ef	ile G	RAPHIC p	rint - DO NOT PROCESS As Filed Data -	DLN:	93492133020119
			Short Form		OMB No 1545-1150
For	_99	90EZ	Return of Organization Exempt From Income Ta	×	
гоі Ф.					. 2018
_			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fo	undation	
			Do not enter social security numbers on this form as it may be made public.		Open to
	artment isurv	of the			Public
		enue Service	Go to <u>www.irs.gov/Form990EZ</u> for the latest information.		Inspection
			endar year, or tax year beginning 01-01-2018 , and ending 12-31-2018		
_		if applicable s change	C Name of organization Pine Bluff Park Inc) Employe	er identification number
_	Name o	-		54-0788	
	Initial r	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 345	Telephon	e number
_		turn/terminate	d City or town, state or province, country, and ZIP or foreign postal code	(540) 280-3846
_		ed return		Group Ex	
	Арриса	tion pending		Number	•
				1 if the	organization is not
G A	.ccoun	ting Method	□ Cash ☑ Accrual Other (specify) ► H Check ► required to		-
т \А	labcit	e: •		, 990-EZ,	, or 990-PF)
JTa	ax-exe	mpt status (cl	heck only one) - □ 501(c)(3) ☑ 501(c)(7) ◀ (Insert no) □ 4947(a)(1) or □ 527		
-					
		2	☑ Corporation □ Trust □ Association □ Other d 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	coto (Do	t II. column (R) bolow)
are	\$500,	,000 or more	, file Form 990 instead of Form 990-EZ		▶ \$ 74,252
	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	s for Part	: I)
_		Check If	the organization used Schedule O to respond to any question in this Part I $$	<u></u>	🗹
	1	Contribution	ns, gifts, grants, and similar amounts received	1	
	2	Program se	rvice revenue including government fees and contracts	2	4,937
	3	Membership	o dues and assessments	3	54,827
	4	Investment	Income	4	137
	5a	Gross amou	Int from sale of assets other than inventory 5a		
	b	Less cost o	or other basis and sales expenses 5b		
	с	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and	fundraising events		
оn	а	Gross incon	ne from gaming (attach Schedule G if greater than \$15,000) 6a		
Revenue	b	Gross incon	ne from fundraising events (not including \$ of contributions from	1	
ъ В			events reported on line 1) (attach Schedule G if the		
		sum of such	n gross income and contributions exceeds \$15,000) 6b		
	с	Less direct	expenses from gaming and fundraising events 6c 0	7	
	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 o	of goods sold	1	
	с	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	-29
	8	Other rever	nue (describe in Schedule O)	8	9,936
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,808
	10	Grants and	sımılar amounts paıd (lıst ın Schedule O)	10	
	11	Benefits pa	d to or for members	11	
5	12	Salarıes, ot	her compensation, and employee benefits	12	24,124
Expenses	13	Professiona	l fees and other payments to independent contractors	13	5,040
bei	14	Occupancy,	rent, utilities, and maintenance	14	28,412
ŵ	15	Printing, pu	blications, postage, and shipping	15	2,626
	16	Other expe	nses (describe in Schedule O)	16	18,137
	17	Total expe	nses. Add lines 10 through 16	17	78,339
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,531
С С	19	,	or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Assets			figure reported on prior year's return)	19	28,635
Ni, t J	20		ges in net assets or fund balances (explain in Schedule O)	20	,
z	21		or fund balances at end of year Combine lines 18 through 20	21	20,104
For	Pape		uction Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2018)

