

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)

OMB No 1545-0047 Open to Public

		al Revenue		The organization may have to use a copy of this return to satisfy stat	e reporting requirements	Inspection					
OLO7	ΑF	or the 2	009 са	alendar year, or tax year beginning and ending							
77 7.	B ci	heck (f oplicable	Please use IRS		D Employer identificati	on number					
_		Address change	label or print or	DELAMADE COMMUNICADA ACCOCTAMION							
AUG		Name change	type	Doing Business As	23-132	0047					
¥		Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui							
ш		Termin- ated	Specific Instruc-		(610)566-6627						
DATE		Amended return	tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,306,681.					
¥	L	Applica- tion pending		MEDIA, PA 19063	H(a) Is this a group return						
POSTMARK		pending		me and address of principal officer JOHN P CAPUZZI, SR	for affiliates?	Yes X No					
8				ME AS C ABOVE	H(b) Are all affiliates include						
Δ.				tus X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list						
		Vebsite:			H(c) Group exemption no						
		orm of or ort I S	ganizatio		ar of formation: 1950 M St	ate of legal domicile. PA					
	\Box			escribe the organization's mission or most significant activities TO PROVII	T.ECAT. DROFFS	STONALS					
	Governance			CURRENT INFORMATION ON EMERGING ISSUES.	DE DEGAL TROPED	DIONALD					
	Ja	_		is box if the organization discontinued its operations or disposed of me	ore than 25% of its net asset	s					
	Š			of voting members of the governing body (Part VI, line 1a)	3	22					
	Ğ	4 Number of independent voting members of the governing body (Part VI, line 1b) 4									
	es 8	5 To	tal nun	nber of employees (Part V, line 2a)	5	22 8					
	vit	6 To	tal nun	mber of volunteers (estimate if necessary)	6	32					
	Activities &	7a To	tal gros	ss unrelated business revenue from Part VIII, column (C), line 12	7a	66,993.					
	\rightarrow	b Ne	et unrel	lated business taxable income from Form 990-T, line 34	7b	0.					
					Prior Year	Current Year					
	ne			tions and grants (Part VIII, line 1h)	040 670	076 607					
	Revenue			service revenue (Part VIII, line 2g)	940,679.	976,607.					
	Re			ent income (Part VIII, column (A), lines 3, 4, and 7d)	298,041. 170,475.	30,592. 191,881.					
				venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,409,195.	1,199,080.					
				nd similar amounts paid (Part IX, column (A), lines 1-3)	1, 100, 100.	1,100,000.					
				paid to or for members (Part IX, column (A), line 4)							
_	ς,			other compensation, employee benefits (Part IX, column (A), lines 5-10)	479,289.	483,311.					
	Expenses			onal fundraising fees (Part IX, column (A), line 11e)							
2	ğ	b To	tal fund	draising expenses (Part IX, column (D), line 25)							
.v	<u> </u>	17 Ot	her exp	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	799,846.	816,325.					
		18 To	tal exp	penses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,279,135.	1,299,636.					
K	- (0	19 Re	evenue	less expenses Subtract line 18 from line 12	130,060.	<100,556.					
	Net Assets or Fund Balances				Beginning of Current Year	End of Year					
1	Ssel	20 To	tal ass	sets (Part X, line 16)	2,675,444.	2,681,582.					
Z	탈	21 To	tal liabi	ollities (Part X, line 26) AUG 2 4 2010 At or fund balances Subtract line 21 from line	811,062.	781,873.					
2 2 2		22 Ne	et asset Signa	sets (Part X, line 16) pilities (Part X, line 26) AUG 2 4 2010 August 2 4 2010	1,864,382.	1,899,709.					
5	ı a	U	nder pena	nalties of pergury, I declare that I have examined this return, including accompanying schedules and statemen lete. Declaration of preparer (other than officer) is based on all information of turns the have has any knowled	s, and to the best of my knowledge ar	nd belief, it is true correct					
Ó		ar	nd comple	lete Declaration of proparer (other than officer) is based on all morniation of which trebates has any knowled	ge / /	/					
	Sıgr	,		VII some &	1 8/5/	G					
	Here		Sign	inative of office	Date	·- · · · · · · · · · · · · · · · · · ·					

Date

Check if

self-

07/30/10 employed ▶

Paid

Preparer's

Use Only

Form 990 (2009)

X Yes

Preparer's identifying number (see instructions)

Phone no ► 610-431-1003

WEST CHESTER, PA 19380

11 TURNER LANE

May the IRS discuss this return with the preparer shown above? (see instructions)

