

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150

2018

**Open to
Public
Inspection**

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Pine Bluff Park Inc

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO Box 345

City or town, state or province, country, and ZIP or foreign postal code
Verona, VA 24482

D Employer identification number
54-0788570

E Telephone number
(540) 280-3846

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: ▶ www.pinebluffpool.com

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (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 ▶ \$ 74,252

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	4,937
	3 Membership dues and assessments	3	54,827
	4 Investment income	4	137
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	0
	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	
	b Gross income from fundraising events (not including \$ _____ 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	0
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	4,415	
b Less: cost of goods sold	7b	4,444	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-29	
8 Other revenue (describe in Schedule O)	8	9,936	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	69,808	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	24,124
	13 Professional fees and other payments to independent contractors	13	5,040
	14 Occupancy, rent, utilities, and maintenance	14	19,143
	15 Printing, publications, postage, and shipping	15	2,626
	16 Other expenses (describe in Schedule O)	16	18,137
	17 Total expenses. Add lines 10 through 16 ▶	17	69,070
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	738
	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	28,635
	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	29,373

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	28,635	22 20,104
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 9,269
25 Total assets	28,635	25 29,373
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,635	27 29,373

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	32	69,070
32 Total program service expenses (add lines 28a through 31a)		

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
Sommer Hansen President	2.00	0		
Sarah Simmons Board Member	0	0		
Troy Thacker Vice President	2.00	0		
Angela Hammond Board Member	0	0		
Tina Tinsley Board Member	0	0		
Misty Shaver Treasurer	3.00	0		
Wendy Sailer Board Member	0	0		
Jen Liskey Secretary	1.00	0		
Johnny Shifflett Board Member	0	0		
Renee Nester Board Member	0	0		
Sarah Davis Board Member	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 3 columns: Question, Yes, No. Rows include 33-39e, 40a-e, 41, 42a. Questions cover significant activities, organizational changes, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

42a The organization's books are in care of Misty Shaver Telephone no. (540) 280-3846
Located at 366 Pine Bluff Rd Waynesboro, VA ZIP + 4 22980

Table with 3 columns: Question, Yes, No. Rows include 42b, 42c. Questions about foreign financial accounts and offices.

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 43

Table with 3 columns: Question, Yes, No. Rows include 44a-d, 45a-b. Questions about donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	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.	46	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

	Yes	No
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	
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				

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 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 Misty Shaver Treasurer Type or print name and title	***** 2020-06-10 Date
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Paid Preparer Use Only	Print/Type preparer's name Alan G Propst	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01340851
	Firm's name ▶ Young Nicholas Branner & Phillips LLP			Firm's EIN ▶ 54-0947976	
	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: 18007218

Software Version: 2018v3.1

EIN: 54-0788570

Name: Pine Bluff Park Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 Provide members with a swimming/recreation facility for their pleasure and recreation. (Grants \$ 69,070) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Internal Revenue Service
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 Augusta County's tax assessment.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.1	Special Event Income \$6436

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.2	Miscellaneous Income \$2000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.3	Reimbursements, etc. \$1500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$742

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1005	Travel \$211

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance \$3901

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	Special events \$9123

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	Online convenience fees \$2101

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	Property taxes \$1765

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	Lifeguard Expenses \$294

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1	Deferred Asset - Beginning \$0 Deferred Asset - Ending \$9269