Form 990-EZ (2018)					Page 2
Part I Balance Sheets (see the instructions Check if the organization used Schedule		upstion in this Port II			_
	o to respond to any q		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	
25 Total assets		· · · ·	28,635		20,104
26 Total liabilities (describe in Schedule O)				26	
27 Net assets or fund balances (line 27 of column Part III Statement of Program Service A			28,635		20,104 Expenses
Check if the organization used Schedule			•••		equired for section 501(c)
What is the organization's primary exempt purpose?					i and 501(c)(4) janizations, optional for
Provide Recreation for Members Describe the organization's program service accompli	shments for each of its	three largest program			ners)
measured by expenses. In a clear and concise manne	r, describe the service				
benefited, and other relevant information for each pro 28	ogram title				
zo See Additional Data Table					
(Grants \$) If this amoun	t includes foreign gran	ts, check here	. 🕨 🗆	28a	
29				29a	
			_		
(Grants \$) If this amoun	t ıncludes foreıgn gran	ts, check here 🛛 🔒	. ▶ 🗆		
30				30a	
			_		
(Grants \$) If this amoun	t includes foreign gran	ts, check here 🛛 🔒	. ▶ 🗆		
31 Other program services (describe in Schedule O)			· · <u>·</u> ·		
•		ts, check here		31a	
32 Total program service expenses (add lines 28a	<u> </u>			52	78,339
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule					
	1		1		
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health ben contributions to er		(e) Estimated amount of other compensation
	devoted to position	(Forms W-2/1099-	benefit plans,	and	
		MISC) (if not paid, enter -0-)	deferred comper	sation	
Sommer Hansen	2 00	0			
President					
Sarah Simmons	0	0			
Board Member					
Troy Thacker	2 00	0			
Vice President					
Angela Hammond	0	0			
-	с -	, i i i i i i i i i i i i i i i i i i i			
Board Member Tina Tinsley	0	0			
	0	0			
Board Member					
Misty Shaver	3 00	0			
Treasurer					
Wendy Sailer	0	0			
Board Member					
Jen Liskey	1 00	0			
Secretary					
Johnny Shifflett	0	0			
Board Member					
Renee Nester	0	0			
Board Member					
Sarah Davis	0	0			
Board Member					

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Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	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	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)?	35a		No
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	35b		No
С	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	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions b 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
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?	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	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), 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a		(540)		-
The	e organization's books are in care of 🕨 Misty Shaver	(540)	280-384	5
	Located at 🕨 366 Pine Bluff Rd Waynesboro , VA ZIP + 4 🕨	22980	l	
			Yes	No
Ь	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)?	42b		No
	If "Yes," enter the name of the foreign country \blacktriangleright			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
с	Accounts (FDAR) 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		I	
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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead		163	<u> </u>
	of Form 990-EZ	44a		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
~	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-++C		NU
u	explanation in Schedule O	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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		No

• •	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	

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			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
Pa	rt 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

	· · · · · · · · · · · · · · · · · · ·			
			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		
Ь	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			

 ${\bf d}$ — Total number of other independent contractors each receiving over

Under penalties of perjury, I declare that I have examined this return, incluknowledge and belief, it is true, correct, and complete Declaration of prepa has any knowledge

	****	***						
Sign Here	ľ.	ature of officer y Shaver Treasurer						
		or print name and title						
Paid		Print/Type preparer's name Alan G Propst	Preparer's signature					
Prepare		Firm's name 🕨 Young Nicholas Branner	& Phillips LLP					
Use Onl	У	Fırm's address ▶ PO Box 2187						
		Harrisonburg, VA 228019506						

May the IRS discuss this return with the preparer shown above? See instruc

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 services, as measured by e number of persons benefite	(c	Expenses quired for section 501 (3) and 501(c)(4) ganizations; optional for others.)	
28 Provide members with a sw	28a		
(Grants \$ 78,339)	If this amount includes foreign grants, check here $\ . \ . \ ho$ $\ ho$		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349213302		20119			
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o	vide information for r 990-EZ or to prov Attach to Forn	on to Form 990 or 990-EZ responses to specific questions on ide any additional information. n 990 or 990-EZ. 20 for the latest information.	OMB No 1545 201 Open to Pu Inspectio	8 Jblic
Name Bf the ofganization Pine Bluff Park Inc			Employe 54-07885	r identification numbe	er
990 Schedule O, Su	pplemental Informatio	n			

Return Reference	Explanation
	Client Note 1 - Part 2, Line 23Land & BuildingsThe current value of the Park's property, b uildings, etc , is \$280,200 per Augusta County's tax assessment

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

Return Reference	Explanation
Other Revenue 2	Miscellaneous Income \$2000

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

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$742

Return Reference	Explanation
Other Expenses 1005	Travel \$211

Return Reference	Explanation
Other Expenses 1012	Insurance \$3901

Return Reference	Explanation
Other Expenses 1	Special events \$9123

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

Return Reference	Explanation
Other Expenses 4	Property taxes \$1765

Return Reference	Explanation
Other Expenses 5	Lıfeguard Expenses \$294