FISCHER, CPA

FISCHER CUNNANE & ASSOCIATES LTD

JOHN P CAPUZZI Type or print name and title

Preparer's

signature

Firm's name (or

yours if self-employed),

address, and ZIP + 4

	990 (2009) DELAWARE COUNTY BAR ASSOCIATION	<u>23-13</u>	<u> 20047 </u>	Page 2
Pai	rt III Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission			
	TO PROVIDE LEGAL PROFESSIONALS WITH CURRENT INFORMAT	ION ON EM	ERGING	
	ISSUES.			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		∟ Yes	X No
	If "Yes," describe these new services on Schedule O			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	vices?	∟ Yes	L&∟ No
	If "Yes," describe these changes on Schedule O	h		
4	Describe the exempt purpose achievements for each of the organization's three largest program services			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	unt of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
Tu	LEGAL JOURNAL) (Heverlae w		,
	DEGREE COUNTY		······	
		· ··		
				
				
	··· · · · · · · · · · · · · · · · · ·			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
70	TUITION GRANTS AND OTHER GRANTS) (Hoverido o		,
	TOTAL ORDING THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE			
		·		
		· · · · · · · · · · · · · · · · · · ·		
				
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
4-	(Cada) (Funance the second se) (Davidania &		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$,
	MEMBER SERVICES			
				
				
				
				
				
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ▶ \$		۲۰۰۰ ۵۲	90 (2009)
			rorm y :	7 0 (2009)

02-04-10

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	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	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	3.7	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			X
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	10		- 22
''	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		İ	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	,_		-
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.0		v
47	located outside the United States? If "Yes," complete Schedule F, Part III	_16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	 	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-43
13	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		990 (

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		,	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ŀ		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		_ X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	ļ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	2009)

Form 990 (2009)

DELAWARE COUNTY BAR ASSOCIATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>		1			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming				
	(gambling) winnings to prize winners?			1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm			2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	nis return?	3a	X		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_	X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		1		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country			į			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	ınd			Ì	
	Financial Accounts						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		_5a_		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding	Prohibited	_			
_	Tax Shelter Transaction?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			\	
	any contributions that were not tax deductible?			6a		X	
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	rgiπs				
-,	were not tax deductible?			6b	<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aoode	and conuces				
а	provided to the payor?	goods	and services	7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	uired	7b	· · · · · ·	 	
Ŭ	to file Form 8282?	40.04	aou	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		al				
	benefit contract?			7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'			7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as re	quired?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganiza	ations. Did the				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	ısıness holdıngs				
	at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter		•				
	Initiation fees and capital contributions included on Part VIII, line 12	10a		_			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_			
11	Section 501(c)(12) organizations. Enter	r	1				
	Gross income from members or shareholders	11a		_			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1		
	amounts due or received from them)	11b		_	1	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a	 	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	000		
				Forn	1990	(2009)	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management							
		1	1		Yes	No		
1a	Enter the number of voting members of the governing body	1a		22				
b	Enter the number of voting members that are independent	1b		22				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			77		
_	officer, director, trustee, or key employee?			2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	ie aire	ct supervision			v		
_	of officers, directors or trustees, or key employees to a management company or other person?	00	0 (1 10	3		X		
4	Did the organization make any significant changes to its organizational documents since the prior Fo		U was filed?	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's asse	เรา		5	37			
6	Does the organization have members or stockholders?			6	X			
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	s of the		v			
	governing body?			7a 7b	X			
_	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	the year					
	by the following				.			
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?		- 4 4 1 -	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			37		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0 1	9		<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code)		T.,	·		
40	December and the second			40-	Yes	No X		
	Does the organization have local chapters, branches, or affiliates?	ahant	ara affiliatas	10a		<u>~</u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such	спарі	ers, annates,	405				
	and branches to ensure their operations are consistent with those of the organization?	ilina th	o form?	10b	Х			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	illing ti	e lonn,	11	^			
11A				100		х		
12a		uld an	0 4100	12a	ļ .	_A_		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that co- to conflicts?	ula giv	e iise	40h	1			
_		"Voc "	doscribo	12b	-			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this is done	res,	describe	100	}			
12	Does the organization have a written whistleblower policy?			12c		X		
13	· · · · · · · · · · · · · · · · · · ·			14		X		
14	Does the organization have a written document retention and destruction policy?	al bu u	donandont	14_				
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		idependent					
_				150		x		
a	The organization's CEO, Executive Director, or top management official			15a 15b		X		
b	Other officers or key employees of the organization			130		<u> </u>		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	mont :	with a					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vitira	160		x		
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	duata	te narticination	16a				
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org							
		jai lizat	IUII S	46h				
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b	<u>. </u>	L		
	List the states with which a copy of this Form 990 is required to be filed NONE			· · · · · · · · · · · · · · · · · · ·				
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T /501	C)(3)e only) availa	ble for				
18	public inspection. Indicate how you make these available. Check all that apply	, (301)	Only) availa	DIG IOI				
	Own website Another's website X Upon request							
10	·	onflic	of interest police	, and for	noisi			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or statements available to the public	JOHNIC	or interest policy	r, and III)a	uicidi			
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books a	and rec	orde of the organ	uzation •				
20	EXECUTIVE DIRECTOR - 610-566-6627	ind 180	ords or the organ	nzauvii 🏓	_			
	355 WEST FRONT STREET, MEDIA, PA 19063							
	JJJ HEDI PROMI DIRECT, MEDIA, PA 19003			Form	ggn	(2009)		

