efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492131019138 **Short Form** OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 B Check if applicable D Employer identification number C Name of organization Pine Bluff Park Inc ☐ Address change 54-0788570 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 345 ☐ Final return/terminated (540) 280-3846 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Verona, VA 24482 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** G Accounting Method ☐ Cash ☑ Accrual Other (specify) ▶ 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 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 2 2,211 Program service revenue including government fees and contracts 43,079 3 Membership dues and assessments 3 4 4 62 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) 6с Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances . . . 7.096 7a 4.660 b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7с 2,436 8 Other revenue (describe in Schedule O) 8 3.365 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 51.153 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 25,186 Expenses 13 2,202 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . 14 22,353 15 15 3,173 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 8,961 17 Total expenses. Add lines 10 through 16 17 61,875 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -10,722 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 39,357 end-of-year figure reported on prior year's return) 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 28,635 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II			
					eginning of year	· · ·	(B) End of year
22 Cash, sa	vings, and investments			(4) 5	39,357	22	28,635
	I buildings				,	23	
24 Other as	sets (describe in Schedule O)					24	
25 Total as	sets				39,357	25	28,635
26 Total lia	bilities (describe in Schedule O)				·	26	·
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with I	line 21)		39,357	27	28,635
Part III	Statement of Program Service A	Accomplishments	(see the instruct	ions for Pa			Expenses
	Check if the organization used Schedule	O to respond to any o	luestion in this	Part III	🗆		Required for section 501(c)
	organization's primary exempt purpose?						3) and 501(c)(4) rganizations, optional for
	eation for Members organization's program service accompli	chmants for anch of its	three lavaget	250 452 25			thers)
measured by	v expenses. In a clear and concise manner	r, describe the service	s provided, the	program e number	of persons		
benefited, ar	nd other relevant information for each pro	gram title			<u> </u>		_
28	-l D-t- T-bl-						
See Addition	al Data Table						
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ ⊔	28	
29						29	a
(Grants \$)	If this amoun	t ıncludes foreign gran	ts, check here		. ▶ □		
30						30	a
(Grants \$)	If this amoun	t includes foreign gran	ts check here		▶ □		
					· • -		
•	ogram services (describe in Schedule O)						
(Grants \$)		t includes foreign gran	-			31	
	ogram service expenses (add lines 28a						· ·
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule						
							<u> </u>
	(a) Name and title	(b) Average	(c) Repor		(d) Health bend		
		hours per week devoted to position	compensa (Forms W-2		contributions to er benefit plans,		vee of other compensation
		devoted to position	MISC) (if no		deferred compen		n
			enter -		·		
Sommer Har	nsen	2 00		0			
President							
Doug Moran		0		0			
Board Memb	er						
Beth Brown		2 00		0			
Vice Presidei	nt						
Sarah Sprou	se	0		0			
Board Momb	ar.						
Board Memb Tına Tınsley	eı	0		0			
illa illisiey				U			
Board Memb	er						
Kristy Cone		3 00		0			
Treasurer							
Wendy Saile	r	0		0			
•							
Board Memb	er						
Katie Reich		1 00		0			
Secretary							
Joe Kristoff		0		0			
Daniel Manal							
Board Memb		0					
Rick Smallwo	Juu			0			
Board Memb	er						
Jessica Stap	es	0		0			
Board Momb	or						
Board Memb Jaıme Staple		0		0			
Janne Jiapie	. .	ľ l		U			
Board Memb	er						
							Form 990-EZ (2017)

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	33		No		
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)	34		No		
35a	5a 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)?			No.		
h				No No		
	 If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 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 			No		
36				No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
Ь	Did the organization file Form 1120-POL for this year?	37ь		No		
	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?	38a		No		
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
	Section 501(c)(7) organizations Enter					
	Initiation fees and capital contributions included on line 9 39a 0					
	Gross receipts, included on line 9, for public use of club facilities 39b					
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 \(\bigs_{ \text{section}}\), section 4912 \(\bigs_{ \text{section}}\), section 4955 \(\bigs_{ \text{section}}\)					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b				
С						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No		
41	transaction? If "Yes," complete Form 8886-T					
	The organization's books are in care of ▶ Misty Shaver	▶ (540) 280-3846				
	Located at ▶ 366 Pine Bluff Rd Waynesboro, VA ZIP + 4 ▶	2298	30			
	At					
D	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 ▶					
С	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
	If "Yes," enter the name of the foreign country					
43 9	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					
			Yes	No		
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	No		
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		No		
c	c Did the organization receive any payments for indoor tanning services during the year?			No		
d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			NI -		
1 F ~	explanation in Schedule O			No No		
	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			No		
	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		No		

