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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)

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

OMB No-1545-0047
OUU.
(ZUU1)
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

OMB_No-1545-0047
AUUL
(/ 1111/)
Open to Public
Inspection

7	\ Fo	r the	20	07 calendar year, or tax year beginning SEP 1, 2007 and en	ding AUG 31	, 20	800				
E	Ch	eck d		Preaso C Name of organization		D Empl	oyer identifi	cation number			
	ap	pticab	le:	use IRS		l					
		Addre	:55 : 5	proto ARIZONA TECHNOLOGY COUNCIL		_86	86-0684848				
	一	Name	•	type Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone numb				
		instral return		Specific 2 N. CENTRAL AVENUE	750	60	2-343	-8324			
		Term		tions City or town, state or country, and ZIP + 4			atag method				
	\vdash	lation Amer zeturi					ither specify)				
	\equiv	Appli	cat	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	H and I are not app			527 organizations.			
	<u> </u>	lpend	ng	must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group			Yes X No			
	C W	ahoi	۵.	AZTECHCOUNCIL.ORG	H(b) If Yes," enter n						
2	1 0	raani	72†		H(c) Are all affiliates						
				e \ it the organization is not a 509(a)(3) supporting organization and its gross	(If "No," attach a	a list.)					
•				re normally not more than \$25,000. A return is not required, but if the organization	H(d) is this a separa ganization cover	ite return Fred hv a	ntour ruling	ır- ı ² ☐ Yes X No			
	ch	บยเมเ เกิดระ	s d e t	o file a return, be sure to file a complete return.	I Group Exempti			N/A			
-				Villa di voldini, do dolo to ind a sample				not required to attach			
		.000		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 - 959, 407.	Sch. B (Form 9						
i	Pa		-	Revenue, Expenses, and Changes in Net Assets or Fund Bala		50, 500		- <u> </u>			
ł	Pa		_		11003	$\overline{}$					
		1	_	Contributions, gifts, grants, and similar amounts received:			- 1	٠.			
				Contributions to donor advised unids RECEIVED IT							
,			0				ì				
)	- 1		C	Indirect public support (not included on line 1a) FCB 2.2 2011 1d			i				
)			đ	Covernment Contained (Section)	<u></u>			0.			
į	Ì	_	e	Total (add lines 1a through 1d) (cash \$ COVINGTON (C. P. 10) 1 1 1 1 1 1 1 1 1		- ' }	1e	478,895.			
É	l	2		Program service revenue including government feet and Contact Strom Part VII, line 93)		- }	2	342,602.			
Ź	l	3		Membership dues and assessments		- {	3	2,884.			
2	l	4		Interest on savings and temporary cash investments			4	2,004.			
"		5		Dividends and interest from securities	· · ···· · · ·		5				
	i	6	8	Gross rents SEE STATEMENT 1 6a	4,3	300.					
			þ	Less. rental expenses	<u> </u>			4 800			
	릭		C	Net rental income or (loss). Subtract line 6b from line 6a		· ··、}	_6c	4,800.			
	Revenue	7		Other investment income (describe	(2) 0/1		7				
	وَ	8	а	Gross amount from sales of assets other (A) Securities	(B) Other			·			
	_			than inventory				÷ (
	1		b	Less cost or other basis and sales expenses . 8b	·	}	ì	Š			
			C	Gain or (loss) (attach schedule) 8c	L			2			
			d	Net gain or (loss). Combine line 8c, columns (A) and (B)	· · · · · · · · ·	}	8d	<u>`</u>			
	1	9		Special events and activities (attach schedule). If any amount is from gaming, check here 1	>	1	1	2 m = p 2 3 1 1			
	- 1			Gross revenue (not Including \$ of contributions reported on fine 1b) 9a							
	l			Less: direct expenses other than fundraising expenses 9b	l	{					
				Net income or (loss) from special events. Subtract line 9b from line 9a	ı		9c	· · · · · · · · · · · · · · · · · · ·			
		10		Gross sales of inventory, less returns and allowances				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	- 1			Less. cost of goods sold 10b				,			
			C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line			10c	120 226			
\		11		Other revenue (from Part VII, line 103)			11	130,226.			
Ì		12		Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	959,407.			
1	ر س	13		Program services (from line 44, column (B))			13				
1	Expenses	14		Management and general (from line 44, column (C))	,		14				
1	ě	15		Fundraising (from line 44, column (D))			15				
1	ŭ	16		Payments to affiliates (attach schedule)			16	000 701			
-		17		Total expenses. Add fines 16 and 44, column (A)	<u></u>		17	990,701.			
i	اہ	18		Excess or (deficit) for the year. Subtract line 17 from line 12			18	<u>-31,294.</u>			
4	Net ssets	19		Net assets or fund balances at beginning of year (from line 73, column (A))	- <u></u>	<i>.</i>	19	225,134.			
1	Z ğ	20		Other changes in net assets or fund balances (attach explanation) SEE	STATEMENT	2 ,	20	61,207.			
í		21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	255,047:			
;	72300 12-27	-07		LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction	18.			Form 990 (2007)			
-1				1				04B1 005			



