

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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) ▶

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 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 ▶ \$ 98,853

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	1	Contributions, gifts, grants, and similar amounts received																										15,449	
	2	Program service revenue including government fees and contracts																										43,460	
	3	Membership dues and assessments																										39,810	
	4	Investment income																										134	
	5a	Gross amount from sale of assets other than inventory																										0	
	b	Less cost or other basis and sales expenses																										0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										0	
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																										0	
	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)																										0	
c	Less direct expenses from gaming and fundraising events																										0		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																										0		
7a	Gross sales of inventory, less returns and allowances																										0		
b	Less cost of goods sold																										0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																										0		
8	Other revenue (describe in Schedule O)																										0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																										98,853		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																										2,750	
	11	Benefits paid to or for members																										0	
	12	Salaries, other compensation, and employee benefits																										0	
	13	Professional fees and other payments to independent contractors																										12,728	
	14	Occupancy, rent, utilities, and maintenance																										0	
	15	Printing, publications, postage, and shipping																										7,438	
	16	Other expenses (describe in Schedule O)																										61,414	
17	Total expenses. Add lines 10 through 16 ▶																										84,330		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										14,523	
	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)																										34,253	
	20	Other changes in net assets or fund balances (explain in Schedule O)																										0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20																										48,776	

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, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 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 with columns for question number, description, and Yes/No columns. Rows include 42b, 42c.

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 with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		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	46		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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and 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 "

(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	2019-05-05 Date
Nelson Dayton Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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: 18007995

Software Version: v1.00

EIN: 23-2267690

Name: WAYNE BUSINESS ASSOCIATION

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)	
28 Leisure & recreational activities programs Radnor Fall Festival (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	22,440

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

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<p>29 Ceremonial event Christmas Holiday decorations & celebration (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>	<p>6,092</p>

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

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<p>30 Other Placement and maintenance of downtown flower pots, general membership meetings throughout the year, creation of Wayne business district community map, website upgrades (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">14,839</p>

Form 990EZ, 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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Chris Todd President	5	0	0	0
Deanna Doane Vice-President	5	0	0	0
Nancy Campbell Secretary	1	0	0	0
Nelson Dayton Treasurer	2	0	0	0
Scott Reidenbach Director	1	0	0	0
Andrew Dickerson 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
Gregory Basile Director	1	0	0	0
Jenn Hartmann Director	1	0	0	0
Nan Mangine Director	1	0	0	0
Mike Libert Director	1	0	0	0
Gloria Clawson Director	2	0	0	0
Claire Girton Director	1	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

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 10	\$2000 to WBA scholarship recipients, \$750 to various Radnor non-profits

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	\$43796 Program Services, \$15700 Advertising and Promotion, \$1918 General and Administrative

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26	\$66,260 Community Gift Certificates