932006

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	(0)		Pos		ı app	Iω	Reportable compensation	Reportable compensation	Estimated amount of
	per	H	lecr	\ aii i	liiai	app	'y <i>)</i>	from	from related	other
	week	directo	l			l_		the	organizations	compensation
		tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al trus	onal tr		oloyee	g s		(₩-2/1099-141130)		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
MARY V.Z. WACHTERHAUSER										
PAST PRESIDENT	1.00	X		X				0.	0.	0.
JOSEPH W. CHUPEIN, JR.									_	
PRESIDENT	12.00	X	<u> </u>	X		<u> </u>		0.	0.	0.
BRUCE E. RODGER		1								
PRESIDENT ELECT	5.00	X		X		<u> </u>		0.	0.	0.
JOSEPH T. MATTSON									_	•
TREASURER	3.00	X	ļ	X	<u> </u>	<u> </u>		0.	0.	0.
MICHAEL P. PIERCE	2 00	١,,		,,						0
VICE PRESIDENT	3.00	X	-	X		-		0.	0.	0.
KATHRYN A. MELONI	2 00	~		х				0.	0.	0
CORRESPONDING SECRETARY	2.00	^	 	^				U •	<u> </u>	0.
JOHN P. CAPUZZI, SR. RECORDING SECRETARY	3.00	v		X				0.	0.	0.
KRISTEN M. DANIELS	3.00	Λ		^		\vdash			0.	.
DIRECTOR	1.00	x		X				0.	0.	0.
ROBERT R. DELONG, JR.	1.00				\vdash		\vdash	<u> </u>		
DIRECTOR	1.00	x		x				0.	0.	0.
JOSEPH J. DELSORDO										
DIRECTOR	1.00	X		X				0.	0.	0.
ROBERT C. KELLER										
DIRECTOR	1.00	X		X				0.	0.	0.
ROBERT F. KELLY, JR.							l			
DIRECTOR	1.00	X		X		<u> </u>		0.	0.	0.
AMANDA S. KRASINSKI-KONY										
DIRECTOR	1.00	X		X	<u> </u>	<u> </u>	ļ	0.	0.	0.
WILLIAM C. MACKRIDES										
DIRECTOR	1.00	X		X		lacksquare		0.	0.	0.
KATHLEEN E. MAHONEY								_	_	_
DIRECTOR	1.00	X	1_	X	ļ	_		0.	0.	0,
EUGENE J. MALADY	4 6 5					1				
DIRECTOR	1.00	X.	 -	X	-	-	_	0.	0.	0.
NATHANIEL C. NICHOLS	1 00								1	_
DIRECTOR 932007 02-04-10	1.00	X		X	Щ.	<u> </u>	L	0.	0.	Form 990 (2009

932007 02-04-10

Form **990** (2009)

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	es, a	nd l	High	est	Compensated Employ	rees (continued)				
(A)	(B)			•	C)			(D)	(E)		_	(F)	
Name and title	Average hours	/6		Pos		n : app	skA.	Reportable compensation	Reportable compensation			stimate nount (_
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated P		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	d is	com fi org an	other npensa rom the ganizati d relate anizatie	ition e ion ed
WILLIAM A. PIETRANGELO DIRECTOR	1.00	х		х				0.		0.			0.
LYN B. SCHOENFELD DIRECTOR	1.00	X		х				0.		0.	ĺ		0.
JOSEPH P. LESNIAK	1.00	^		Δ		╁	-	•		<u> </u>			<u> </u>
PRESIDENT YLS	1.00	\mathbf{x}		x				0.		0.	l		0.
ROBERT M. FIRKSER				1								-	
PAST PRESIDENT	1.00	X	_	X	<u> </u>	ļ	_	0.		0.			0.
ELIZABETH C. PRICE			İ					104 400					_
EXECUTIVE DIRECTOR 60.00 X X						104,490.		0.			0.		
1b Total		1	1	i	<u> </u>	┢	1	104,490.		0.	 		0.
Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	·	0,000 in reportab				
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual	'									3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes	," cc	mpl	ete :	Sch	edul	e J	for such individual			4		х
5 Did any person listed on line 1a receive or a				from	an	y un	rela	ted organization for serv	rices rendered to		_		3.7
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	son								5		X
Complete this table for your five highest co the organization NONE	mpensated in	dep	ende	ent c	ont	racto	ors	that received more than	\$100,000 of cor	npens	ation	from	
(A) Name and business	address							(B) Description of s	services	С		C) ensatio	n
													·
								<u>.</u> .					
		_			-		_						
2 Total number of independent contractors (i \$100,000 in compensation from the organi	_	not I	ımıte	ed to		ose li	ste	d above) who received r	nore than				
						_	_						

