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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 01/01, 2010, and ending 12/31, 20 10

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
WAYNE BUSINESS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 50

City or town, state or country, and ZIP + 4
Wayne, PA 19087

D Employer identification number
23-2267690

E Telephone number
610-688-9188

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ **www.waynebusiness.com**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **53,410**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
	1 Contributions, gifts, grants, and similar amounts received	1	1,130
	2 Program service revenue including government fees and contracts	2	29,068
	3 Membership dues and assessments	3	23,031
	4 Investment income	4	181
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c Less direct expenses from gaming and fundraising events	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	53,410
	10 Grants and similar amounts paid (list in Schedule O)	10	1,000
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	631
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	6,083
	16 Other expenses (describe in Schedule O)	16	41,645
	17 Total expenses. Add lines 10 through 16	17	49,359
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,051
	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	1,579
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	5,630

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	71,305	72,971
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	71,305	72,971
26 Total liabilities (describe in Schedule O)	69,726	67,341
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,579	5,630

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 1
 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 Leisure & recreational activities program: Radnor Fall Festival (1 community event)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9,760
29 Ceremonial events, Holiday decorations & celebration (1 community event)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6,259
30 Leisure & recreational activities program: Mad Anthony Days of Wayne (1 community event)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,539
31 Other program services (describe in Schedule O)		
(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	8,970
32 Total program service expenses (add lines 28a through 31a)	32	28,528

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Diane Jorle 718 Waterloo Road, Devon, PA 19333	Pres, 5	0	0	0
Mike Libert 25 West Ave, Wayne, PA 19087	V.Pres, 2	0	0	0
LuAnne Lunger 123 W Lancaster Ave, Wayne, PA 19087	Sec'y, 3	0	0	0
Nelson Dayton 324 W Lancaster Ave, Wayne, PA 19087	Treas., 5	0	0	0
Heather Eadeh 511 Old Lancaster Rd Ste 8, Berwyn, PA 19312	Dir, 1	0	0	0
Jack Brooks 110 W Lancaster Ave, Wayne, PA 19087	Dir, 1	0	0	0
Maureen McAleer 330 E Lancaster Ave, Wayne, PA 19087	Dir, 1	0	0	0
Nancy Campbell 413 Maplewood, Wayne, PA 19087	Dir, 1	0	0	0
Amanda Holmes 118 E Lancaster Ave, Wayne, PA 19087	Dir, 1	0	0	0
Sam Strike 134 N Wayne Ave, Wayne, PA 19087	Dir, 1	0	0	0
Andrew Maguire 259 N Radnor Chester, Radnor, PA 19087	Dir, 1	0	0	0
Todd Serinsky 230 Sugartown Rd Ste 60, Wayne, PA 19087	Dir, 1	0	0	0
(Continued on Schedule O, Statement 3)				

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

Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL 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 tax year covered by this return?		✓
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 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
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. 40e		✓
41	List the states with which a copy of this return is filed. ▶ PA		
42a	The organization's books are in care of ▶ Nelson Dayton Telephone no. ▶ 610-688-9188 Located at ▶ 324 W Lancaster Ave, Wayne, PA 19087 ZIP + 4 ▶ 19087		
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	Yes	No
	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		✓
	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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		✓
c	Did the organization receive any payments for indoor tanning services during the year? 44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Nelson Dayton* Date: *5/13/11*
 Type or print name and title: *Nelson Dayton, President - TREASURER*

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

WAYNE BUSINESS ASSOCIATION

Employer identification number

23-2267690

Form 990-EZ, Part I, Line 10 - College Scholarship Award. This is a cash award given to a high school senior who is in the employ of a member business, and is nominated by the employer. The recipient is chosen based on financial need and job performance.

Form 990-EZ, Part I, Line 16 - \$28528 Program services expenses \$7298 Advertising and promotion \$5819 General and administrative expenses

Form 990-EZ, Part II, Line 26 - Community gift certificates

Primary Exempt Purpose

Primary Exempt Purpose

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

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Other Placement and maintenance of downtown flower pots, general membership meetings throughout the year	0		8,970
Total:			8,970

Officers, Directors, Trustees and Key Employees Compensation

		Title and Hours	Compensation	Benefits	Expense
Name	Bob D'Amicantonio	Dir 1	0	0	0
Address	157 W Lancaster Ave Wayne, PA 19087				
Name	Chns Todd	Dir 1	0	0	0
Address	106 N Wayne Ave Wayne, PA 19087				
Name	Bob Weinberg	Dir 1	0	0	0
Address	20 Louella Ct Wayne, PA 19087				
Total:			0	0	0