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Functional Expenses and (a Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0 If this amount includes foreign grants, check here b Other grants and allocations (attach schedule (cash \$ 0 • noncash \$ 0		(A) Total	(8) Program	(C) Management	(D) Fundraising
(cash \$ 0 noncesh \$ 0. If this amount includes foreign grants, check here Other grants and allocations (attach schedule			JUI THEOJ	and general	(o) i according
(cash \$ 0 noncash \$ 0 If this amount includes foreign grants, check here Other grants and allocations (attach schedule	1 1	1			
If this amount includes foreign grants, check here build by Other grants and allocations (attach schedule	1 1			ì	
b Other grants and allocations (attach schedule	4	1			
-	22a			_	1
(cash \$ 0 = noncash \$ 0	*	1			
	4			-{	1
If this amount includes foreign grants, check here	22b			4	ľ
Specific assistance to individuals (attach					
schedule)	23			-	
Benefits paid to or for members (attach		į,			
schedule)	24				
a Compensation of current officers, directors, key	1 1	166 220			
employees, etc. listed in Part V-A	25a	166,338.		_{	
b Compensation of former officers, directors, key					
employees, etc. listed in Parl V-B	25b	0.		 	
c Compensation and other distributions, not included	"				The state of the s
above, to disqualified persons (as defined under	1 1				14.
section 4958(1)(1)) and persons described in]]				1
section 4958(c)(3)(B)	25c				100000000000000000000000000000000000000
Salaries and wages of employees not		215 045			The second second
included on lines 25a, b, and c	26	215,045.			
Pension plan contributions not included on	0.7	4 910			
lines 25a, b, and c	27	4,810.			- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Employee benefits not included on lines	1,,	9,709.			
25a - 27		30,042.			
Payroll taxes		30,042.			
Accounting fees		3,908.			
	امما	793.			
	33	7,646.			
		13,556.			
i Postage and shipping		725.	 .	 	
Occupancy	36	43,471.		 	,
Equipment rental and maintenance	37				3, 40 (
Printing and publications	38	101,508.			7-1
Travel	39	27,212.			
Conferences, conventions, and meetings	40	_283,579.			
Interest	41	376.			
Preciation, depletion, etc. (attach schedule)	\neg	9,423.			
Other expenses not covered above (itemize):				7	
a MARKETING	43a	9,448.			* * * * * * * * * * * * * * * * * * *
b PROGRAMS	43b	41,909.			والعبي الأثنيد
c WEBSITE EXPENSE	43c	21,203.			-3-, 15
d	434				\ <u></u>
e	43e				
f	431			<u> </u>	7.72
0	43g				1. 教育中華主義教育等
Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),				(
carry these totals to lines 13-15)	44	990,701.			<u> </u>
oint Costs, Check 🕨 🔲 if you are following	g SOP 9	8-2.			
e any joint costs from a combined educational campa		lundraising solicitation rep		• •	Yes X No
"Yes," enter (i) the aggregate amount of these joint co	osts \$		•	to Program services \$	<u>N/A</u> :
ii) the amount allocated to Management and general !	<u>\$</u>	N/A ; and (iv) the amount allocate	d to Fundraising \$	N/A