			<u> VARE COUN</u>	ITY BAR AS	SSOCIATION		<u>23-1320</u>	047 Page 9
Pa	rt VII	I Statement of Reve	nue			·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tt st	1 a	Federated campaigns	1a					
E Z	b	Membership dues	1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	1c					
arga	d	Related organizations	1d					
S,E	е	Government grants (contribu	tions) 1e					
io is		All other contributions, gifts, gran						
F	_	similar amounts not included abo						
들		Noncash contributions included in lines	<u> </u>					
Se	_	Total. Add lines 1a-1f	3 1a-11 ¥					
		Total: //dd lines ru li		Business Code				
	0 -	LEGAL JOURNAL		323100	597,426.	530,433.	66,993.	
Program Service Revenue		MEMBERSHIP DUES		900099	379,181.	379,181.	00,993.	
le je		- 		300033	3/3,101.	3/3,101.		
en S	C			-				
Re	d							
Š	е							
<u>a</u>		All other program service reve	enue	<u></u>	25.6.65			
	g	Total. Add lines 2a-2f		•	976,607.			
	3	Investment income (including	ı dıvıdends, inter	est, and				
		other similar amounts)		▶	37,265.	37,265.		
	4	Income from investment of ta	x-exempt bond	oroceeds 🕨				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross Rents	18,645	,				
	b	Less rental expenses						
	С	Rental income or (loss)	18,645.	.				
	d	Net rental income or (loss)		•	18,645.	18,645.		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	100,928					
Ì	b	Less cost or other basis						
1	_	and sales expenses	107,601.					
	c	Gain or (loss)	<6,673	>				
		Net gain or (loss)		•	<6.673.	> <6,673.	>	
e n		Gross income from fundraisir			(0),000	30,000		
Other Revenue		including \$	of					
æ		contributions reported on line	e 1c) See					
ĕ		Part IV, line 18	а					
₹		Less direct expenses	b	اـــــــــــــــــــــــــــــــــــــ			:	
		Net income or (loss) from fun	=	> _				
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а	· 				
	b	Less direct expenses	b	·L				
	С	Net income or (loss) from gar	ming activities				 	
	10 a	Gross sales of inventory, less	s returns					
- 1		and allowances	a					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Reven	ue	Business Code				
	11 a	CONF/CONVENTION	 	900099	173,236.	173,236.		
	b				•			-
	c				-			
	d	A.W						
		Total. Add lines 11a-11d		•	173,236.			
	12	Total revenue See instructions			1 199 080	1,132,087.	66,993.	0.
93200 02-04		TOTAL TOTOMAC OCC MISH GORDINS	 		_ , _ , , , , , , , , ,		00,223.	Form 990 (2009)
U2-04	- 10							. 5.11. 555 (2003)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) All other organizations must compl	and 501(c)(4) organizat ete column (A) but are			nd (D).
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22 Grants and other assistance to governments,		 		
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	104,490.			
6	Compensation not included above, to disqualified	104,400.			
o	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	242,052.			
8	Pension plan contributions (include section 401(k)	212,032.			
Ü	and section 403(b) employer contributions)	9,169.			
9	Other employee benefits	99,750.			
10	Payroll taxes	27,850.		· · · · · · · · · · · · · · · · · · ·	
11	Fees for services (non-employees)	, 0000			
	Management				
b	Legal		· - · - · · · · · · · · · · · · · · · ·		
c	Accounting	17,210.			
d	Lobbying	_ , , ,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,740.			
g	Other			1	
12	Advertising and promotion				
13	Office expenses	33,187.			
14	Information technology				
15	Royalties				
16	Occupancy	100,920.			
17	Travel		·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	277,763.			
20	Interest	49,367.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,391.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	DDTNIMTNIG C DUDI TONMTON	172,868.			
b	TUITION GRANTS	52,760.	·		
C	POSTAGE	34,493.			
d	MISCELLANEOUS	9,853.			
e	INSURANCE	4,773.			
		-1,,,,,,			
25	Total functional expenses Add lines 1 through 24f	1,299,636.			
26	Joint costs. Check here Inf following	_,,			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

2,681,582. Form **990** (2009)

Total liabilities and net assets/fund balances

2,675,444.

