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Form **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 private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2015**  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final 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 province, country, and ZIP or foreign postal code  
 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) ▶ \_\_\_\_\_

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

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

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

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 77,544

**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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received							585																						
	<b>2</b> Program service revenue including government fees and contracts							41,974																						
	<b>3</b> Membership dues and assessments							34,872																						
	<b>4</b> Investment income							113																						
	<b>5a</b> Gross amount from sale of assets other than inventory						<b>5a</b>	0																						
	<b>b</b> Less cost or other basis and sales expenses						<b>5b</b>	0																						
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								<b>5c</b>				0																	
	<b>6</b> Gaming and fundraising events																													
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)						<b>6a</b>	0																						
	<b>b</b> Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)						<b>6b</b>	0																						
<b>c</b> Less direct expenses from gaming and fundraising events						<b>6c</b>	0																							
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)								<b>6d</b>				0																		
<b>7a</b> Gross sales of inventory, less returns and allowances						<b>7a</b>	0																							
<b>b</b> Less cost of goods sold						<b>7b</b>	0																							
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								<b>7c</b>				0																		
<b>8</b> Other revenue (describe in Schedule O)								<b>8</b>				0																		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								<b>9</b>				77,544																		
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)							<b>10</b>				2,000																		
	<b>11</b> Benefits paid to or for members							<b>11</b>				0																		
	<b>12</b> Salaries, other compensation, and employee benefits							<b>12</b>				0																		
	<b>13</b> Professional fees and other payments to independent contractors							<b>13</b>				4,690																		
	<b>14</b> Occupancy, rent, utilities, and maintenance							<b>14</b>				0																		
	<b>15</b> Printing, publications, postage, and shipping							<b>15</b>				10,452																		
	<b>16</b> Other expenses (describe in Schedule O)							<b>16</b>				59,950																		
<b>17 Total expenses.</b> Add lines 10 through 16								<b>17</b>				77,092																		
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)							<b>18</b>				452																		
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)							<b>19</b>				-7,448																		
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)							<b>20</b>				0																		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20								<b>21</b>				-6,996																	



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 40e regarding significant activities, document changes, income, and tax shelter transactions.

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 Av Wayne, PA ZIP +4 19087

Table for question 42b regarding foreign financial accounts. Includes question text and Yes/No response columns.

42c At any time during the calendar year, did the organization maintain an office outside the U S ?
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
and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, controlled entities, and Form 720 filings.

Yes No

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

Table with 3 columns: Question, Yes, No. Row 46: Yes, No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes, No

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

Table with 3 columns: Question, Yes, No. Row 48: Yes, No

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

Table with 3 columns: Question, Yes, No. Row 49a: Yes, No

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes, No

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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 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, Date (2016-05-08), Nelson Dayton Treasurer, Type or print name and title

Paid Preparer Use Only: Preparer's name, 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

# Additional Data

**Software ID:** 15000352  
**Software Version:** v1.00  
**EIN:** 23-2267690  
**Name:** WAYNE BUSINESS ASSOCIATION

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> Leisure & recreational activities programs Radnor Fall Festival (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	14,250
<b>29</b> Ceremonial event Holiday decorations & celebration (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	4,435
<b>30</b> Other Placement and maintenance of downtown flower pots, general membership meetings throughout the year, creation of Wayne business district community map (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	17,820

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Chris Todd President	5	0	0	0
Deanna Doane Vice-President	3	0	0	0
Nancy Campbell Secretary	1	0	0	0
Nelson Dayton Treasurer	3	0	0	0
Scott Reidenbach Director	1	0	0	0
Alicia Eger Director	1	0	0	0
Cheryl Atkins-Lubinski Director	1	0	0	0
Joan Menige Mastoianni Director	1	0	0	0
Carol Jane Director	1	0	0	0
Josh Hagelin Director	1	0	0	0
Jenn Hartmann Director	1	0	0	0
Nan Mangine Director	1	0	0	0
LuAnne Lunger Director	1	0	0	0
Mike Libert Director	1	0	0	0
David Brennan Director	1	0	0	0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
WAYNE BUSINESS ASSOCIATION

**Employer identification number**

23-2267690

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Form 990-EZ, Part 1, Line 10 - \$2000 to WBA College Scholarship recipients Form 990-EZ, Part 1, Line 16 - \$36505 Program Services, \$17185 Advertising and Promotion, \$6260 General and Administrative
Form 990-EZ, Part II, Line 26	Form 990-EZ, Part II, Line 26 - \$62742 Community gift certificates