Part III | Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wħ	at is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u>	Program Service Expenses
che	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 50 1(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	ARIZONA TECHNOLOGY COUNCIL (AZTC) HELD MONTHLY DINNER	
	PROGRAMS THAT FEATURED PROGRAMS AND GUEST SPEAKERS ON	
	LEADING EDGE SUBJECTS. AZTC ALSO SPONSORED A NUMBER OF	
	SPECIAL INTEREST GROUPS WHICH ALLOWED IN DEPTH DISCUSSIONS	
	RELATED TO CURRENT TECHNOLOGY AND NETWORKING AMONGST	į
	MEMBERS. AZTC ALSO HAS AN INFORMATION FILLED WEBSITE.	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
b		
		}
	(Grants and allocations \$) If this amount includes foreign grants, check here	,
С	The discount of the discount o	
		٠.
		1
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]
	(Grants and allocations \$) If this amount includes foreign grants, check here	100 Maria 100 100
d		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		م هر در
		و در در ماه و در در ماه
		`
	Constant and ellectrions	
_	(Grants and allocations \$) If this amount includes foreign grants, check here Duther program services (attach schedule)	
Ç	and the second s	
f	(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u> </u>
•	Total of Frogram service expenses (should expense 44, colonia (a), Frogram services)	Form 990 (2007)
		101111 444 (5001)

Note:	Whe shou	re required, attached schedules and amounts within the description column ild be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
1	45	Cash - non-interest-bearing	201,321.	45	115,309.
	46	Savings and temporary cash investments		46	132,311.
-				\	
		Accounts receivable		47.	
	b	Less: allowance for doubtful accounts 47b	·	47c	
- 1	48 a	Pledges receivable 48a	ţ	}	
l		Less: allowance for doubtful accounts 48b		48c	
- 1	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and		l	
		key employees		50a	
- 1	b	Receivables from other disqualified persons (as defined under section			
<u>s</u>		4958(f)(1)) and persons described in section 4958(c)(3)(B)		50ь	
Assets	51 a	Other notes and loans receivable			
۲		Less; allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	C The same of the same of the
	54 a	Investments - publicly-traded securities Cost Cost FMV		548	
		Investments other securities		54b	ों
		Investments - land, buildings, and		Ì	- 家港
		equipment basis 55a			
				}	
	ь	Less. accumulated depreciation		55c	
	56	Investments · other		56	
- 1	57 a	Land, buildings, and equipment: basis 57a 69,835.		1	~ ~ ~
i			20,896.	57c	29,108.
	58	Other assets, including program-related investments			
		(describe ► <u>SEE STATEMENT 5</u>)	2,917.	58	7,154.
	59	Total assets (must equal line 74) Add lines 45 through 58	225,134.	59	283,882.
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		81	
	62	Deferred revenue		62	
ties	63	Loans from officers, directors, trustees, and key employees		63	
Liabilities	64 8	Tax-exempt bond liabilities		64a	
E	1	Mortgages and other notes payable		64b	12,309.
	65	Other liabilities (describe SEE STATEMENT 6)		65	16,526
			0.	ا 🚅 ا	28,835.
	66	Total liabilities, Add lines 60 through 65 anizations that follow SFAS 117, check here ▶ ☐ and complete lines		66	
	Orga	anizations that follow SFAS 117, check here Land complete lines 67 through 69 and lines 73 and 74			17.12度的证券
89	67			67	
Š	68			68	
3ale	69			69	
Ď		Permanently restricted			7 - 2 4 5 7
ř	Urg.	complete lines 70 through 74.		ļ	the state of the
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	0.	70	0.
eta	71	Paid-in or capital surplus, or land, building, and equipment fund	0.	71	.0
488	72	Retained earnings, endowment, accumulated income, or other funds	225,134.	72	255,047
et /	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72.			·
Z	l <i>'</i> "	(Column (A) must equal line 19 and column (B) must equal line 21)	225,134.	73	255,047
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	225,134.	74	_ 283,882.
	· ·				Form 990 (2007