34

. SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II·B Do not complete Part II·A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	rganization	tions complete Fart III.		Emp	loyer identification number
	DELAWAR	E COUNTY BAR ASS	SOCIATION		23-1320047
Part I-/	Complete if the org	ganization is exempt un	der section 501(c	or is a section 527 o	
1 Provi	de a description of the organiz	zation's direct and indirect politi	cal campaign activities	in Part IV	
2 Politi	cal expenditures			▶\$	S
3 Volur	iteer hours				·-
Dord I I	2 0		-l	\(\alpha\)	
Part I-I		ganization is exempt un	•		
	•	incurred by the organization un			§
	the amount of any excise tax	5 ▶\$			
	· ·	in 4955 tax, did it file Form 4720	o for this year?		Yes No
	a correction made?				└─ Yes └─ No
Part I-0	es," describe in Part IV	ganization is exempt un	der section 501/c	except section 501	(c)(3)
					S
	•	d by the filing organization for so	•		
	0 0	ization's funds contributed to o	ther organizations for s	<u>. </u>	•
	opt function activities	Add Inco 1 and 0. Enter have	and an Farm 1100 DO	▶ \$	
line 1	· ·	Add lines 1 and 2 Enter here	and on Form 1120-PO		,
		1100 BOL for this year?			Yes No
	ne filing organization file Form	•	INN of all contion 527 p	valitical arganizations to whi	
		nployer identification number (E the amount paid from the filing o		•	• •
	•	evered to a separate political org	•	•	
		d, provide information in Part IV		- p a. a	- F
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2) / (2)	(2) / 1.55.555	(5) =	filing organization's	contributions received and
				funds If none, enter -0	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
					

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	<u>DELAWARE</u> C	OUNTY BAR	ASSOCIATION	23-1	1320047 Page 2
Part II-A Complete if the orga		npt under section	on 501(c)(3) and file	ed Form 5/68	
(election under sect					
A Check If the filing organization	•	* '			
B Check ► if the filing organization	on checked box A an	id "limited control" pi	rovisions apply	(a) Eiling	(b) Affiliated group
Limits (The term "expendi	on Lobbying Exper tures" means amou		l.)	(a) Filing organization's totals	totals
1a Total lobbying expenditures to influe	ence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influe	ence a legislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures	3				
e Total exempt purpose expenditures	(add lines 1c and 1d)			
f Lobbying nontaxable amount Enter	the amount from the	following table in bo	oth columns		
If the amount on line 1e, column (a) or (b) is The lobbying nontaxable amount is:					
Not over \$500,000	20% of	the amount on line 1	e		
Over \$500,000 but not over \$1,000,	000 \$100,00	0 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0					
Over \$17,000,000					
g Grassroots nontaxable amount (ent	•				
h Subtract line 1g from line 1a If zero					
i Subtract line 1f from line 1c If zero					
j If there is an amount other than zero		line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this y					Yes No
(Sama angonina		raging Period Unde	• •	lata all of the five	
, ,		• •	on do not have to comp nes 2a through 2f on pa		
			ear Averaging Period	90 4.,	
	Lobbying Exper	ditures burning 4-16	ar Averaging Period		T
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
C Total lobbying expensioned				,.	
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
- Gradorooto lobbying experialtures		l			

Schedule C (Form 990 or 990-EZ) 2009

• Schedule C (Form 990 or 990 EZ) 2009 DELAWARE COUNTY BAR ASSOCIATION 23-132004 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(b)
		Yes	No	Amo	unt
1 1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
J	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ion F01(a)	/E\ or oc	otion	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	1011 50 1(0)	(5), or se	cuon	
	501(c)(6).			Yes	No
	Marie and advantaglical (CCCC) and marie discourse and advantable by marie and a			163	X
1	Were substantially all (90% or more) dues received nondeductible by members?		1	х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		Х
3 Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)		ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5		
Par					
	olete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a ny additional information	and Part II-B,	line 1ı Also	o, complete	this part
ioi ai	ny additional illiormation				
			•		

·Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Namo	e of the organization	D AGGOGTAMION	Employer identification number
Par	DELAWARE COUNTY BA t I Organizations Maintaining Donor Advise	R ASSUCIATION	23-1320047
Pai	·		is of Accounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, line	e b (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised lands	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tl	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ig the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements	(A 12 1 T	011 0: 11 4
Par	t III Organizations Maintaining Collections o	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	· ·	
	treasures, or other similar assets held for public exhibition, e	·	ublic service, provide, in Part XIV, the text o
_	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items		.
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$
			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		E COUNTY B							20047		ge 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	r Othe	er Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following that	are a s	ignificant i	use of its	collection	items	
	(check all that apply)										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further ti	he organizatio	n's exe	mpt purpo	ose in Pai	t XIV		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımılaı	r assets	_	_		
	to be sold to raise funds rather than to be ma								Yes		<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if org	ganization ar	nswered "Yes	" to For	m 990, Pa	ırt IV, line	9, or		
	reported an amount on Form 990, Par			,							
1a	Is the organization an agent, trustee, custode	an or other intermed	diary for	contribution	is or other ass	sets not	ıncluded		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV $$	and complete the fo	llowing t	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212						Yes		No
b	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part I	V, line 1	0				
		(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities				1 1111	- '					
	and programs					1					
f	Administrative expenses					i					
g	End of year balance				-						
2	Provide the estimated percentage of the year	r end balance held a	as		•	'		-	·		
а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶	%	_								
c		<u></u> ~									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıstei	red for t	he organiz	zation			
	by	y					3		Γ	Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ıi)		
b	If "Yes" to 3a(ıı), are the related organizations	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	•								<u> </u>	
Par					, Part X, line 1	10					
	Description of investment	(a) Cost or o			or other		ccumulate	ed	(d) Book	value	
		basis (investi		1 · ·	(other)	• •	preciation	I	(-,		
12	Land				3,967.				3 3	3,96	7.
	Buildings				4,116.		577,0	21.		7,09	
	Leasehold improvements			= 1, 0	_,,		, 0		_,,		<u> </u>
d	Equipment			31	6,224.		301,8	90.	14	1,33	4.
	Other		-		4,440.		167,2			7,16	
	Add lines 1a through 1a (Column (d) must a	aud Form 000 Port	Y colum				~ ~ , , &	· •	1 27		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 DELAWARE	COUNTY BAR ASSOCIA	TION 23-1320047 Page
Part VII Investments - Other Securities	5. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12		
Part VIII Investments - Program Relate		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		· · · · · · · · · · · · · · · · · · ·
		
