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Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: PENNSYLVANIA DISTRICT ATTORNEYS ASSOCIATION. D Employer identification number: 23-1901871. E Telephone number: (717) 238-5416. 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 [X]. Other (specify).

I Website: WWW.PDAA.ORG

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

J Tax-exempt status (check only one): [X] 501(c)(6) (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 \$ 476,421.

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

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes descriptions like 'Contributions, gifts, grants, and similar amounts received' and 'Total revenue'.

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

Table with 7 rows for Balance Sheet. Columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

SCANNED SEP 07 2010

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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	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	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	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	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		
40c	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	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of ELENA HOSTETTER Telephone no 717-238-5416 Located at 2929 N FRONT STREET HARRISBURG, PA ZIP + 4 17110		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (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	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	
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

- 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 Yes No  
46
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization a section 527 organization? 49b
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(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

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

d Total number of other independent contractors 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**  
 Signature of officer: *Ed Marsico* Date: *8-13-10*  
 Type or print name and title: *ED MARSIKO PRESIDENT*

**Paid Preparer's Use Only**  
 Preparer's signature: *BJR* Date: *8/12/10* Check if self-employed:  Preparer's identifying number (See instructions): *P00033514*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *BROWN SCHULTZ SHERIDAN FRITZ 210 GRANDVIEW AVENUE CAMP HILL, PA 17011* EIN: *25-1644159* Phone no: *717-761-7171*

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

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIVIDEND INCOME	1,554.
TOTAL	<u>1,554.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

FACILITY USE INCOME

77,017.

TOTALS

77,017.

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	23,054.
TRAVEL	3,565.
CONFERENCES, CONVENTIONS	76,650.
DEPRECIATION	13,743.
LEGISLATIVE EXPENSE	3,845.
MISCELLANEOUS	5,915.
DUES AND SUBSCRIPTIONS	5,458.
COMPUTER SUPPORT	907.
CONTRIBUTIONS	250.
CONSULTING FEES	39,249.
TOTAL	<u>172,636.</u>

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	200.	200.
SAVINGS	170,666.	463,681.
TOTALS	<u>170,866.</u>	<u>463,881.</u>

ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	382,832.	202,567.
PREPAID EXPENSES OR DEFERRED CHARGES	12,906.	20,045.
TOTALS	<u>395,738.</u>	<u>222,612.</u>

ATTACHMENT 6FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	27,235.	21,305.
SUPPORT AND REVENUE FOR FUTURE PERIODS	22,387.	22,553.
TOTALS	<u>49,622.</u>	<u>43,858.</u>

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

ADDRESS AND RESOLVE VARIOUS QUESTIONS ARISING IN THE PERFORMANCE OF DUTIES AS A DISTRICT ATTORNEY IN PENNSYLVANIA AND TO PROVIDE EFFICIENT AND ECONOMICAL METHODS OF ADMINISTERING THEIR OFFICES BY COOPERATION, COORDINATION AND FULL EXCHANGE OF INFORMATION.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 8PROGRAM SERVICE ACCOMPLISHMENT 1

ADDRESS AND RESOLVE VARIOUS QUESTIONS ARISING IN THE PERFORMANCE OF DUTIES AS A DISTRICT ATTORNEY IN PENNSYLVANIA AND TO PROVIDE EFFICIENT AND ECONOMICAL METHODS OF ADMINISTERING THEIR OFFICES BY COOPERATION, COORDINATION AND FULL EXCHANGE OF INFORMATION.

ATTACHMENT 9PROGRAM SERVICE ACCOMPLISHMENT 2

PUBLISH A QUARTERLY NEWSLETTER; ISSUE LEGISLATIVE UPDATES; COORDINATE THE EXCHANGE OF INFORMATION AND RESOURCES; HOLD ANNUAL MEETINGS AND QUARTERLY EXECUTIVE COMMITTEE MEETINGS; MAINTAIN WEBSITE CONTAINING INFORMATION ON OTHER PERTINENT INFORMATION; SUPPORT THE EXPENSES ASSOCIATED WITH THE EDUCATIONAL PURPOSES OF THE INSTITUTE.

PENNSYLVANIA DISTRICT ATTORNEYS ASSOCIATION

23-1901871

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 10

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
BRADLEY FOULK 2929 NORTH FRONT STREET HARRISBURG, PA 17110	PRESIDENT UNTIL 8/31/2009 1.00	0.	0.	0.
EDWARD MARSICO 2929 NORTH FRONT STREET HARRISBURG, PA 17110	PRESIDENT EFFECTIVE 9/1/2009 1.00	0.	0.	0.
FRANCIS SCHULTZ 2929 NORTH FRONT STREET HARRISBURG, PA 17110	VICE PRES. EFFECTIVE 9/1/2009 1.00	0.	0.	0.
G. MICHAEL GREEN 2929 NORTH FRONT STREET HARRISBURG, PA 17110	SEC/TREAS EFFECTIVE 9/1/2009 1.00	0.	0.	0.
MICHAEL PIECUCH 2929 NORTH FRONT STREET HARRISBURG, PA 17110	EXECUTIVE DIRECTOR 15.00	87,635.	250.	8,763.
GARY DOBIAS 2929 NORTH FRONT STREET HARRISBURG, PA 17110	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
SHAWN WAGNER 2929 NORTH FRONT STREET	DIRECTOR 1.00	0.	0.	0.

PENNSYLVANIA DISTRICT ATTORNEYS ASSOCIATION

23-1901871

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 10 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
HARRISBURG, PA 17110				
DAVID FREED 2929 NORTH FRONT STREET HARRISBURG, PA 17110	DIRECTOR 1.00	0.	0.	0.
D. PETER JOHNSON 2929 NORTH FRONT STREET HARRISBURG, PA 17110	DIRECTOR 1.00	0.	0.	0.
MICHAEL MADEIRA 2929 NORTH FRONT STREET HARRISBURG, PA 17110	DIRECTOR 1.00	0.	0.	0.
RISA FERMAN 2929 NORTH FRONT STREET HARRISBURG, PA 17110	DIRECTOR 1.00	0.	0.	0.
LYNNE ABRAHAM 2929 NORTH FRONT STREET HARRISBURG, PA 17110	DIRECTOR 1.00	0.	0.	0.
STEPHEN ZAPPALA, JR. 2929 NORTH FRONT STREET HARRISBURG, PA 17110	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		<u>87,635.</u>	<u>250.</u>	<u>8,763.</u>

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BRO-28827

ATTACHMENT 10

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

Department of the Treasury  
Internal Revenue Service

► **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  **X**
  - 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.

Type or print	Name of Exempt Organization <b>PENNSYLVANIA DISTRICT ATTORNEYS ASSOCIATION</b>	Employer identification number <b>23-1901871</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>2929 NORTH FRONT STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>HARRISBURG, PA 17110</b>	

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

- |   |   |                                     |
|---|---|-------------------------------------|
| <input 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 checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 99099 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              |                                     |

**INTERNAL REVENUE SERVICE**

**HARRISBURG, PA 17108**

• The books are in the care of ► \_\_\_\_\_

Telephone No ► \_\_\_\_\_ FAX No ► \_\_\_\_\_

**MAY 05 2010**

**RECEIVED**

- 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 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 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>3a</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</b> <b>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>	\$

**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.

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