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# Short Form Return of Organization Exempt From Income Tax

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

2009

Open to Public  
InspectionA For the 2009 calendar year, or tax year beginning **, 2009, and ending**

|                       |   |   |   |
|-----------------------|---|---|---|
| B Check if applicable | Please use IRS label or print or type.<br>See Specific Instructions | C Name of organization<br><b>OXFORD CIVIC ASSOCIATION</b>                                       | D Employer identification number<br><b>23-6292843</b> |
| Address change        |   | Number and street (or P O box, if mail is not delivered to street address)<br><b>P O BOX 34</b> | E Telephone number<br><b>( ) -</b>                    |
| Name change           |   | Room/suite  |   |
| Initial return        |   | City or town, state or country, and ZIP + 4<br><b>OXFORD, PA 19363-0034</b>                     | F Group Exemption Number<br><b>►</b>                  |

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

I Website: ►

J Tax-exempt status (check only one) -  501(c) (3) (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 . . . ► \$ **480,425.**

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

| Revenue   | 1 Contributions, gifts, grants, and similar amounts received . . . . .  | 1 71,968.   |
|---|---|-------------|
|   | 2 Program service revenue including government fees and contracts . . . . .   | 2           |
|   | 3 Membership dues and assessments . . . . .   | 3           |
|   | 4 Investment income . . . . .   | 4 29,312.   |
|   | 5 a Gross amount from sale of assets other than inventory . . . . .   | 5a 379,145. |
|   | b Less cost or other basis and sales expenses . . . . .   | 5b 405,854. |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   | 5c -26,709. |
|   | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ►                                    |             |
|   | a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .  | 6a          |
|   | b Less direct expenses other than fundraising expenses . . . . .  | 6b          |
|   | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .   | 6c          |
|   | 7 a Gross sales of inventory, less returns and allowances . . . . .   | 7a          |
|   | b Less cost of goods sold . . . . .   | 7b          |
|   | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  | 7c          |
|   | 8 Other revenue (describe ► )   | 8           |
|   | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .  | 9 74,571.   |
| Expenses  | 10 Grants and similar amounts paid (attach schedule) . . . . .  | 10 74,250.  |
|   | 11 Benefits paid to or for members . . . . .  | 11          |
|   | 12 Salaries, other compensation, and employee benefits . . . . .  | 12 6,330.   |
|   | 13 Professional fees and other payments to independent contractors . . . . .  | 13 2,650.   |
|   | 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14          |
|   | 15 Printing, publications, postage, and shipping . . . . .  | 15 61.      |
|   | 16 Other expenses (describe ► )   | 16 8,554.   |
|   | 17 Total expenses. Add lines 10 through 16 . . . . .  | 17 91,845.  |
| Net Assets  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18 -17,274. |
|   | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19 880,421. |
|   | 20 Other changes in net assets or fund balances (attach explanation) . . . . .  | 20 125,464. |
|   | 21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .   | 21 988,611. |
| RECEIVED<br>302 AUG 11 2010 IRS-OSC<br>ATTACH 4<br>OGDEN, UT. |   |             |

## 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 |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments . . . . .                                    | 880,857.              | 22 987,538.     |
| 23 Land and buildings . . . . .  |                       | 23 1,073.       |
| 24 Other assets (describe ► )  |                       | 24              |
| 25 Total assets . . . . .  | 880,857.              | 25 988,611.     |
| 26 Total liabilities (describe ► )   | 436.                  | 26              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 880,421.              | 27 988,611.     |

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? SUPPORT LOCAL NONPROFIT ORGANIZATIONS

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.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts, optional  
for others )