		<u> </u>
Total (Col (b) must equal Form 990, Part X, col (B) line 13. Part IX Other Assets. See Form 990, Part >		
Tartix Other Assets. See Form 990, Part 7	(a) Description	(b) Book value
		
	.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	>
Part X Other Liabilities. See Form 990, P.		
1 (a) Description of liability	(b) A	mount
Federal income taxes		
		.

Schedule D (Form 990) 2009

932053 02-01-10

	dule D (Form 990) 2009 DELAWARE COUNTY BAR ASSOCIA		15	23-13200	47 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	d Financial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10 Dar	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme		10 Revenue ne	or Poturn	
		IIIO AAIG	i neveriue pe		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1			
a	Net unrealized gains on investments	2a		 	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		<u> </u>	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	t- 14/:	N. F	5 	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents wi	in Expenses p	per Heturn	······································
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		 ∤	
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		 	
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIV Supplemental Information			5	
		1 1 4 -		4b d Ob D 1	Las 4 Dark
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II				
X, III	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	piete this p	art to provide any	y additional informati	on
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
				· · · · · ·	
	······································	-			
		 			
			 		-
				Sahadula D (Fa	000) 0000

19

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

QMB No 1545-0047
2009
Open to Public Inspection

Name of the organization DELAWARE COUNTY BAR ASSOCIATION	Employer identification number 23-1320047
FORM 990, PART VI, SECTION A, LINE 6: ALL INDIVIDUALS ARE	VOTING MEMBERS
OF THE ORGANIZATION WITH NO MONETARY BENEFITS INCURRING T	O ANY MEMBER
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERSHIP WIL	L BE ELECTING A
BOARD OF DIRECTORS AND APPOINTING AN EXECUTIVE COMMITTEE	
FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERSHIP WIL	L APPROVE CERTAIN
DECISIONS OF THE BOARD AS STATED IN THE BY-LAWS	
TODY OOD DIDE UT GEGETOV D. J. TVD 11 MVD ODGING MITOVIG	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S APPROVES THE 990 PRIOR TO FILING RETURN	TREASURER
AFFROVES THE 990 FRIOR TO FILING RETURN	
FORM 990, PART VI, SECTION C, LINE 19: THE BYLAWS ARE AVA	ILABLE TO THE
PUBLIC UPON REQUEST AT THEIR PLACE OF BUSINESS	
THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBLITY	
	· · · · · · · · · · · · · · · · · · ·

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) DELAWARE COUNTY BAR ASSOCIATION ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part I

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number

23-1320047

Direct controlling entity Identrication of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets Ö Ö Total income ₤ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Schedule R (Form 990) 2009 Direct controlling entity Ξ status (if section Public charity 501(c)(3)) **e** Exempt Code section ਉ 501(C)(3) Legal domicile (state or foreign country) PENNSYLVANIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LAW STUDENTS, PROVIDE LEGAL EDUCATION OF ATTORNEYS & SERVICES TO LOW INCOME Primary activity 9 DELAWARE COUNTY BAR FOUNDATION - 23-2062189 Name, address, and EIN of related organization 315 WEST FRONT STREET MEDIA PA 19063

21

23-1320047

Page 2

Schedule R (Form 990) 2009 DELAWARE COUNTY BAR ASSOCIATION

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>(6</u> Disproportionate allocations? Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) ত্ত Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) <u>ပ</u> 22 Direct controlling entity Primary activity ਉ Legal domicile (state or foreign country) <u>ပ</u> Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

