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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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** **, 20**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b> <b>Wayne Business Association</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P.O. Box 50</b></p> <p>City or town, state or country, and ZIP + 4 <b>Wayne, PA 19087</b></p>	<p><b>D Employer identification number</b> <b>23-2267690</b></p> <p><b>E Telephone number</b> <b>610-688-9188</b></p> <p><b>F Group Exemption Number</b> ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ [www.waynebusiness.com](http://www.waynebusiness.com)

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

**J Tax-exempt status** (check only one) —  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** ▶ \$ **52747**

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

SCANNED JUL 08 2010

	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	655
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	25990
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	25415
	<b>4</b> Investment income . . . . .	<b>4</b>	687
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<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 \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
	<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 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	52747
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	1000
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, compensation, and employee benefits . . . . .	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1500
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	0
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	4131
	<b>16</b> Other expenses (describe ▶ see Statement 2) . . . . .	<b>16</b>	46901
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	53532
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-785
<b>Net Assets</b>	<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>	2364
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	1579

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**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 . . . . .	66637	<b>22</b> 71305
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe ▶ _____ ) . . . . .	0	<b>24</b> 0
<b>25 Total assets</b> . . . . .	66637	<b>25</b> 71305
<b>26 Total liabilities</b> (describe ▶ Community Gift Certificates) . . . . .	64273	<b>26</b> 69726
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	2364	<b>27</b> 1579

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

Pb

<b>Part III. Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 <u>SEE STATEMENT 3</u> ..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
29 ..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
30 ..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
31 Other program services (attach schedule) ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
32 <b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	<b>32</b>

**Part IV. List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Diane Jiorle 718 Waterloo Road Devon, PA 19333	President - 5	0	0	0
Mike Libert 25 West Avenue Wayne, PA 19087	Vice-President - 5	0	0	0
Nelson Dayton 324 W. Lancaster Avenue Wayne, PA 19087	Treasurer - 5	0	0	0
LuAnne Lunger 123 W. Lancaster Avenue Wayne, PA 19087	Secretary - 5	0	0	0
Jack Brooks 110 W. Lancaster Avenue Wayne, PA 19087	Director - 1	0	0	0
Chris Todd 108 N. Wayne Avenue Wayne, PA 19087	Director - 1	0	0	0
Bob Weinberg 20 Louella Court Wayne, PA 19087	Director - 1	0	0	0
Maureen Callaghan 380 E. Lancaster Avenue Wayne, PA 19087	Director -1	0	0	0
Todd Serinsky 230 Sugartown Road Wayne, PA 19087	Director -1	0	0	0
Nancy Campbell 413 Maplewood Road Wayne, PA 19087	Director - 1	0	0	0
Sam Strike 134 N. Wayne Avenue Wayne, PA 19087	Director - 1	0	0	0
Bob D'Amicantonio 157 W. Lancaster Avenue Wayne, PA 19087	Director - 1	0	0	0
Karen Kirpan 2-14 RAVENSCLIFF RD ST. DAVIOS, PA 19087	Director - 1	0	0	0
Heather Eadeh 571 OLD LANCASTER STE. 8 BORMYN, PA 19312	Director - 1	0	0	0
Amanda Holmes 118 E. LANCASTER AV WAYNE, PA 19087	Director - 1	0	0	0

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	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.		
<b>a</b>	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? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	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 . . . . .		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
<b>b</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 . . . . .		✓
<b>c</b>	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 . . . . . ▶ _____ <b>0</b>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ <b>0</b>		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>PA</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>Nelson Dayton</u> Telephone no. ▶ <u>610-688-9188</u> Located at ▶ <u>324 W. Lancaster Avenue Wayne, PA</u> ZIP + 4 ▶ <u>19087-3905</u>		
<b>b</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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <u>0</u> <input type="checkbox"/>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	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 . . . . .		✓

**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 . . . . .	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	✓
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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
NONE				

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
NONE		

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** ▶ Nelson Dayton Signature of officer Date 05/10/2010

▶ Nelson Dayton, Treasurer Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	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

Statement 1  
Form: 2009 990-EZ  
Page: 1  
Part: I  
Line 10

Wayne Business Association  
23-2267690

**Grants and Allocations**

<b>Description</b>	<b>Total</b>
College scholarship award Date - July 2, 2009	\$1,000
This is a cash award given to a college bound high school senior who is in the employ of a member business, and is nominated by the employer. The recipient is chosen based on financial need and job performance	

Statement 2  
Form: 2009 990-EZ  
Page: 1  
Part: I  
Line 16

Wayne Business Association  
23-2267690

Attachment listing other expenses for Part I

<b>Description</b>	<b>Total</b>
Program services expenses	\$33,212
Advertising and promotion	5,085
General and administrative expenses	8,604
<b>Total:</b>	<b>\$46,901</b>

**Organization's Primary Purpose:**

The Wayne Business Association shall exist with the intent of achieving the following goals:

1. To promote the existence and capabilities of the business community of Wayne.
2. To sponsor fellowship, camaraderie, and group attention to mutual concerns among its members;
3. To support various civic and charitable projects with the resources and facilities of its members as they may decide; and
4. To communicate with civic, legal, and enforcement officials on matters of local interest.

**Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Leisure & Recreational Activities Programs: Radnor Fall Festival (1 community event) 1000 people	\$ 12,258.00
<b>Grants and Allocations:</b> \$0.00 <b>This amount includes foreign grants:</b>	N/A
Scholarship Programs: WBA College Scholarship (1 recipient)	\$ 1,000.00
<b>Grants and Allocations:</b> \$0.00 <b>This amount includes foreign grants:</b>	N/A
Ceremonial Events: Holiday decorations & celebration (1 community event) 1000 people	\$ 7,299.00
<b>Grants and Allocations:</b> \$0.00 <b>This amount includes foreign grants:</b>	N/A
Other Program Services: Mad Anthony Days of Wayne celebration, Organizing Sidewalk Sale Purchase and placement of public trash receptacles, Organizing First Friday promotions	\$ 13,655.00
<b>Grants and Allocations:</b> \$5,000.00 <b>This amount includes foreign grants:</b>	N/A
<b>Total:</b>	<b>\$ 34,212.00</b>