28

**(Grants \$)**

If this amount includes foreign grants, check here . . . . . ►

28a

29

**(Grants \$**

) If this amount includes foreign grants, check here . . . . . ►

29a

30

(Grants \$

) If this amount includes foreign grants, check here . . . . . ►

30a

**31 Other program services (attach schedule)**

If this amount includes foreign grants, check here . . . . . ►

31a

**32 Total program service expenses (add lines 28a through 31a)**

**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 |
|----------------------|--|---|---|--|
| ATTACHMENT 8         |  | 5,880.                                    | -0-   | -0-                                      |
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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 . . . . .   | 33  | X  |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .   | 34  | 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 | X  |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .  | 35b |    |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .  | 36  | X  |
| 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 . . . . .  | 37a |    |
| b Did the organization file Form 1120-POL for this year? . . . . .  | 37b | 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? . . . . .  | 38a | X  |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .  | 38b |    |
| 39 Section 501(c)(7) organizations Enter  | 39a |    |
| a Initiation fees and capital contributions included on line 9 . . . . .  | 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 |    |
| 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 . . . . . | 40e | X  |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  |     |    |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .  |     |    |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .   |     |    |
| 41 List the states with which a copy of this return is filed ► PA,  |     |    |
| 42a The organization's books are in care of ► KATHLEEN FIELDS-CAPEL Telephone no ► ..... Located at ► PO BOX 34 OXFORD, PA ZIP + 4 ► 19363  |     |    |
| 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)? . . . . .  | 42b | X  |
| If "Yes," enter the name of the foreign country ► _____   |     |    |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .  | 42c | X  |
| If "Yes," enter the name of the foreign country ► _____   |     |    |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ► <input type="checkbox"/> 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 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a X

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   |  |                  |   |  |
|  |  |                  |   |  |
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f Total number of other employees paid over \$100,000 . . . . . ► NONE

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 receiving over \$100,000 . . . . . ► NONE

|           |  |                   |
|-----------|--|-------------------|
| Sign Here | 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 |                   |
|           | ► <i>Jane L. Freeman</i><br>Signature of officer   | 18-6-2010<br>Date |

|                          |                        |        |                          |  |
|--------------------------|------------------------|--------|--------------------------|--|
| Paid Preparer's Use Only | Preparer's signature   | Date   | Check if self-employed   | Preparer's identifying number (See instructions) |
|                          | ► <i>Christen Wael</i> | 6/3/10 | <input type="checkbox"/> | 100-586894                                       |

Firm's name (or yours if self-employed), address, and ZIP + 4 ► WOOLARD, KRAJNIR, MASCIANGELO, LLP

► 50 WEST WELSH POOL ROAD EXTON, PA 19341

EIN ► 23-2194268

Phone no ► 610-363-5200

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

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

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

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

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**Name of the organization**

## OXFORD CIVIC ASSOCIATION

**Employer identification number**

23-6292843

**Part I Reason for Public Charity Status (All organizations must complete this part) See instructions**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

|    |  |   |                            |                  |
|----|--|---|----------------------------|------------------|
| 1  | <input type="checkbox"/>   | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  |                            |                  |
| 2  | <input type="checkbox"/>   | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)   |                            |                  |
| 3  | <input type="checkbox"/>   | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   |                            |                  |
| 4  | <input type="checkbox"/>   | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  |                            |                  |
| 5  | <input type="checkbox"/>   | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )   |                            |                  |
| 6  | <input type="checkbox"/>   | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |                            |                  |
| 7  | <input type="checkbox"/>   | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )   |                            |                  |
| 8  | <input type="checkbox"/>   | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  |                            |                  |
| 9  | <input checked="" type="checkbox"/>  | An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) |                            |                  |
| 10 | <input type="checkbox"/>   | An organization organized and operated exclusively to test for public safety See section 509(a)(4).   |                            |                  |
| 11 | <input type="checkbox"/>   | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h   |                            |                  |
|    | a <input type="checkbox"/>   | Type I  | b <input type="checkbox"/> | Type II          |
|    | c <input type="checkbox"/>   | Type III - Functionally integrated  | d <input type="checkbox"/> | Type III - Other |
| e  | <input type="checkbox"/>   | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)   |                            |                  |
| f  | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>           |   |                            |                  |
| g  | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?   |   |                            |                  |
|    | (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . |   |                            |                  |
|    | (ii) A family member of a person described in (i) above? . . . . .   |   |                            |                  |
|    | (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  |   |                            |                  |
| h  | Provide the following information about the supported organization(s)  |   |                            |                  |