Schedule R (Form 990) 2009 DELAWARE COUNTY BAR ASSOCIATION

$\overline{}$
ဖွ
ຕ
ō
ı.c
ř
÷
8
Φ
⊆
≥
ヒ
ਕ੍ਰ
<u>ı. </u>
Ó.
മ്പ
~
Ε
Õ
0
9
=,_
(es
>
=
ion answered
Ě
₹
õ
둤
Ë
ō
=
129
≧
g
ŏ
Φ.
ؾ
=
_
¥
픗
duuo
5
ŏ
<u></u>
S
ë
듩
ızaı
ె
ā
ŏ
σ
ate
ਰ
ē
Œ
2
Ξ
5
Ω
Ξ
¥
ပ္
S
Ë
ū
F
_
>
art
Part

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19		×
b Gift, grant, or capital contribution to other organization(s)		4		×
c Gift, grant, or capital contribution from other organization(s)		5		×
d Loans or loan guarantees to or for other organization(s)		₽		×
e Loans or loan guarantees by other organization(s)		1		×
f Sale of assets to other organization(s)		#		×
a Purchase of assets from other organization(s)		19		×
		=		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
I Lease of facilities, equipment, or other assets from other organization(s)		; =		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
Performance of services or membership or fundraising solicitations by		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		트	×	
n Sharing of paid employees		ŧ		×
o Reimbursement paid to other organization for expenses		9		×
		1 ₀		×
q Other transfer of cash or property to other organization(s)		19		×
	ransaction thresholds	-		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved) volve	70
(1)				
(2)				
(4)				
(5)		:		
(9)				
932183 02-04-10	Sch	Schedule R (Form 990) 2009	(066 u	2009

23-1320047

Page 4

Schedule R (Form 990) 2009 DELAWARE COUNTY BAR ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 50 1(c)(3) organizations? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
						Schedule R (Form 990) 2009	1 990) 2009

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67 Identifying number

► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

_1320047 FORM GOD BACE 10 DELAWADE COINTY BAD ASSOCIATION

<u> </u>	DWMYKE COONII DWK WO	DOCIMITO	14	FOR	<u> </u>	JU FF	TGE TO			<u> </u>	<u> </u>
Pa	irt Election To Expense Certain Propert	Under Section 1	79 Note If yo	ou have any lis	ted pro	operty, co	mplete Part	V befo	re y	ou complete P	art I
1	Maximum amount See the instructions t	or a higher limit	for certain b	usinesses				_	1	25	<u>0,000.</u>
2	Total cost of section 179 property place	d in service (see	instructions)					2		
3	Threshold cost of section 179 property b	efore reduction	ın limitation						3	80	<u>0,000.</u>
4	Reduction in limitation Subtract line 3 from	om line 2 If zero	or less, ente	er -0-					4		
5	Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter	-0- If married fil	ing separately, see	instruct	ions			5		
6_	(a) Description of prop	erty		(b) Cost (busine	ess use	only)	(c) Elected	cost			
7	Listed property Enter the amount from I	ne 29				7					
8	Total elected cost of section 179 proper	ty Add amounts	ın column (c), lines 6 and	7			L	8		
9	Tentative deduction Enter the smaller of	f line 5 or line 8							9		
10	Carryover of disallowed deduction from l	ine 13 of your 20	008 Form 45	662					10		
11	Business income limitation. Enter the sm	aller of business	s income (no	t less than zer	o) or li	ne 5		L	11		
12	Section 179 expense deduction Add line	es 9 and 10, but	do not ente	r more than lir	ne 11				12		
13	Carryover of disallowed deduction to 20	10 Add lines 9 a	and 10, less	line 12	>	13					
Not	e: Do not use Part II or Part III below for I	listed property I	nstead, use	Part V							
Pa	Irt II Special Depreciation Allowan	ce and Other D	epreciation	(Do not include	de liste	ed proper	ty)				
14	Special depreciation allowance for qualif	ied property (oth	ner than liste	d property) pla	aced ir	service	during				
	the tax year								14		
15	Property subject to section 168(f)(1) elec	tion							15		
16	Other depreciation (including ACRS)								16		<u>500.</u>
Pa	Irt III MACRS Depreciation (Do not	ınclude listed pr	operty) (Se	e instructions)						
			Se	ection A							
17	MACRS deductions for assets placed in	service in tax ye	ears beginnir	ng before 2009	9				17	5	<u>3,365.</u>
18	if you are electing to group any assets placed in service	e during the tax year	into one or more	general asset acco	ounts, ch	neck here	▶ _]			
	Section B - Assets F	laced in Servic	e During 20	09 Tax Year l	Jsing	the Gene	ral Deprecia	tion S	Syste	em	
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)		Recovery period	(e) Convention	(f) Met	ihod	(g) Depreciatio	n deduction
19a	3-year property										
b	5-year property			1,000.	5.	0 YRS	HY	200	DB		200.
С	7-year property										
d	10-year property										
e	15-year property			6,516.	15	.0 YF	HY	200	DB		326.
f	20-year property										
g	25-year property				2	5 yrs		S/	`L		
	Barried	1			27	5 yrs	MM	S/	L_ [
h	Residential rental property	1			27	5 yrs	MM	S/	L_		
	No considerable to a transport	1			3	9 yrs	MM	S/	L		
ı	Nonresidential real property	1					MM	_ S/	L _]		
	Section C - Assets PI	aced in Service	During 200	9 Tax Year Us	sing th	e Altern	ative Depre	iatior	ı Sys	stem	
20 a	Class life							S/	L _		
b	12-year				1	2 yrs		S/	L_		
C		/			4	0 yrs	MM	S/	L		
Pa	art IV Summary (See instructions)										
21	Listed property Enter amount from line	28							21		
	Total. Add amounts from line 12, lines 1		es 19 and 2	0 ın column (g), and	line 21					
	Enter here and on the appropriate lines	-		· -					22	5	4,391.
	For assets shown above and placed in s	-									
	portion of the basis attributable to section	_				23]		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

