

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



990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

A F	or th	e 2009 calend		tax year beginnir		1.			d ending	\	une	2 30	, 2010
В	heck if	applicable [.]		Name of organization	Bethle'he	mPA B.	conc	h ot	-	D Emplo	- /	ntification	
=		change	use IRS /	American I	7550ciation	of Unive	ecs.t	v 1N0	men	23	3/62	999	45
=		print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele						E Telepi	yone nur	mber			
	Initial return Terminated 1 Terminated 1 Terminated 1 Terminated								6	10-	865-	3419	
Specific City or town, state or country, and ZIP + 4									F Grou				
<u> </u>									ber ▶				
=	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: 🗵 Cash 🗌 Accrual										Accrual		
	a completed Schedule A (Form 990 or 990-EZ). Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶												
	H Check ▶ 🏻											aanizatioi	o is not
	Website: > WWW. aauwbethlehem pa, or a required to at											-	
								527				leadie D (, Om 330,
	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.												
					receipts, if \$500,00							irri.	
_	art I				nges in Net A						\$ rtions	for Part	· 1 \
							iiu ba	ances	(000 1110	113000	4		-71
	1			-	lar amounts rece					}	-		
	2	•			overnment fees	and contract	s .			!	2	7 -	0
	3		•	nd assessments						}	3		52
	4	Investmen					٠.,			!	4	12	8
	5a				her than invento		· · · · · · · · · · · · · · · · · · ·	5a					
				asis and sales e	•			<u>5b</u>	0		_		
•	0				er than inventor						5c		
Revenue	6				ble parts of Schedul			n gaming	, check here P	'니			
8	a			ncluding\$	500	of contribut	tions						
æ		reported o	on line 1) .				·	6a	34,73				
	t				draising expens			6b		5			
	c	 Net incom 	e or (loss)	from special eve	ents and activitie	es (Subtract li	ine 6b f	rom line	e 6a)	[6c	32,	895
	7a	Gross sale	es of invent	tory, less retum:	s and allowances	s	. ļ	7a					
	t	Less: cost	of goods	sold			. [7b					
	(Gross pro	fit or (loss)	from sales of in	ventory (Subtrac	t line 7 <u>5 fro</u> m	n_line_7	a)		╗ • ┃	7c		<u> </u>
	8	Other reve	enue (desci	ribe ▶			RE(CEIV	<u>ED</u>	<u>↓</u>)	8		
	9	Total reve	enue. Add	lines 1, 2, 3, 4, 5	5c, 6c, 7c, and 8				···	<u>></u> ►	9	<u> 43,</u>	899
	10	Grants and	d similar ar	mounts paid (att	ach schedule) .	യ്യ .	יט ר"ם	· 11 ·/@ ·	3040. IC	Ş] . [10	28	910
	11	Benefits p	aid to or fo	or members .		996	3r.r	16	2010: [5	5 · [11		0
88	12				mployee benefit			<u> </u>	2		12		0
Expenses	13	Profession	nal fees and	d other paymen	ts to independer	nt contractors	SOCI	31=M	1. T	1. [13		
8	14			lities, and maint			<u> </u>	1921 0	' 	∹'. [14		0
Ð	15	Printing, p	ublications	s, postage, and	shipping					[15	7	287
	16	Other expenses (describe > Insurance Board Expenses Natl. and State Dub							2000	16	7	733	
	17	Total exp	enses. Ad	d lines 10 through	gh 16 ['] .	<i>T</i> .	′			. •	17	38.9	130 _
90	18	Excess or	(deficit) for	r the year (Subtr	act line 17 from	line 9)					18	4'9	169
ge g	19	Net assets	s or fund b	balances at beg	inning of year (f	from line 27,	colum	n (A)) (r	nust agree	with			
Ą		end-of-ye	ar figure re	ported on prior	year's return)						19	51.5	555
Net Assets	20	Other cha	nges in net	t assets or fund	balances (attach	n explanation)			[20		0
Z	21	Net assets	s or fund b	alances at end	of year. Combine	e lines 18 thro	ough 20)		. ▶ [21	56.5	
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 instruct	ions for Part II.)				(A) Beg	nning of	year	(B) En	d of year
2	2 (Cash, savings	s, and inve	stments					64	555	2	22 78	3.434
	23 Land and buildings							23	0				
2		Other assets	-	•)			24	0_
2		Total assets							10 64	55		25 19	
2		rotal liabilitie	es (describ	er Schola	cehio Comm	itment no	toain	6130	13	00		26 21	1910
2				ances (line 27 o	f column (B) mu :	st agree with	line 21)	51	555		27 56	524
_					tice, see the sepa				Cat. No. 100		•		0-EZ (2009)