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

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 . . . . .   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .  |          |          |          |          |          |           |
| 11 Total support. Add lines 7 through 10 . . .  |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .   |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .   | 15 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>   |    |   |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>  |    |   |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>     |    |   |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/> |    |   |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>  |    |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .   | 61,386   | 34,201   | 69,230   | 91,383   | 71,968   | 328,168   |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5 . . . . .   | 61,386   | 34,201   | 69,230   | 91,383   | 71,968   | 328,168   |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          | 328,168   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . . .  | 61,386   | 34,201   | 69,230   | 91,383   | 71,968   | 328,168   |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 32,166   | 31,532   | 28,598   | 33,725   | 29,312   | 155,333   |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .   | 32,166   | 31,532   | 28,598   | 33,725   | 29,312   | 155,333   |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .  | 93,552   | 65,733   | 97,828   | 125,108  | 101,280  | 483,501   |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |        |
|---|----|--------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 67.87% |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .                      | 16 | 0.00%  |

**Section D. Computation of Investment Income Percentage**

|  |    |        |
|--|----|--------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .   | 17 | 32.13% |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .  | 18 | 0.00%  |
| 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/> |    |        |
| b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>    |    |        |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>   |    |        |

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 2FORM 990EZ, PART I - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>AMOUNT</u>  |
|--------------------|----------------|
| DIVIDEND INCOME    | 29,312.        |
| TOTAL              | <u>29,312.</u> |

FORM 990EZ, PART I - OTHER EXPENSES

|              |                   |
|--------------|-------------------|
| SUPPLIES     | 1,877.            |
| DEPRECIATION | 268.              |
| BANK FEES    | 6,309.            |
| LICENSES     | 100.              |
| <br>TOTAL    | <br><u>8,554.</u> |

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCESINCREASES IN FUND BALANCES

|                         |                 |
|-------------------------|-----------------|
| PRIOR PERIOD ADJUSTMENT |                 |
| UNREALIZED GAIN         | 125,464.        |
| TOTAL                   | <u>125,464.</u> |

DECREASES IN FUND BALANCES

|                 |  |
|-----------------|--|
| UNREALIZED LOSS |  |
| TOTAL           |  |

ATTACHMENT 6FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| <u>DESCRIPTION</u>       | <u>BEGINNING<br/>OF YEAR</u> | <u>END<br/>OF YEAR</u> |
|--------------------------|------------------------------|------------------------|
| CASH                     | 68,925.                      | 66,602.                |
| INVESTMENTS - SECURITIES | 811,932.                     | 920,936.               |
| <b>TOTALS</b>            | <b><u>880,857.</u></b>       | <b><u>987,538.</u></b> |

ATTACHMENT 7FORM 990EZ, PART II - TOTAL LIABILITIES

| <u>DESCRIPTION</u> | <u>BEGINNING<br/>OF YEAR</u> |
|--------------------|------------------------------|
| ACCOUNTS PAYABLE   | 436.                         |
| TOTALS             | <u>436.</u>                  |

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

ATTACHMENT 8

| <u>NAME AND ADDRESS</u>                                 | <u>TITLE AND AVERAGE<br/>HOURS PER WEEK<br/>DEVOTED TO POSITION</u> | <u>COMPENSATION</u> |
|---|---|---------------------|
| JANE FREEMAN<br>P O BOX 34<br>OXFORD, PA 19363-0034     | PRESIDENT   |                     |
| DONALD MACMILLAN<br>P O BOX 34<br>OXFORD, PA 19363-0034 | 1ST VICE PRESIDENT  |                     |
| KAREN J FINLEY<br>P O BOX 34<br>OXFORD, PA 19363-0034   | EXECUTIVE SECRETARY   | 3,500.              |
| JOHN H WARE IV<br>P O BOX 34<br>OXFORD, PA 19363-0034   | DIRECTOR  |                     |
| DARIEN WHITE<br>P O BOX 34<br>OXFORD, PA 19363-0034     | DIRECTOR  |                     |
| ANDREW LIEBERMAN<br>P O BOX 34<br>OXFORD, PA 19363-0034 | DIRECTOR  |                     |
| KEVIN COLLINS<br>P O BOX 34                             | DIRECTOR  |                     |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 8 (CONT'D)

