

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)

2020

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending ,

B Check if applicable: **C**

| | | |
|---|---|--|
| <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | PINE BLUFF PARK, INC. P.O. BOX 345 VERONA, VA 24482 | <p>D Employer identification number 54-0788570</p> <p>E Telephone number (540) 280-3846</p> <p>F Group Exemption Number ▶</p> |
|---|---|--|

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 77,297.

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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.

| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
|---|---|------------|---------|
| | 2 Program service revenue including government fees and contracts | 2 | 2,105. |
| | 3 Membership dues and assessments | 3 | 66,186. |
| | 4 Investment income | 4 | 9. |
| | 5 a Gross amount from sale of assets other than inventory | 5 a | |
| | b Less: cost or other basis and sales expenses | 5 b | |
| | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5 c | |
| | 6 Gaming and fundraising events: | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6 a | |
| | 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) | 6 b | |
| c Less: direct expenses from gaming and fundraising events | 6 c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6 d | | |
| 7 a Gross sales of inventory, less returns and allowances | 7 a | 7,497. | |
| b Less: cost of goods sold | 7 b | 2,821. | |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7 c | 4,676. | |
| 8 Other revenue (describe in Schedule O) SEE SCHEDULE O | 8 | 1,500. | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶ | 9 | 74,476. | |
| 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 | 21,107. |
| | 13 Professional fees and other payments to independent contractors | 13 | 2,965. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 12,032. |
| | 15 Printing, publications, postage, and shipping | 15 | 1,493. |
| | 16 Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 11,361. |
| 17 Total expenses. Add lines 10 through 16. ▶ | 17 | 48,958. | |
| 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | 25,518. | |
| Net Assets | 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 | 37,801. |
| | 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 | 63,319. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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 | 55,787. | 71,612. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | 55,787. | 71,612. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 17,986. | 8,293. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 37,801. | 63,319. |

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? **SEE SCHEDULE O**

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 <u>PROVIDE MEMBERS WITH A SWIMMING/RECREATION FACILITY FOR THEIR PLEASURE AND RECREATION.</u> | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 28 a | 48,958. |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 29 a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 30 a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 31 a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 48,958. |

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 | 0. | 0. | 0. |
| SARAH SIMMONS BOARD MEMBER | 0 | 0. | 0. | 0. |
| TROY THACKER VICE PRESIDENT | 2 | 0. | 0. | 0. |
| ANGELA HAMMOND BOARD MEMBER | 0 | 0. | 0. | 0. |
| SUSAN ARRITT BOARD MEMBER | 0 | 0. | 0. | 0. |
| MISTY SHAVER TREASURER | 3 | 0. | 0. | 0. |
| WENDY SAILER BOARD MEMBER | 0 | 0. | 0. | 0. |
| JEN LISKEY SECRETARY | 1 | 0. | 0. | 0. |
| JOHNNY SHIFFLETT BOARD MEMBER | 0 | 0. | 0. | 0. |
| RENEE NESTER BOARD MEMBER | 0 | 0. | 0. | 0. |
| SARAH DAVIS BOARD MEMBER | 0 | 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.

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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 sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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 + 22980
42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the United States?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

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 46 X

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 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.'

Table with 5 columns: (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.

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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 Date TREASURER

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN ALAN G PROPST Alan G. Propst 5/06/21 P01340851 Firm's name YOUNG, NICHOLAS, BRANNER & PHILLIPS, LLP Firm's address P.O. BOX 2187 HARRISONBURG, VA 22801 Firm's EIN 54-0947976 Phone no. (540) 433-2581

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PINE BLUFF PARK, INC.

Employer identification number

54-0788570

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

| | | |
|--------------------------|----|---------------|
| REIMBURSEMENTS, ETC..... | \$ | 1,500. |
| TOTAL | \$ | <u>1,500.</u> |

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|------------------------------|----|----------------|
| INSURANCE..... | \$ | 4,557. |
| LIFEGUARD EXPENSES..... | | 589. |
| OFFICE EXPENSES..... | | 406. |
| ONLINE CONVENIENCE FEES..... | | 4,107. |
| PROPERTY TAXES..... | | 1,660. |
| TRAVEL..... | | 42. |
| TOTAL | \$ | <u>11,361.</u> |

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

| | <u>BEGINNING</u> | <u>ENDING</u> |
|------------------------------------|-------------------|------------------|
| DEFERRED GAIN ON SALE OF LAND..... | \$ 17,986. | \$ 8,293. |
| TOTAL | <u>\$ 17,986.</u> | <u>\$ 8,293.</u> |

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE RECREATION FOR MEMBERS

CLIENT 23422

PINE BLUFF PARK, INC.