	n 990 (2007) ARIZONA TECHNOLOGY CO Int IV-A Reconciliation of Revenue per Audited Final Instructions)	UNCIL ncial Statements Wi	th Revenue p	86-06 er Retur	848 n (Se	48 Page 5
	Total revenue, gains, and other support per audited financial stateme	nte				N/A
'n	Amounts included on line a but not on Part I, line 12:			" " 		N/A
1	Net unrealized gains on investments	l b				
2	Donated services and use of facilities					
3	Recoveries of prior year grants					
4	Other (specify):		1			
7				.		
	Add lines b1 through b4					
4	Subtract line b from line a Amounts included on Part I, line 12, but not on line a:			c		
٠,		1.	.1	- } }		
١	Investment expenses not included on Part I, line 6b		2			
2	Other (specify):			.		
	Add lines d1 and d2					
<u> </u>	Total revenue (Part I, line 12). Add lines c and d irt IV-B Reconciliation of Expenses per Audited Fina	ancial Castomorto M	Tth Evnesses	Pe Pe		
ے					urn	
a	Total expenses and losses per audited financial statements			a		<u> </u>
b	Amounts included on line a but not on Part I, line 17:	1	1			
1	Donated services and use of facilities					
2	Prior year adjustments reported on Part I, line 20	🕒	2			not the
3	Losses reported on Part I, line 20	<u>b</u>	3			
4	Other (specify):		4			
	Add lines b1 through b4			ь		
C	Subtract line b from line a					
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b	d	1	1 1		To 4 Section
2	Other (specify):		2		•	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	• • • • • • • • • • • • • • • • • • • •			T a	•'	مر ي دويان
е						
Pa	irt V-A Current Officers, Directors, Trustees, and Ke	ey Employees (List ead	h person who wa	s an officer	, dire	
	or key employee at any time during the year even if they we				none to	(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	employee b plans & del compensatio	enefit erred n plans	account and other allowances
						17.27
					-	
<u>SE</u>	E STATEMENT 7		160,439.	5,8	<u>99.</u>	0.
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. Form 990 (2<u>007)</u>

