



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **Deerbrook Civic Association**

Number and street (or P.O. box, if mail is not delivered to street address): **P.O. Box 651**

Room/suite: \_\_\_\_\_

City, town, or country: **Medford** State: **NJ** ZIP + 4: **08055**

**D** Employer identification number: **22-2007741**

**E** Telephone number: **(609) 654-6147**

**F** Group Exemption Number: **▶**

• **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) ▶ \_\_\_\_\_

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

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one)—  501(c) ( **7** ) ◀ (insert no.)  4947(a)(1) or  527

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **248,224**

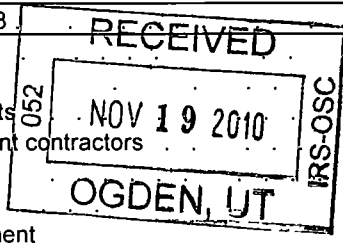
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)**

		Revenue	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	0
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	248,224
<b>4</b>	Investment income	<b>4</b>	0
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	0
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ _____ 0 of contributions reported on line 1)	<b>6a</b>	0
<b>b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	0
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	0
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0
<b>8</b>	Other revenue (describe ▶ _____)	<b>8</b>	0
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	248,224
		Expenses	
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	0
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	99,373
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe ▶ See Attached Statement)	<b>16</b>	150,303
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	249,676
		Net Assets	
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-1,452
<b>19</b>	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)	<b>19</b>	129,375
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0
<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	127,923

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	98,947	22 94,238
<b>23</b>	Land and buildings	334,093	23 310,844
<b>24</b>	Other assets (describe ▶ _____)	0	24 0
<b>25</b>	<b>Total assets</b>	433,040	25 405,082
<b>26</b>	<b>Total liabilities</b> (describe ▶ Membership bonds)	303,665	26 277,159
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	129,375	27 127,923

SCANNED DEC 10 2010



8



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

		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? 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 why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a 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 period covered by this return?	38a	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9	39a	12,000
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	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	40e	X
41	List the states with which a copy of this return is filed		
42a	a The organization's books are in care of Deerbrook Civic Association Telephone no (609) 654-6147 Located at Jackson Road and Tavistock Drive City Medford ST NJ ZIP + 4 08055		
42b	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.	42b	X
42c	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.	42c	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	44	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	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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 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
Name None City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d 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**  
 ▶ *Frank P. Czepak* Signature of officer Date  
 ▶ Frank P. Czepak, Treasurer 11/15/2010  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶ Date  
 Check if self-employed  Preparer's identifying number (See instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIN ▶  
 Phone no ▶

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

**DEERBROOK CIVIC ASSOCIATION**

**OTHER EXPENSES**

**TAX YEAR 2009**

**E.I.N. 22-2007741**

Landscaping	5,446
Insurance	10,306
Professional fees	2,425
Depreciation	23,249
Utilities	17,514
Office Supplies	815
Repairs	12,366
Snack bar	18,076
Miscellaneous	8,864
Payroll Taxes	28,155
Facility Expenses	<u>23,087</u>
Total Other Expenses	<u><u>150,303</u></u>

**DEERBROOK CIVIC ASSOCIATION**

**DEPRECIATION SCHEDULE**

**TAX YEAR 2009**

**E.I.N. 22-2007741**

ASSET	COST	ACCUMULATED DEPR 12/31/2008	Depreciation 2009	Accumulated Depreciation 12/31/2009
<b>BUILDINGS AND IMPROVEMENTS</b>				
40 YR S/L 2000 BUILDING ADDITIONS	333,236	146,306	8,331	154,637
2001 BUILDING ADDITIONS	2,580	484	65	549
25 YR S/L 2004 WELL PUMP	6,348	1,143	254	1,397
2003 DRIVEWAY APRON	8,271	1,696	331	2,027
<b>FURNITURE &amp; FIXTURES</b>				
2004 CHAIR RESTRAPPING	4,187	3,768	419	4,187
2003 CHAIR RESTRAPPING	6,152	6,152		6,152
2005 VACUUM FOR POOL	5,978	4,185	1,196	5,381
2006 PICNIC TABLES	4,266	2,133	853	2,986
2007 SHED	2,242	672	448	1 120
3YR S/L OFFICE COMPUTER	479	240	160	400
AWNING	2,881	1,440	960	2,400
<b>LANDSCAPING</b>				
40 YR S/L 2000 LAND ADDITIONS	38,256	24,440	956	25,396
2001 LAND ADDITIONS	2,664	500	67	567
<b>POOL &amp; TENNIS FACILITY</b>				
40 YR S/L 2000 ADDITIONS	230,903	144,836	5,772	150,608
10 YR S/L 2001 ADDITIONS	7,541	5,090	754	5,844
2003 ADDITIONS- POOL PAINT	5,815	3,199	582	3,781
2003 TILE REPLACEMENT	3,270	1,799	327	2,126
5YR S/L 2004 ADDITIONS	1,727	1,339	388	1,727
<b>RECREATION AREA</b>				
5YR S/L 2005 ADDITIONS-BACKBOARD	4,010	2,807	802	3,609
<b>TENNIS COURTS</b>				
40 YR S/L 2000 ADDITIONS	16,445	8,568	411	8,979
2001 ADDITIONS	6,900	1,294	173	1,467
<b>LAND</b>				
LAND 2001 ADDITIONS	2,033			
<b>PLAYGROUND</b>				
7 YR S/L 2001 ADDITIONS	13,160	13,160		13,160
<b>TOTALS</b>	<u>709,344</u>	<u>375,251</u>	<u>23,249</u>	<u>398,500</u>

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization Deerbrook Civic Association	Employer identification number 22-2007741
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions PO Box 651	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Medford NJ 08055	

**Check type of return to be filed (file a separate application for each return):**

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Deerbrook Civic Association

Telephone No ▶ \_\_\_\_\_ FAX No ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until \_\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <span style="float: right;">0</span>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

<b>Type or print</b> <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization Deerbrook Civic Association	Employer identification number 22-2007741
	Number, street, and room or suite no. If a P O box, see instructions PO Box 651	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Medford NJ 08055	

**Check type of return to be filed (File a separate application for each return)**

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  Deerbrook Civic Association  
Telephone No  FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date