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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)

OMB No. 1545-1150

2014

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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
215 DUNMORE ROAD
 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).

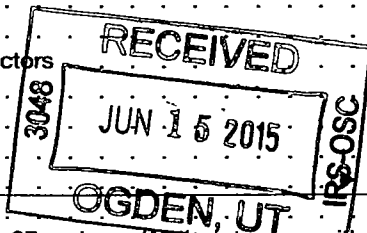
I Website: ▶

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 ▶ \$ **27133.**

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 <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	300.00
	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	4280.
	b Less: cost or other basis and sales expenses	5b	2742.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1538.
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	11065.
b Gross income from fundraising events (not including \$ 3318. 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	14383.	
c Less: direct expenses from gaming and fundraising events	6c	4249.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10134.	
7a Gross sales of inventory, less returns and allowances	7a	6923.	
b Less: cost of goods sold	7b	10475.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5848.	
8 Other revenue (describe in Schedule O)	8	1247.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	19067.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	3150.
	11 Benefits paid to or for members	11	0.
	12 Salaries, other compensation, and employee benefits	12	0.
	13 Professional fees and other payments to independent contractors	13	1380.
	14 Occupancy, rent, utilities, and maintenance	14	3727.
	15 Printing, publications, postage, and shipping	15	369.
	16 Other expenses (describe in Schedule O)	16	0.
17 Total expenses. Add lines 10 through 16 ▶	17	8626.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10441.
	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	104869.
	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	115310.



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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	9105.	11457.
23 Land and buildings	63000.	63000.
24 Other assets (describe in Schedule O)	40853.	40853.
25 Total assets	112958.	115310.
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112958.	115310.

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? _____

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, optional for others.)

28 _____ _____ _____ (Grants \$ _____) 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

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/10HRS	0	0	0
KATHY GARBER 438 SITLINGTON RD., DUNMORE, WV 24934	SECRETARY/10HR S.	0	0	0
MARTHA MCCRAY 1463 SITLINGTON RD., DUNMORE, WV 24934	TREASURER/10 HRS	0	0	0
BILL LOVELACE PO 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 BROWN'S 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

Table with columns for question number, question text, and Yes/No response boxes. 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	46	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	47	Yes		No
				✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a			✓
b If "Yes," was the related organization a section 527 organization?	49b			✓

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				
0	0	0	0	0

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		
	0	0

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 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: <i>Douglas W. Gilardi</i> Type or print name and title: Douglas W. Gilardi President	Date: 10 June 15
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Paid Preparer Use Only	Print/Type preparer's name Jo Ann Gilardi	Preparer's signature <i>Jo Ann Gilardi</i>	Date 9 June 15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00184392
	Firm's name ▶ Gilardi Tax Services	Firm's EIN ▶ 27-4071104		Phone no. 3044564787	
	Firm's address ▶ 1346 Thornwood Rd., Bartow, WV 24920-8518				

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

2014

**Open to Public
Inspection**

Name of the organization

DUNMORE COMMUNITY ASSOCIATION

Employer identification number

55-0671973

LINE 10:

Breakfast Meal -Various Donations \$3150.00

LINE 13:

Accountant \$ 80.00

License \$1000.00

Various Musicians for Square Dance \$ 300.00

Total of Line 13 \$1380.00

LINE 14:

Repairs on Building \$ 160.00

Utilities \$2809.00

Insurance \$ 758.00

Total of Line 14 \$3727.00

LINE 15:

Advertising \$ 235.00

Postage \$ 134.00

Total of Line 15 \$ 369.00

OTHER REVENUE:

LINE 8:

Building Fund Income \$1247.00