	ARIZONA TECHNOLOGY CO			<u>86-0684</u>			age o
	-A Current Officers, Directors, Trustees, and Ke					Yes	No
75 a Ent	ter the total number of officers, directors, and trustees permitted t	o vote on organization bu	siness at board		. 1		
me	etings , ., ,		>	<u> </u>			
b Are	any officers, directors, trustees, or key employees listed in Form	990. Part V-A. or highest of	compensated emo	lovees	, 1		
list	ed in Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sci	hedule A,	,	1 1	
	rt II-A or II-B, related to each other through family or business relat	ionships? If "Yes," attach	a statement that is	dentifies			•
the	individuals and explains the relationship(s)	. ,			75b		<u> </u>
e Do	any officers, directors, trustees, or key employees listed in Form 9	990 Part V-A, or biohest o	ompensated empl	ovees	i		
	ed in Schedule A, Part I, or highest compensated professional and						
Pa	rt II-A or II-B, receive compensation from any other organizations,	whether tax exempt or tax	able, that are relat	ed to the			
org	anization? See the instructions for the definition of "related organ	ization."			75c		X
If "	Yes," attach a statement that includes the information described i	in the instructions.			i		
	es the organization have a written conflict of interest policy?				75d	X	
Part V	-B Former Officers, Directors, Trustees, and Ke	y Employees That F	Received Com	pensation o	ər Ot	her	
	Benefits (If any former officer, director, trustee, or key en	ployee received compens	sation or other ben	efits (describe	d belo	w) dur	ากดู
	the year, list that person below and enter the amount of cor	npensation or other benef					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	employee benefit	١ ا ١	E) Expe	
	NONE		enter -0-}	plans & deferred compensation pla			
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		<u></u>	<u> </u>	<u></u>		** :	12.
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		<u></u>	<u> L</u>	<u> </u>			
	Other Information (See the instructions)					Yes	No
76 Dic	the organization make a change in its activities or methods of co	•				Yes	113
76 Dic	the organization make a change in its activities or methods of contemporary of each change				76	Yes	X
76 Did sta 77 We	d the organization make a change in its activities or methods of contement of each change ere any changes made in the organizing or governing documents is				76 77	Yes	113
76 Did sta 77 We	If the organization make a change in its activities or methods of contement of each change	out not reported to the IRS	 57				X
76 Did sta 77 We 1f "	If the organization make a change in its activities or methods of contement of each change are any changes made in the organizing or governing documents by the changes. If the organization have unrelated business gross income of \$1,000.	out not reported to the IRS	 57		77 78a	x	X
76 Did sta 77 We If " 78 a Did b If "	If the organization make a change in its activities or methods of contement of each change are any changes made in the organizing or governing documents lives," attach a conformed copy of the changes. The organization have unrelated business gross income of \$1,000 Yes," has it filed a tax return on Form 990-T for this year?	out not reported to the IRS	covered by this re	tum?	77 78a 78b		X
76 Dic sta 77 We If " 78 a Dic b If "	the organization make a change in its activities or methods of contement of each change ere any changes made in the organizing or governing documents by Yes, attach a conformed copy of the changes. If the organization have unrelated business gross income of \$1,00 Yes, has it filed a tax return on Form 990-T for this year?	out not reported to the IRS O or more during the year action during the year? If	covered by this re	tum?	77 78a	x	X
76 Dic sta 77 We If " 78 a Dic b If " 79 Wa 80 a Ist	the organization make a change in its activities or methods of contement of each change ere any changes made in the organizing or governing documents by yes," attach a conformed copy of the changes. If the organization have unrelated business gross income of \$1,00 yes," has it filed a tax return on Form 990-T for this year? as there a liquidation, dissolution, termination, or substantial contrible organization related (other than by association with a statewid	out not reported to the IRS 0 or more during the year action during the year? If e or nationwide organizati	covered by this re "Yes," attach a sta	tum?	77 78a 78b 79	x	X
76 Did sta 77 We If " 78 a Did b If " 79 Wa 80 a Is i	the organization make a change in its activities or methods of contement of each change ere any changes made in the organizing or governing documents by the organization have unrelated business gross income of \$1,00 Yes," has it filed a tax return on Form 990-T for this year? as there a liquidation, dissolution, termination, or substantial contrible organization related (other than by association with a statewide mbership, governing bodies, trustees, officers, etc., to any other entered the contribution of the contribu	out not reported to the IRS 0 or more during the year action during the year? If e or nationwide organizati	covered by this re "Yes," attach a sta	tum?	77 78a 78b	x	X
76 Did sta 77 We If " 78 a Did b If " 79 Wa 80 a Is i	the organization make a change in its activities or methods of contement of each change ere any changes made in the organizing or governing documents by yes," attach a conformed copy of the changes. If the organization have unrelated business gross income of \$1,00 yes," has it filed a tax return on Form 990-T for this year? as there a liquidation, dissolution, termination, or substantial contrible organization related (other than by association with a statewid	out not reported to the IRS 0 or more during the year action during the year? If le or nationwide organizati exempt or nonexempt org	covered by this re "Yes," attach a station) through commanization?	tum?	77 78a 78b 79	x	X
76 Dic sta 77 We If " 78 a Dic b If " 79 Wa 80 a Is I	the organization make a change in its activities or methods of contement of each change are any changes made in the organizing or governing documents leading to the organization have unrelated business gross income of \$1,00 yes, " has it filed a tax return on Form 990-T for this year? The organization related (other than by association with a statewide the organization related (other than by association with a statewide mbership, governing bodies, trustees, officers, etc., to any other eyes," enter the name of the organization	out not reported to the IRS O or more during the year action during the year? If e or nationwide organizati exempt or nonexempt org and check whether it is	covered by this re "Yes," attach a station) through commanization? exempt or	tum?	77 78a 78b 79	x	X
76 Did sta 77 We If " 78 a Did b If " 79 Wa 80 a Is I	the organization make a change in its activities or methods of contement of each change ere any changes made in the organizing or governing documents by the organization have unrelated business gross income of \$1,00 Yes," has it filed a tax return on Form 990-T for this year? as there a liquidation, dissolution, termination, or substantial contrible organization related (other than by association with a statewide mbership, governing bodies, trustees, officers, etc., to any other entered the contribution of the contribu	out not reported to the IRS O or more during the year action during the year? If e or nationwide organizati exempt or nonexempt org and check whether it is	covered by this re "Yes," attach a station) through commanization? exempt or	tum?	77 78a 78b 79	x	X