Form 990	D-EZ (20	17)							Page 4
								Yes	No
		anization engage, directly or indire for public office? If "Yes," complet							
			·			4	46		No
Part V	- All	ction 501(c)(3) organizatio section 501(c)(3) organizatior	is must answer quest	ions 47-49b and 52,	, and complete the t	ables fo	or lın	es 50	and 51
	Che	ck if the organization used Schedu	le O to respond to any q	uestion in this Part VI	<u> </u>	<u></u>		[
						_	4	Yes	No
		janization engage in lobbying activ		, ,			47		
	If "Yes," complete Schedule C, Part II						48		
	8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					• ⊢			
49a Did	9a Did the organization make any transfers to an exempt non-charitable related organization?					·	9a		
b If '	"Yes," w	as the related organization a section	on 527 organization? .			. 4	9b		
		this table for the organization's five received more than \$100,000 of co				ees and:	key	employ	ees)
		e and title of each employee	(b) Average	(c) Reportable	(d) Health benefit	.s, (e) Est	ımated	amount
	. ,	. ,	hours per week devoted to position	compensation (Forms W-2/1099-	contributions to empl benefit plans, and		othe	r compe	ensation
			devoted to position	MISC)	deferred compensat				
NONE									
						-			
						_			
						_			
f T		nber of other employees paid over	±100.000						
		this table for the organization's five					+100		
		inis table for the organization's five ion from the organization. If there		ndependent contractors	s who each received mo	ore than	\$100),UUU 01	
		(a) Name and business address of	each independent contr	actor	(b) Type of service	(c) Cc	mpe	nsation	
NONE									
d ⊤	otal nun	nber of other independent contract	ors each receiving over						
		organization complete Schedule A?							
	complete	ed Schedule A							
		of perjury, I declare that I have exa							
has any k		elief, it is true, correct, and comple ge	ete Declaration of prepa						
	[K	ملاحد ما ما							
Sign	Signature of officer								
Here	Misty Shaver Treasurer								
		e or print name and title							
D - · ·		Print/Type preparer's name Alan G Propst	Preparer's signature						
Paid		Firm's name Young Nicholas Brai	oner & Phillips IIIP						
Prepai Use O			mer a rimilps ler						
uae U	···y	Firm's address ▶ PO Box 2187							
		Harrisonburg, VA 2	28019506						
May the I	IRS disci	uss this return with the preparer sl	nown above? See instruc						

Additional Data

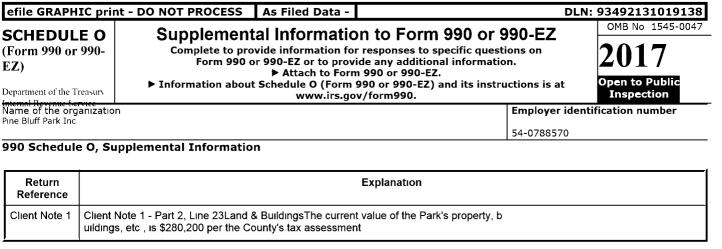
Software ID: 17005038

Software Version: 2017v2.2 **EIN:** 54-0788570

Name: Pine Bluff Park Inc

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

Describe the organization services, as measured by number of persons benef	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 Provide members with a	28a		
(Grants \$ 61,875)	If this amount includes foreign grants, check here \blacktriangleright		



990 Schedule O, Supplemental Information Return Explanation Reference Other Reimbursements, etc \$3365 Revenue 1

990 Schedule O, Supplemental Information Return Explanation Reference Other Office Expenses \$1011 Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Other Insurance \$4025 Expenses 1012

990 Schedule O, Supplemental Information Return Explanation Reference Other Expenses 2 Property taxes \$1625

990 Schedule O, Supplemental Information Return Explanation Reference Other Online convenience fees \$1097

Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other Lifeguard Expenses \$797 Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference Other Donations \$300 Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other Board Meeting \$106 Expenses 6