| <u>NAME AND ADDRESS</u>                                      | <u>TITLE AND AVERAGE<br/>HOURS PER WEEK<br/>DEVOTED TO POSITION</u> | <u>COMPENSATION</u> |
|--|---|---------------------|
| OXFORD, PA 19363-0034  |   |                     |
| J PATRICK CURRAN<br>P O BOX 34<br>OXFORD, PA 19363-0034      | DIRECTOR  |                     |
| KATHLEEN FIELDS-CAPEL<br>P O BOX 34<br>OXFORD, PA 19363-0034 | TREASURER   | 2,380.              |
| DR TANYA NEVILLE<br>P O BOX 34<br>OXFORD, PA 19363-0034      | DIRECTOR  |                     |
|  | GRAND TOTALS  | <u>5,880.</u>       |

**SCHEDULE D**  
(Form 1041)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0092

# Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

**2009**

Name of estate or trust

OXFORD CIVIC ASSOCIATION

Employer identification number  
23-6292843

Note: Form 5227 filers need to complete **only** Parts I and II

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co )  | (b) Date acquired<br>(mo , day, yr ) | (c) Date sold<br>(mo , day, yr ) | (d) Sales price | (e) Cost or other basis<br>(see page 4 of the<br>instructions) | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
|--|--------------------------------------|----------------------------------|-----------------|--|--|
| 1a   |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .  | 1b                                   |                                  |                 |  | - 4 , 894 .  |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .  | 2                                    |                                  |                 |  |  |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                                     | 3                                    |                                  |                 |  |  |
| 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss<br>Carryover Worksheet . . . . .          | 4                                    |                                  |                 |  | ( )  |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13,<br>column (3) on the back . . . . . ► 5 |                                      |                                  |                 |  | - 4 , 894 .  |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co )   | (b) Date acquired<br>(mo , day, yr ) | (c) Date sold<br>(mo , day, yr ) | (d) Sales price | (e) Cost or other basis<br>(see page 4 of the<br>instructions) | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|-----------------|--|--|
| 6a  |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .  | 6b                                   |                                  |                 |  | - 21 , 815 .   |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .  | 7                                    |                                  |                 |  |  |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .   | 8                                    |                                  |                 |  |  |
| 9 Capital gain distributions . . . . .  | 9                                    |                                  |                 |  |  |
| 10 Gain from Form 4797, Part I . . . . .  | 10                                   |                                  |                 |  |  |
| 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss<br>Carryover Worksheet . . . . .            | 11                                   |                                  |                 |  | ( )  |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,<br>column (3) on the back . . . . . ► 12 |                                      |                                  |                 |  | - 21 , 815 .   |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

| <b>Part III</b> <b>Summary of Parts I and II</b><br><b>Caution: Read the instructions before completing this part.</b> |  | <b>(1) Beneficiaries'</b><br><b>(see page 5)</b> | <b>(2) Estate's</b><br><b>or trust's</b> | <b>(3) Total</b> |
|--|--|--|--|------------------|
| 13   | Net short-term gain or (loss) . . . . .                              | 13   |  | - 4,894.         |
| 14   | Net long-term gain or (loss):  |  |  |                  |
| a  | Total for year . . . . .   | 14a  |  | - 21,815.        |
| b  | Unrecaptured section 1250 gain (see line 18 of the wrksht) . . . . . | 14b  |  |                  |
| c  | 28% rate gain . . . . .  | 14c  |  |                  |
| 15   | Total net gain or (loss). Combine lines 13 and 14a ►                 | 15   |  | - 26,709.        |

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

#### **Part IV** **Capital Loss Limitation**

|    |  |    |           |
|----|--|----|-----------|
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of |    |           |
|    | a The loss on line 15, column (3) or b \$3,000   | 16 | ( 3,000 ) |

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.