	1 VI Other Information (continued)		Yes	No.
			165	NO
2 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		X
P	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
3 a	Ord the organization comply with the public inspection requirements for returns and exemption applications?	83a	<u>X</u>	L
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
4 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	1		
	tax deductible? N/A	84b		L
5 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		X
b	Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	warver for proxy tax owed for the prior year			ł
c	Dues, assessments, and similar amounts from members 85c 323, 987.			į
d	Section 162(e) lobbying and political expenditures 854 28,113.	} '		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 16,199.	1		ŀ
i	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85i 11,914.	1		
0	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	} .		,
	following tax year?	85h	Х	ľ
6	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			; .
•	line 12	1		}
ь	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1	,	٠٠,
7	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	1		}
ъ	Gross income from other sources. (Do not net amounts due or paid to other sources	(į
-	against amounts due or received from them)	1	يخ جيرو -	
R A	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		4.57	ļ
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	21		
	If "Yes," complete Part IX	88a	-	X
ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			- 3.X
٠	section 512(b)(13)? If "Yes," complete Part XI	886	5	₩
O =	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	100		
, J &	section 4911▶ N/A ; section 4912 ► N/A ; section 4955 ► N/A			}
ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	47		14.5
•	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	3.4	2.0	- / h
		896		
C	If "Yes," attach a statement explaining each transaction N/A Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	030		
•	sections 4912, 4955, and 4958			
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		x
ř	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
·	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	100		72. T. ST.
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	-	
0 a	and the contract of the contra	[03N	L	
				8
b	Number of employees employed in the pay period that includes March 12, 2007 [906] The books are in care of JAMY BATTLE Telephone no. 602-34	2 0	224	
1 a				<u></u>
	Located at ▶ 2 N CENTRAL AVE #750, PHOENIX, AZ ZIP+4 ▶ 8	200	4 Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		1.62	110
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	916		X
	If "Yes," enter the name of the foreign country N/A	\		100
				7 (0)
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		-11.5

	RECHNOLOGY (CONCIL		86-0	1684848 Page 8
Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the	_		f the United	d States?	91c X
If "Yes," enter the name of the foreign coun					
32 Section 4947(a)(1) nonexempt charitable tru			heck here		
and enter the amount of tax-exempt interes				. ▶ 92	N/A
Part VII Analysis of Income-Produc			1		
Note: Enter gross amounts unless otherwise	(A)	business income	(C)	y section 512, 513, or 514	(E)
indicated.	Business	(8) Amount	Exctu-	(D) Amount	Related or exempt
93 Program service revenue:	code		code		function income
a PROGRAM SERVICE REVENU	JE		<u> </u>		478,895.
δ			 		
c					
d	\				
e			igspace		
f Medicare/Medicaid payments					
g Fees and contracts from government agence		·			
94 Membership dues and assessments					342,602.
95 Interest on savings and temporary cash investmen	its .		14	2,884	
98 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:				را بيــــــــــــــــــــــــــــــــــــ	
a debt-financed property					
b not debt-financed property			16	4,800.	
98 Net rental income or (loss) from personal pro	perty				
99 Other investment income					
100 Gain or (loss) from sales of assets					- "-
other than inventory					479
101 Net income or (loss) from special events					, , , , , , , , , , , , , , , , , , ,
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ADVERTISING	511120	115,826.			
b PAID SUBSCRIPTIONS	511120	839.			
c OTHER REVENUE					13,561.
d					
e					1. E. 32-31 M 13. 3
104 Subtotal (add columns (B), (D), and (E))		116,665.		7,684	835,058
105 Total (add line 104, columns (B), (D), and (E)					959,407.
Note: Line 105 plus line 1e, Part I, should equal th	ne amount on line 12, l	Part I.			
Part VIII Relationship of Activities to	o the Accomplish	ment of Exemp	t Purpo	Ses (See the instruction	ns.)
Line No. Explain how each activity for which income					
 exempt purposes (other than by providing 			•	,	
SEE STATEMENT 8					
					भूगे सम्बद्ध
Part IX Information Regarding Tax	able Subsidiaries	s and Disregard	ed Entit	ies (See the instruction	s.) .
(A) (E	3)	(C)		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity ownershi	p interest	lature of activities	- 1	Total income	End-of-year - :
	%				4 . }
N/A	%				
	%				
	%				
Part X Information Regarding Train		d with Personal	Benefit	Contracts (See the	instructions.)
					Yes X No
(a) Did the organization, during the year, secence any					
(a) Did the organization, during the year, receive any (b). Out the proparization, during the year, pay premiur			-	•••••	Yes Y No.
 (a) Did the organization, during the year, receive any (b) Did the organization, during the year, pay premium Note: If "Yes" to (b), file Form 8870 and Form 4. 	ms, directly or indirectly,		-		Yes X No