(a) Description of costs (b) Oate amortization begins (c) Amortizable amount (f) Amortization of costs that begins during your 2009 tax year

42 Amortization of costs that began before your 2009 tax year

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

916252 11-04-09

Form 4562 (2009)

FORM 4562 T	OTALS	LISTED	PROPERTY	INFORMAT	ION-MC	ORE THAN	50% STATI	EMENT 3
(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(K) TOTAL E MILES	(L) BUSINESS MILES	(M) COMMUTIN MILES	(N) G PERSONA MILES	AVAII	/EH. >		(Q) THER VEH. AILABLE? Y N	
COMPUTER	06/29/00)	119.		5.0	200DBHY		
COMPUTER	05/07/00)	8,770.		5.0	200DBHY		
COMPUTER	10/03/00)	828.		5.0	200DBHY		
COMPUTERS	07/24/03	3	4,396.		5.0	200DBHY		

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

The Tartain Scarce	a departed application for each return						
 If you are filing for an Automatic 3-Month Extension, co If you are filing for an Additional (Not Automatic) 3-Mon Do not complete Part II unless you have already been gra 	nth Extension, complete only Part II (on page 2 of						
	Time. Only submit original (no copies needed).						
A corporation required to file Form 990-T and requesting an Part I only	, , , , ,	complete ►					
All other corporations (including 1120-C filers), partnerships to file income tax returns.	REMICs, and trusts must use Form 7004 to reque	st an extension of time					
Electronic Filing (e-file). Generally, you can electronically f noted below (6 months for a corporation required to file For (not automatic) 3-month extension or (2) you file Forms 990- you must submit the fully completed and signed page 2 (Pa www.irs.gov/efile and click on e-file for Charities & Nonprofile	m 990-T). However, you cannot file Form 8868 elec -BL, 6069, or 8870, group returns, or a composite c art II) of Form 8868. For more details on the electror	tronically if (1) you want the additional or consolidated Form 990-T. Instead,					
Type or Name of Exempt Organization		Employer identification number					
DELAWARE COUNTY BAR ASSO	OCT ATTON	23-1320047					
File by the due date for hilling your return See 335 WEST FRONT STREET, P.O. BOX 466							
instructions City, town or post office, state, and ZIP code F MEDIA, PA 19063	or a foreign address, see instructions.						
Check type of return to be filed (file a separate application	n for each return):						
	401(a) or 408(a) trust) For tother than above)	m 4720 m 5227 m 6069 m 8870					
EXECUTIVE D The books are in the care of ▶ 355 WEST FRO Telephone No. ▶ 610-566-6627 If the organization does not have an office or place of bu If this is for a Group Return, enter the organization's four box ▶	ONT STREET - MEDIA, PA 190 FAX No. ► usiness in the United States, check this box	If this is for the whole group, check this					
1 I request an automatic 3-month (6-months for a corpo AUGUST 15, 2010 , to file the e is for the organization's return for: ➤ X calendar year 2009 or ➤ tax year beginning	oration required to file Form 990-T) extension of time exempt organization return for the organization nam						
							
2 If this tax year is for less than 12 months, check reason	on. Initial return Final return	Change in accounting period					
2 If this tax year is for less than 12 months, check reasons a lift this application is for Form 990-BL, 990-PF, 990-T, 4							
 If this tax year is for less than 12 months, check reasons If this application is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions. 	4720, or 6069, enter the tentative tax, less any	Change in accounting period 3a \$					
 If this tax year is for less than 12 months, check reasons If this application is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions. 	4720, or 6069, enter the tentative tax, less any any refundable credits and estimated						
 If this tax year is for less than 12 months, check reasons If this application is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter an enterprise of the second sec	1720, or 6069, enter the tentative tax, less any in refundable credits and estimated lent allowed as a credit rour payment with this form, or, if required,	3a \$					

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)