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

	• •					
Par	t III Statement of Program Service Accomp	plishments (See the instr	uctions for Part II	l.)		Expenses
What is the organization's primary exempt purpose? Education and Opportunities for Women (Required by South						
man	ner, describe the services provided, the number of program title.	f persons benefited, and o	ther relevant info	rmation for		izations and section a)(1) trusts; optional hers)
28	······································	م الم ما الم	101			
20	21 un decgraduate sch see attach	ed Schedule				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	26 4/0
29	AAUW Foundation	modeco foreign grane, on				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	2500
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
		includes foreign grants, che		. ▶□	31a	
_	Total program service expenses (add lines 28a t			P	32	28 9 10
rai		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
	Susan McNamara 2060 15th St. Bethlehem, 1918020	President	0	0		0
	Jeanie Keller 18018 45 W. Washington Ave. Bethlehem PA	Co Vice-Prosident Program	0	٥		O
·	Shirley Mc Bry'de 1673 Kovin Dr. Bethlehem PA 18015	Covice-President Program	0	0		٥
	Yvonne Payne 18017 4403 Locaine Lane Bethlehem CA	Vice-President Membership	0	0		0
	Bernice Gardiner PA18018	Secretary	0	0		0
	1722 W. Market St. Apt. 1 Bethlehem Myra Janes	Treasurer	0	0		0
	2229 Main St Bethlehen A 18017	7,00000		-		

Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33 24 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 25 25 25 25 25 25 25 2				Yes	No
Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	33		33		X
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. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 603(e) notice, reporting, and proxy tax requirements? b if "Yes," has it filled a tax return on Form 990-T for this year? bif 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 Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Did the organization file Form 1120-POL for this year? b Section 501(c)(3) and 501(c)(4) organizations included on line 9 38a 38a 39a 39a 39a 39a 39a 39a 39a 39a 39a 39	34		34		X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 603(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35 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 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○ 37b Did the organization file Form 1120-POL for this year? 38b Did the organization flore Form 1120-POL for this year? 38c Did the organization flore Form 1120-POL for this year? 38c Did the organization flore Form 1120-POL for this year? 38b Did the organization flore Form 1120-POL for this year? 38c Did the organization flore Form 1120-POL for this year? 38c Did the organization flore Form 1120-POL for this year? 38d Did the organization flore Form 1120-POL for this year? 38d Did the organization flore Form 1120-POL for this year? 38d Did the organization flore Form 1120-POL for this year? 38d Did the organization flore, did flore, 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? 38d Did the organization flore, did flore, 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? 38d Did flore organization flore, did flore organization during the year under section 4955 ▶ 38d Section 501(c)(3) and 501(c)(4) organization flore organization 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-E27 if "Yes," complete Schedule L. Part I. 38d Did the organization flore, did the organizations. Enter amount of tax imposed on organization flore, did the organization flore and prior the period organization flore and pr	35			,	
b If "Yes," has it filed a tax return on Form 990-T for this year? 35 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 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○ 37b Did the organization file Form 1120-P0L for this year? 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? 38b	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	250		
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 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	h				X
Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			×
b Did the organization file Form 1120-PDL for this year? 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Section 501(c)(8) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 39b Section 501(c)(8) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 39c 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 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 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. ▶ 42a The organization's books are in care of ▶ Myra Jone 5. Located at ▶ 22.2.9. Mann 51 reet behing the form 10 report of Foreign Bank and Financial account in a 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	37a				
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?	_	-	37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 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 ▶	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ;section 4912 ▶ ;section 4955 ▶ 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-EZ7 if "Yes," complete Schedule L, Part 1 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 8866-T. List the states with which a copy of this return is filed. ▶ List the states with which a copy of this return is filed. ▶ Located at ▶ 2229 Main 57 reef \$\int \text{N} \text{A} \text{N} \text{De } \text{B} \text{Phen } \text{C} \text{Telephone no.} ▶ 6.0 - 8.65 - 3. Located at ▶ 2229 Main 57 reef \$\int \text{Phen } \text{Phen } \text{C} \text{Telephone no.} ▶ 6.0 - 8.65 - 3. 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; less 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.? Yes N 142b \$\frac{1}{2}\$ Yes N Section 4947(a)(1) nonexempt charitable trusts filing Form 9		any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		_X_
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 39a 39a 39a 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 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-EZ7 if "Yes," complete Schedule L, Part I 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. List the states with which a copy of this return is filed. ▶ 120 The organization's books are in care of ▶ Myra Janes. Telephone no. ▶ 6/0 865-3 Located at ▶ 2229 Main 51 reef Betherm 18 party to a prohibited tax shelter transaction? 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.?	b	· · · · · · · · · · · · · · · · · · ·]		l
b Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 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	39	1 1 1			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 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 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. ▶ 42a The organization's books are in care of ▶ Myra Janes Telephone no. ▶ 6/0 - 8/65 - 3¹ Located at ▶ 2229 Main Street Be the heart of the organization have an inferest in or a signature or other authority over a financial account in a foreign country: ▶ 5 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.?	_	· · · · · · · · · · · · · · · · · · ·			ĺ
b Section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 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 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. 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 filled. ▶ 42a The organization's books are in care of ▶ Myra Nores Telephone no. ▶ 6/0 - 8/65 - 3 Located at ▶ 2229 Main 51 reef Behlehen for Eighlehen for 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 90-221, 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.?		· · · · · · · · · · · · · · · · · · ·	-		
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	4Ua				
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	b	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	40b		×
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. ▶ 42a The organization's books are in care of ▶ Myra. Janes Telephone no. ▶ 6/0 - 8/65 - 3/2 Located at ▶ 2229 Main Street Belinehem Is ZiP+4 ▶ 18017 - 370 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	С	organization managers or disqualified persons during the year under sections 4912,			_
transaction? If "Yes," complete Form 8886-T. 40e	d				
List the states with which a copy of this return is filled. ▶ 42a The organization's books are in care of ▶ Myra Jones Telephone no. ▶ 6/0 - 8/05 - 3' Located at ▶ 2229 Main Street Beltilehem In ZIP+4 ▶ 18017 - 370 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	е		40e		×
The organization's books are in care of ► Myra Jones Telephone no. ► 6/0 - 8/5 - 3' Located at ► 2229 Main Street Bethlehem Ra ZIP + 4 ► 18017 - 270 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)?	41	List the states with which a copy of this return is filed. ▶			
At any time during the calendar year, did the organization have an inferest 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)?	42a	The organization's books are in care of ► Myra Jones Telephone no. ► 6	0-8	65 -	3419
account)?	b		<u> 117 -</u>	37	00
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.?				Yes	No
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.?		•	42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
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	С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year	43				▶ □
See Land					
Yes! N				Yes	No
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44				
			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		AE.		Y
-Yes, Form 990 must be completed instead of Form 990-E∠)-EZ	(2009)