om 990 (2007) ARIZONA TECHNOLOGY COUN	CIL	86-068	<u>4848 F</u>	⊃age 9
Part XI Information Regarding Transfers To and From C		Complete only if the organiz	ation is a	
controlling organization as defined in section 512(b)(13).	N/A		Yes	TNo
106 Did the reporting organization make any transfers to a controlled entity a	ur defined in section E	12/h)(12) of the Code2 If "Vee"		No
complete the schedule below for each controlled entity	is defined in Section 5	rz(b)(13) of the Code? if Tes,		1
(A)	(B)	(C)	(D)	ــــــــــــــــــــــــــــــــــــــ
Name, address, of each	Employer	Description of	Amount	of
controlled entity	Identification Number	transfer	transfe	
	100.000	······································		
a			i	
b				
	1			
c				
			 -	
-	•			
Totals		 	Yes	No
107 Did the reporting organization receive any transfers from a controlled er	utitu na definad ia eest	ion F12/h)/12) of the Code2 If t		+140
complete the schedule below for each controlled entity.	my as defined in Sect	ion statuj(ta) of the Code? if	185,	. NY
(A)	(B)	(C)	(D)	٠٠٠,
Name, address, of each	Employer	Description of	Amount	of
controlled entity	Identification Number	transfer	transfe	er .
		. 12.2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Same and the same
a			1 4 1 4	سمية في
			2 7 5 6	والمدور أرجو
b				`;'
			 -	
c		,		
		- [1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	in a di National di
		-	\$-\$.	
Totals				
			Yes	No
108 Did the organization have a binding written contract in effect on August	17, 2006, covering the	interest, rents, royalties, and		}
annuities described in question 107 above?				
Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of prepare paths that officer) is based on all information of what	ring schedules and statement ch preparer has any funowled;	s, and to the best of my knowledge and t ge.	velief, it is true, co	итесі,
Please /// / /		1 2/10/20	m1 · ·	
Sign Signature of officer		Date Date	<u> </u>	
Here STEVEN/ZYLSTRA, PRESIDENT/CEO		52.0		w =
Type or printy name and title				
Preparer's	Date (or PTIN (See Ge	n, Irist X)
signature Signature	_ 2/11/11_ 3	self- employed		
Pieparer's Ferm's name (or CLIFTON GUNDERSON LLP		EIN >	0 (3)	
sett-employed) 3003 N CENTRAL AVE., STE	500	: ::::		المراجلات
ZP+4 PHOENIX, AZ 85012		Phone no. ► 602-	266-22	48
			Form 990	(2007)

FORM 990 RENTAL INCOME		STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INC	OME
	1	4,8	00.
TOTAL TO FORM 990, PART I, LINE 6A		4,8	00.
FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BAI	LANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENT		61,2	1.4.2
TOTAL TO FORM 990, PART I, LINE 20		61,2	07.
		The many of	
FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PART III	PURPOSE	STATEMENT	3 3

EXPLANATION

TO CONNECT, REPRESENT AND SUPPORT THE STATE'S EXPANDING TECHNOLOGY INDUSTRY.

