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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 black lung benefit trust or private foundation)

▶ **The organization may have to use a copy of this return to satisfy state reporting requirements.**

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 31, 2009

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amend return

☐ Application pending

Please
use IRS
label or
print on
type
See
Specific
Instruc-
tions

C	Name of organization
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PUBLIC RELATIONS SEMINAR
C/O TYCO ELECTRONICS

Number and street (or P.O. box, if mail is not delivered to street address)

1050 WESTLAKES DRIVE

City or town, state or country, and ZIP + 4

BERWYN, PA 19312

D	Employer identification number
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41-1838593

E Telephone number	
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610-893-9501

F	Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☐ Accrual
Other (specify) ► **MODIFY CASH**

Website: ► NONE

J Organization type (check only one)— ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 541,238.**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)
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	Revenue	Net Assets
1	Contributions, gifts, grants, and similar amounts received	1
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	5c
b	Less: cost or other basis and sales expenses	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	
b	Less: direct expenses other than fundraising expenses	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a	Gross sales of inventory, less returns and allowances	
b	Less: cost of goods sold	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe _____)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	
10	Grants and similar amounts paid (attach schedule)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe _____)	
17	Total expenses. Add lines 10 through 16	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	
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)	
20	Other changes in net assets or fund balances (attach explanation)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	

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SEE STATEMENT 1

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Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	117,968.	374,306.
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	117,968.	374,306.
26	Total liabilities (describe _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,968.	374,306.

24

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? **SEE STATEMENT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts; optional
for others.)

28 SEE STATEMENT 3

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here

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)
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[illegible]

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41-1838593

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter amount of tax on line 40c reimbursed by the organization 0.		
e	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		X
41	List the states with which a copy of this return is filed. NONE		
42a	The books are in care of JOAN WAINWRIGHT Telephone no. 610-893-9501 Located at 1050 WESTLAKES DRIVE, BERWYN, PA ZIP + 4 19312		
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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: X		
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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization operating 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(s) a section 527 organization? | 49b | | |
- 50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 ▶		

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 ▶ John Wainwright Date 1-11-10
 Signature of officer

▶ JOHN WAINWRIGHT - SECRETARY/TREASURER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [Signature] Date 1/8/2010 Check if self-employed ☐ Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LARSONALLEN LLP
2900 SOUTH QUINCY ST., SUITE 150
ARLINGTON, VA 22206

EIN ▶ 703-998-5100
 Phone no. ▶ 703-998-5100

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
HOTEL COSTS/FOOD/BEVERAGE	116,049.
AUDIO VISUAL	20,998.
WELCOME BAGS / REGISTRATION MATERIALS	5,613.
BANK FEES AND TAX FILINGS	22,144.
WEBSITE	1,770.
MISCELLANEOUS OPERATING EXPENSES	622.
TOTAL TO FORM 990-EZ, LINE 16	167,196.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 3

THE SEMINAR CONDUCTS ONE ACTIVITY EACH YEAR, A YEARLY SEMINAR. EACH SPRING APPROXIMATELY 200 INDIVIDUALS GATHER TO DISCUSS ISSUES OF IMPORTANCE TO THEIR COMPANIES. A SMALL COMMITTEE OF VOLUNTEERS WORKS THROUGH THE YEAR TO PLAN THE EVENT AND TO ORGANIZE THE MEETING. THE EVENT HELPS TO ENABLE THE EXCHANGE OF IDEAS AND EXPERIENCES TO BETTER MEET THE COMMUNICATION NEEDS OF PARTICIPANTS.

990-EZ PG 2

STATEMENT 4

THE PUBLIC RELATIONS SEMINAR IS DEVOTED TO THE IMPROVEMENT OF PROFESSIONALISM AND BUSINESS CONDITIONS IN THE AREA OF PUBLIC RELATIONS BY:

1. FURNISHING FRESH, PROVOCATIVE INSIGHTS AND KNOWLEDGE PERTAINING TO POLITICAL, SOCIAL, ECONOMIC, AND TECHNOLOGICAL TRENDS BEARING ON THE SUCCESSFUL OPERATIONS OF THE COMPANIES SERVED BY THE SEMINARIANS.
2. FACILITATING THE EXCHANGE OF IDEAS AND EXPERIENCES TO BETTER MEET THE PUBLIC RELATIONS NEEDS OF THE SEMINARIANS' CORPORATIONS OR CLIENTS.
3. FOSTERING THE ACQUAINTANCESHIP OF LEADING PUBLIC RELATIONS PRACTITIONERS WHO ARE ADVANCING ENLIGHTENED PUBLIC RELATIONS AND PRACTICE IN THE BUSINESS SECTOR.