• • • • • • • • • • • • • • • • • • • •	(-+++)					-	-5	
Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 4 and complete the tables for lines 50	d section 4947(a)(1) no 1947(a)(1) nonexempt ch and 51.	nexempt charita aritable trusts m	able trusts only. A ust answer question	ll sec ons 46	tion 3-49	—— b	
	Did the organization engage in direct or indire		vities on behalf of	or in opposition to		Yes	No	
	candidates for public office? If "Yes," complet				46		<u> </u>	
	Did the organization engage in lobbying activi-				47		 	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	Did the organization make any transfers to an		-		49a			
	If "Yes," was the related organization a section Complete this table for the organization's five				49b			
	employees) who each received more than \$10							
		(b) Titte and average	(c) Compensation	n (d) Contributions to	(e)	Exper		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans 8 deferred compensation	ac	count a	and	
		GOTOLOGI TO POGGOLI		1	54,0			
			·					
					L			
					<u> </u>			
	·				ŀ			
f	Total number of other employees paid over \$1				l			
	\$100,000 of compensation from the organizar (a) Name and address of each independent contract			Type of service	(c) Coi	mpens	ation	
-								
		· · · · · · · · · · · · · · · · · · ·						
d	Total number of other independent contractor	s each receiving over \$100	0.000					
_	Total Hambor of outon indopositions contiductor	5 52511 155511111g 5 151 \$151						
-	Under penalties of perjury, I declare that I have exar	nined this return, including accom	panying schedules and	statements, and to the be	st of my	know	ledge	
	and belief, it is true, correct, and complete. Declarat	on of preparer (other than officer)	is based on all informat	tion of which preparer has	any kno	wledg	,e	
Sign	nn C A							
Here	Mura C. Jones	- .		Septembe	CL	<u>3_2</u>	<u>010</u>	
	Signature of officer			Date /		•		
	Nyra E. Jones	Treasurer		·				
	Type or pfint name and title	D-4-	Chartest	Preparer's identifying nu	mber/So	— e inete:	ctione)	
Paid	Preparer's signature	Date	Check if self- employed ▶	Liebme a meannihing in	1061 (36	o nisuut	,uona)	
Prepare	er's Firm's name (or		employed	EIN ▶				
Use On	yours if self-employed), address, and ZIP + 4			EIN ► Phone no. ►				
Mav th	ie IRS discuss this return with the preparer sho	own above? See instruction	l	> [Yes	\Box	 No	
	one state and the state with the property of	200101 000 111011001101	 · · · · ·				(2000)	

BETHLEHEM BRANCH, AMERICAN ASSOCIATION OF UNIVERSITY WOMEN 2229 Main Street, Bethlehem, PA 18017-3700

July 1, 2009 to June 30, 2010

Tax ID: 23 6299945

(6) Special Events and Activities

		Gross	Costs	Net
Book Fair		34,221	1,697	32,524
Calendars		269	138	131
Bridge		240	0	240
	Total	\$34,730	\$1,835	\$32,895

(10) Grants and Similar Amounts

SCHOLARSHIPS:

Jihyun Kim (Northampton Community College	\$1,250
Jessica Hinkle (DeSales University)	1,250
Laura Kauer (American University)	2,000
Kattia Krouse (Cedar Crest College)	1,250
Danielle Firestone (George Washington Univer	rsity) 1,100
Rachel Schachter (Drew University)	1,000
Rebecca Burcaw (University of Pittsburgh)	2,000
Melissa Lee (Susquehanna University)	1,000
Jasmine Williams (Cornell University)	2,000
Rebecca Hillegas (Polytechnic Institute of NY)	J) 1,000
Desire Hough (Earlham College)	2,310
Cassandra Haines (Connecticut College)	1,000
Courtney Haines (Rider University)	1,000
Laura Grezzo (University of Pittsburgh)	1,000
Demi Kostishion (University of Pittsburgh)	1,000
Julie Horwath (Cornell University)	1,000
Lauren Koch (Temple University)	1,000
Megan Carolan (University of Memphis)	1,000
Allison Fritts (Lock Haven University)	1,000
Laila Siddiqui (John Hopkins University)	1,000
Karen Sims (DeSales University)	1,250
SubTotal	\$26,410
GRANTS:	
AAUW Funds	\$2,500
SubTotal	\$2,500
To	otal \$28,910