54-0788570

5/07/21

04:21PM

PART 2, LINE 23
LAND & BUILDINGS

THE CURRENT VALUE OF THE PARK'S PROPERTY, BUILDINGS, ETC., IS \$263,500 PER AUGUSTA COUNTY'S TAX ASSESSMENT.

PART 2, LINE 26
TOTAL LIABILITIES

IN JANUARY 2019 THE ORGANIZATION SOLD A PORTION OF LAND. THEY HAVE CHOSEN TO EXCLUDE THE GAIN UNDER IRC 512(A)(3)(D) AS FOLLOWS:

| | |
|-----------------------------|-----------|
| GAIN ON SALE | \$ 53,538 |
| 2018 CAPITAL ITEMS APPLIED | (9,269) |
| 2019 CAPITAL ITEMS APPLIED | (26,283) |
| 2020 CAPITAL ITEMS APPLIED | (9,693) |
| | ----- |
| DEFERRED GAIN AT 12/31/2020 | \$ 8,293 |

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20_____

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax: PINE BLUFF PARK, INC. Taxpayer identification number: 54-0788570

Name and title of officer or person subject to tax: MISTY SHAVER TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|--|-------------------------------------|--|-----|---------|
| 1 a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1 b | |
| 2 a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2 b | 74,476. |
| 3 a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3 b | |
| 4 a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b | |
| 5 a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5 b | |
| 6 a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6 b | |
| 7 a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7 b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to _____, (EIN) _____

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize YOUNG, NICHOLAS, BRANNER & PHILLIPS, LLP to enter my PIN 23422 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ CLIENT'S COPY Date ▶ 5/06/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 54476622308

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Alan G. Probst Date ▶ 5/06/2021

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Received by:

Name _____
 Telephone _____
 Function _____
 Date _____ / _____ / _____

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

| | |
|--|---|
| Taxpayer name and address PINE BLUFF PARK, INC. P.O. BOX 345 VERONA, VA 24482 | Taxpayer identification number(s) 54-0788570 Daytime telephone number (540) 280-3846 |
| Plan number (if applicable) | |

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

| | |
|--|---|
| Name and address DAVID W BLACK P.O. BOX 2187 HARRISONBURG, VA 22801 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/> | CAF No. <u>0303-84685R</u> PTIN <u>P01340961</u> Telephone No. <u>540-433-2581</u> Fax No. <u>(540) 433-0147</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address ALAN G PROPST P.O. BOX 2187 HARRISONBURG, VA 22801 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/> | CAF No. <u>2605-62746R</u> PTIN <u>P01340851</u> Telephone No. <u>540-433-2581</u> Fax No. <u>(540) 433-0147</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address CHRISTOPHER R MONTGOMERY P.O. BOX 2187 HARRISONBURG, VA 22801 (Note: IRS sends notices and communications to only two representatives.) | CAF No. <u>0308-93934R</u> PTIN <u>P01529023</u> Telephone No. <u>540-433-2581</u> Fax No. <u>(540) 433-0147</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address (Note: IRS sends notices and communications to only two representatives.) | CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

| Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions) | Tax Form Number (1040, 941, 720, etc.) (if applicable) | Year(s) or Period(s) (if applicable) (see instructions) |
|--|--|---|
| EXEMPT ORGANIZATION INCOME | 990, 990-EZ | 2020, 2019, 2018 |
| PAYROLL TAXES | W-2, W-3, 941 | 2020, 2019, 2018 |

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions.

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;

Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

CLIENT'S COPY

Signature

Date

Title (if applicable)

MISTY SHAVER
Print name

PINE BLUFF PARK, INC.
Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant — a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent — enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer — a bona fide officer of the taxpayer organization.
 - e Full-Time Employee — a full-time employee of the taxpayer.
 - f Family Member — a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer — Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate — receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

| Designation — Insert above letter (a - r). | Licensing jurisdiction (State) or other licensing authority (if applicable) | Bar, license, certification, registration, or enrollment number (if applicable) | Signature | Date |
|--|---|---|----------------------------------|-------------|
| B | VIRGINIA | 29031 | <i>D. W. B.</i> | MAY 10 2021 |
| B | VIRGINIA | 10598 | <i>Alan G. Probst</i> | MAY 10 2021 |
| B | VIRGINIA | 35260 | <i>Christopher R. Montgomery</i> | MAY 10 2021 |