FORM 990 DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 4	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
EQUIPMENT, FURNITURE & FIXTURES	69,835.	40,727.	29,108	
TOTAL TO FORM 990, PART IV, LN 57	69,835.	40,727.	29,108.	

FORM 990	OTHER ASSETS		STATEMENT 5		
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR		
DEPOSITS DUE FROM/TO AZTC FOUNDATION			2,917. 4,237.		
TOTAL TO FORM 990, PART IV,	LINE 58	2,917.	7,154.		
FORM 990	OTHER LIABILITIES		STATEMENT 6		
		BEGINNING			
DESCRIPTION	•	OF YEAR	END OF YEAR		
DESCRIPTION SIMPLE IRA DEDUCTIONS PAYAL CREDIT CARD PAYABLE	BLE		END OF YEAR 5,200. 11,326.		

FORM 990	PART	V-A -	LIST	OF	CURRENT	OFFICERS,	DIRECTORS,	STATEMENT	7
TRUSTEES AND KEY EMPLOYEES									

NAME AND ADDRESS			TITLE AND AVRG HRS/WK			EXPENSE
STEVEN ZYLSTRA 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	E 104	PRESIDENT & CEO		5,899.	0.
MICHAEL BERENS 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	E 104	CHAIRMAN 1.00	0.	. 0.	0.
MARK SCHONAU 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	E 104	TREASURER	0.	0.	0.
CAREY COOLEY 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	E 104	SECRETARY 1.00	0.	0.	0.
DAVIS AIRES 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	TE 104	DIRECTOR 1.00	0.	0.	0.
TODD BANKOFIER 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	rE 104	DIRECTOR 1.00	0.	0.	0 .
FREDRICK BELLAMY 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	TE 104	DIRECTOR 1.00	0.	0.	0.
PAUL BURNS 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	TE 104	DIRECTOR 1.00	0.	0.	0.
JOANNE CARTHEY 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	TE 104	DIRECTOR 1.00	0.	0.	0.
MARK GOLDSTEIN 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	TE 104	DIRECTOR 1.00	0.	0.	0.
RAY HARRIS 1295 W WASHINGTON TEMPE, AZ 85281	ST., ST	TE 104	DIRECTOR 1.00	0.	0.	

ARIZONA TECHNOLOG		L			86-0	0684848
DON HENNINGER 1295 W WASHINGTON ST TEMPE, AZ 85281		104	DIRECTOR 1.00	0.	0.	0.
CHARLES JIRAUCH 1295 W WASHINGTON ST TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
NOAH KROLOFF 1295 W WASHINGTON S' TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
STEVE LAWRENCE 1295 W WASHINGTON ST TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
CHARLES T. LAYNE 1295 W WASHINGTON STEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
ROD LENNIGER 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
BOB LEPORE 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	Ö.	. 0 سر دواه در موقود موس موس دا
MICHAEL LUPIEN 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
DAN MAZZOLA 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
JOH MCGARITY 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	· -0 :
KEVIN MCHOLLAND 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.
KEITH OTIS 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0
STEVE PHILLIPS 1295 W WASHINGTON S TEMPE, AZ 85281	T., STE	104	DIRECTOR 1.00	0.	0.	0.

ARIZONA TECHNOLOGY COUNCIL			86-0	684848
MICHELLE PIERSON 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
JAMES POWERS 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
STEVE REINHART 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
KATHY SACKS 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
MARK SCHONAU 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
SUSAN SHULTZ 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER SMITH 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0
ROBERT SMITH 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
PAT STONER 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	
LESLIE TOLBERT 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0	0.
ROGER VOGEL 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0
SANDRA WATSON 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0
QUINN WILLIAMS 1295 W WASHINGTON ST., STE 104 TEMPE, AZ 85281	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	r V-A	160,439.	5,899.	.