#### **Part V** **Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

|    |  |    |  |
|----|--|----|--|
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . .  | 17 |  |
| 18 | Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .   | 18 |  |
| 19 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .         | 19 |  |
| 20 | Add lines 18 and 19 . . . . .  | 20 |  |
| 21 | If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ►  | 21 |  |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- . . . . .  | 22 |  |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- . . . . .  | 23 |  |
| 24 | Enter the smaller of the amount on line 17 or \$2,300 . . . . .  | 24 |  |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24?  |    |  |
|    | <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.  | 25 |  |
|    | <input type="checkbox"/> No. Enter the amount from line 23. . . . .  | 26 |  |
| 26 | Subtract line 25 from line 24. . . . .   | 26 |  |
| 27 | Are the amounts on lines 22 and 26 the same?   |    |  |
|    | <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31   | 27 |  |
|    | <input type="checkbox"/> No. Enter the smaller of line 17 or line 22   | 28 |  |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .   | 28 |  |
| 29 | Subtract line 28 from line 27 . . . . .  | 29 |  |
| 30 | Multiply line 29 by 15% ( 15 ) . . . . .   | 30 |  |
| 31 | Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | 31 |  |
| 32 | Add lines 30 and 31 . . . . .  | 32 |  |
| 33 | Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | 33 |  |
| 34 | <b>Tax on all taxable income.</b> Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .                      | 34 |  |

2009

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

---

**Name of estate or trust**

OXFORD CIVIC ASSOCIATION

**Employer identification number**  
23-6292843

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

**1b Total.** Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . . - 4,894 .

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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

**Schedule D-1 (Form 1041) 2009**

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

**Employer identification number**

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . .

-21,815.

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**Schedule D-1 (Form 1041) 2009**

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## **Description of Property**

GENERAL DEPRECIATION

## **DEPRECIATION**

DEPRECIATION

| Asset description | Date placed in service | Unadjusted Cost or basis | Bus %   | 179 exp reduction in basis | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Method | MA CRS class | ACRS CRS class | Life | ACRS | MA Current-year CRS class | ACRS Current-year expense | MA Current-year depreciation |
|-------------------|------------------------|--------------------------|---------|----------------------------|------------------------|------------------------------------|---------------------------------|--------|--------------|----------------|------|------|---------------------------|---------------------------|------------------------------|
| LAPTOP            | 03/11/2009             | 1,341                    | 100.000 |                            | 1,341                  |                                    |                                 | 268    | 2000B        | HY             |      | 5    |                           |                           | 268                          |
| EQUIPMENT         | VAR                    | 5,297                    | 100.000 |                            |                        | 5,297                              | 5,297                           | 2000B  | HY           |                |      | 7    |                           |                           |                              |

### Assets Retired

Depreciation and Amortization  
(Including Information on Listed Property)

2009

Attachment  
Sequence No. 67Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

OXFORD CIVIC ASSOCIATION

Business or activity to which this form relates

## GENERAL DEPRECIATION

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

|   |                                    |                                     |                         |
|---|------------------------------------|-------------------------------------|-------------------------|
| 1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .   | 1                                  |                                     |                         |
| 2 Total cost of section 179 property placed in service (see instructions) . . . . .   | 2                                  |                                     |                         |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .  | 3                                  |                                     |                         |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .  | 4                                  |                                     |                         |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately see instructions . . . . . | 5                                  |                                     |                         |
| <b>6</b>  | <b>(a) Description of property</b> | <b>(b) Cost (business use only)</b> | <b>(c) Elected cost</b> |
|   |                                    |                                     |                         |
|   |                                    |                                     |                         |
| 7 Listed property Enter the amount from line 29 . . . . .   | 7                                  |                                     |                         |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .   | 8                                  |                                     |                         |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .   | 9                                  |                                     |                         |
| 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .  | 10                                 |                                     |                         |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .                  | 11                                 |                                     |                         |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .   | 12                                 |                                     |                         |
| 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . . . . . ►   | 13                                 |                                     |                         |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

|  |    |  |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . . | 14 |  |
| 15 Property subject to section 168(f)(1) election . . . . .  | 15 |  |
| 16 Other depreciation (including ACRS) . . . . .   | 16 |  |

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

|  |    |  |
|--|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .  | 17 |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ► |    |  |

## Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            | SEE                                  |  |                     |                |            |                            |
| b 5-year property              | DETAIL                               | 1,341.   | 5.000               | HY             | 200DB      | 268.                       |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      | 25 yrs   |                     |                | S/L        |                            |
| h Residential rental property  |                                      | 27 5 yrs   | MM                  | S/L            |            |                            |
| i Nonresidential real property |                                      | 27 5 yrs   | MM                  | S/L            |            |                            |
|                                |                                      | 39 yrs   | MM                  | S/L            |            |                            |
|                                |                                      |  | MM                  | S/L            |            |                            |

## Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

|                |  |        |    |     |     |  |
|----------------|--|--------|----|-----|-----|--|
| 20a Class life |  |        |    |     | S/L |  |
| b 12-year      |  | 12 yrs |    |     | S/L |  |
| c 40-year      |  | 40 yrs | MM | S/L |     |  |

## Part IV Summary (See instructions)

|   |    |      |
|---|----|------|
| 21 Listed property Enter amount from line 28 . . . . .  | 21 |      |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions . . . . . | 22 | 268. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .  | 23 |      |

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

|   |                               |   |                            |  |  |                          |                               |                                 |
|---|-------------------------------|---|----------------------------|--|--|--------------------------|-------------------------------|---------------------------------|
| 24a Do you have evidence to support the business/investment use claimed?  |                               |   | Yes                        | No   | 24b If "Yes," is the evidence written? |                          | Yes                           | No                              |
| (a)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period                 | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . |                               |   |                            |  |  | 25                       |                               |                                 |
| 26 Property used more than 50% in a qualified business use<br>%<br>%<br>%   |                               |   |                            |  |  |                          |                               |                                 |
| 27 Property used 50% or less in a qualified business use<br>%<br>%<br>%<br>S/L -<br>S/L -<br>S/L -  |                               |   |                            |  |  |                          |                               |                                 |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . . . . .   |                               |   |                            |  |  | 28                       |                               |                                 |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . .  |                               |   |                            |  |  | 29                       |                               |                                 |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|  |                  |                  |                  |                  |                  |                  |    |     |    |     |    |     |
|--|------------------|------------------|------------------|------------------|------------------|------------------|----|-----|----|-----|----|-----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .<br>31 Total commuting miles driven during the year . . . . .<br>32 Total other personal (noncommuting) miles driven . . . . .<br>33 Total miles driven during the year Add lines 30 through 32 . . . . .<br>34 Was the vehicle available for personal use during off-duty hours? . . . . .<br>35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .<br>36 Is another vehicle available for personal use? . . . . . | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |    |     |    |     |    |     |
|  |                  |                  |                  |                  |                  |                  |    |     |    |     |    |     |
|  |                  |                  |                  |                  |                  |                  |    |     |    |     |    |     |
|  |                  |                  |                  |                  |                  |                  |    |     |    |     |    |     |
|  |                  |                  |                  |                  |                  |                  |    |     |    |     |    |     |
|  |                  | Yes              | No               | Yes              | No               | Yes              | No | Yes | No | Yes | No | Yes |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

|  |     |    |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .<br>38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .<br>39 Do you treat all use of vehicles by employees as personal use? . . . . .<br>40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .<br>41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | Yes | No |
|  |     |    |
|  |     |    |
|  |     |    |
|  |     |    |

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |    |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|----|
| 42 Amortization of costs that begins during your 2009 tax year (see instructions)      |                                 |                           |                     |  |                                   |    |
|  |                                 |                           |                     |  |                                   |    |
|  |                                 |                           |                     |  |                                   |    |
| 43 Amortization of costs that began before your 2009 tax year . . . . .                |                                 |                           |                     |  |                                   | 43 |
| 44 Total. Add amounts in column (f) See the instructions for where to report . . . . . |                                 |                           |                     |  |                                   | 44 |

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

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

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

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

|   |  |  |
|---|--|--|
| Type or print   | Name of Exempt Organization<br>OXFORD CIVIC ASSOCIATION<br>OXFORD CIVIC ASSOCIATION                              | Employer identification number<br>23-6292843 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions<br>P O BOX 34                               | P O BOX 34                                   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br>OXFORD, PA 19363-0034 |  |

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 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

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

Telephone No ► \_\_\_\_\_

FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . ►  If it is for part of the group, check this box . . ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 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

|   |             |
|---|-------------|
| 3a 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  | 3a \$ _____ |
| 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   | 3b \$ _____ |
| c Balance Due. 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 | 3c \$ _____ |

**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.

Form 8868 (Rev 4-2009)