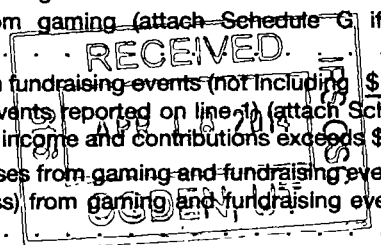
Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Form header section including: A For the 2013 calendar year, or tax year beginning, 2013, and ending, 20; B Check if applicable; C Name of organization: Dutch Flat Community Center; D Employer identification number: 68-0484699; E Telephone number: 530-389-8310; F Group Exemption Number; G Accounting Method: Cash; H Check if the organization is not required to attach Schedule B; I Website: dutchflatcc.org; J Tax-exempt status: 501(c)(3); K Form of organization: Corporation; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.

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 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 25,305; Expenses total: 16,888; Net Assets total: 876,386.



SCANNED MAY 05 2014

14

**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
<b>22</b> Cash, savings, and investments	67,979	71,975
<b>23</b> Land and buildings	800,000	800,000
<b>24</b> Other assets (describe in Schedule O)	0	0
<b>25</b> Total assets	867,979	871,975
<b>26</b> Total liabilities (describe in Schedule O)	0	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	867,979	876,386

**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? Inform, assist, entertain & provide services to area residen  
 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.)

<b>28</b> Annual activities celebrating holidays (St. Patrick's Day dinners, Easter egg hunts, July 4th parade and luncheon, Halloween parties)  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	3,197
<b>29</b> Quarterly publication of community newspaper  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	3,000
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	6,197

**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
Thomas J. McDonnell, President P. O. Box 385, Dutch Flat CA 95714	12	0	0	0
Robert Pfister, Vice-President P. O. Box 175, Dutch Flat CA 95714	.5	0	0	0
Marybeth Blackinton, Treasurer P. O. Box 261, Gold Run CA 95717	10	0	0	0
Nancy Bullard, Recording Secretary P. O. Box 207, Dutch Flat CA 95714	2	0	0	0
Shana Brown, Corresponding Secretary P. O. Box 234, Dutch Flat CA 95714	3	0	0	0
Joanne Blohm, At-Large P. O. box 573, Alta CA 95701	1	0	0	0
Roxane Bertell, At-Large P. O. Box 286, Dutch Flat CA 95714	.5	0	0	0
Eleanor Bridges, At-Large P. O. Box 103, Dutch Flat CA 95714	0	0	0	0
Leland Lyter, At-Large P. O. Box 71, Dutch Flat CA 95714	5	0	0	0
Jim Sanders, At-Large P. O. Box 71, Dutch Flat CA 95714	7	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. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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
			✓

**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 . . . . .	Yes	No
			✓
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 . . . . . ▶ \_\_\_\_\_

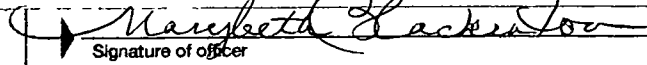
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 . . . . . ▶ 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**  
  
 Signature of officer  
 Date April 14, 2014  
**Marybeth Blackinton, Treasurer**  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Dutch Flat Community Center

Employer identification number

68-0484699

Part 1, Line 8 - Rental of building and grounds

Part 1, Line 10 - Scholarships given to local students (\$100)

Financial gifts to underprivileged families (\$1288)

Part 1, Line 16 - Liability insurance