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Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
THE DARIEN TECHNOLOGY & COMMUNITY FOUNDATION, INC.

Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 1714

Room/suite

City or town, state or country, and ZIP + 4 DARIEN, CT 06820

D Employer identification number 91-1949730

E Telephone number (203)655-5099

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website ▶ WWW.DARIENTCFOUNDATION.ORG

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

J Organization type (check only one)— ☒ 501(c)(3) ◀ (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 $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 520,840.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	401,179.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	9,151.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses STMT 4	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 342,675. of contributions reported on line 1)	6a 110,510.		
	b	Less direct expenses other than fundraising expenses	6b 287,580.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	<177,070.>
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	233,260.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 7		10	106,300.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	33,000.
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 6		14	9,223.
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	37,285.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	185,808.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	47,452.
	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	760,827.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5		20	15,767.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	824,046.

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MAR 15 2010
OGDEN, UT
349 RS-OSC

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	906,874.	22	713,791.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	26,420.	24	141,183.
25	**Total assets**	933,294.	25	854,974.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	172,467.	26	30,928.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	760,827.	27	824,046.

SCANNED APR 01 2010

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

What is the organization's primary exempt purpose? SEE STATEMENT 9

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, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 PROVIDED A GRANT TO THE TOWN OF DARIEN TO AID IT IN CREATING A NEW USER FRIENDLY TOWN WEBSITE.

(Grants $ 18,000.) If this amount includes foreign grants, check here ▶ ☐ 28a

29 PROVIDED GRANTS TO PLAYGROUND BY THE SOUND'S FUND RAISING TO BUILD A NEW PLAYGROUND AT WEED BEACH.

(Grants $ 57,500.) If this amount includes foreign grants, check here ▶ ☐ 29a

30 PROVIDED A GRANT TO PERSON TO PERSON'S "HELPING HANDS CAPITAL CAMPAIGN" SO IT COULD RENOVATE ITS FACILITIES.

(Grants $ 25,000.) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 10

(Grants $ 5,800.) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 0.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
JENNIFER FOSTER, 36 CROOKED MILE ROAD, DARIEN, CT 06820	VICE CHAIRMAN 2.00	0.	0.	0.
WARD GLASSMEYER 4 COVES END ROAD, DARIEN, CT 06820	CHAIRMAN 2.00	0.	0.	0.
JERRY GOERSCH 5 CROSS ROAD, DARIEN, CT 06820	TECHNOLOGY 1.00	0.	0.	0.
MIKE HERLING, 91 FIVE MILE RIVER ROAD, DARIEN, CT 06820	COMMUNITY 0.50	0.	0.	0.
MARK KINDY 9 OLD OAK ROAD, DARIEN, CT 06820	TECHNOLOGY 1.00	0.	0.	0.
STEVE LIGUORI, 3 CONTENTMENT ISLAND , DARIEN, CT 06820	MARKETING 1.00	0.	0.	0.
GORDON MCKEE 2 RIDGE ACRES ROAD, DARIEN, CT 06820	TREASURER 10.00	0.	0.	0.
HILLARY MILLER, 5 TOKENEKE BEACH DRIVE, DARIEN, CT 06820	FUNDRAISING 2.00	0.	0.	0.
JOHN SOMMI 11 MEADOWBROOK ROAD, DARIEN, CT 06820	INVESTMENT 1.00	0.	0.	0.
JIM STEINTHAL 11 TOP O'HILL ROAD, DARIEN, CT 06820	VICE CHARIMAN 2.00	0.	0.	0.
MALLORY WEYMANN 62 DEEPWOOD ROAD, DARIEN, CT 06820	NOMINATING 1.00	0.	0.	0.
PAM DYSENCHUK, 5 STEPHANIE LAND SOUTH, DARIEN, CT 06820	EXECUTIVE DIRECTOR 20.00	33,000.	0.	0.
KRISTINA PUFF 21 OAK CREST , DARIEN, CT 06820	FUNDRAISING 1.00	0.	0.	0.

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
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, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	36		X
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?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
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		X

41 List the states with which a copy of this return is filed. ▶ CT

42a The books are in care of ▶ GORDON MCKEE Telephone no ▶ (203)655-5099

Located at ▶ 5 BROOK STREET, OFFICE #3, DARIEN, CT ZIP + 4 ▶ 06820

			Yes	No
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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X

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 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	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		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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				
Total number of other employees paid over $100,000 ▶	0			

51 Complete this table for the 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		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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.

▶ Gordon McKee — Signature of officer — Date 3/9/10

▶ Gordon McKee Treasurer — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶		Date MAR - 3 20	Check if self-employed ▶ X	Preparer's Identifying Number (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	WALTER J. MCKEEVER & COMPANY, LLC P.O. BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831		EIN ▶	Phone no (203)6228625

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THE DARIEN TECHNOLOGY & COMMUNITY FOUNDATION, INC.	91-1949730

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is. (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	85,479.	338,311.	429,433.	309,348.	259,625.	1422196.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	85,479.	338,311.	429,433.	309,348.	259,625.	1422196.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						452,393.
6 **Public Support.** Subtract line 5 from line 4						969,803.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	85,479.	338,311.	429,433.	309,348.	259,625.	1422196.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,928.	10,017.	25,294.	25,296.	9,151.	73,686.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		88,476.	198,541.	421,154.	165,605.	873,776.
11 **Total support.** Add lines 7 through 10						2369658.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . .	14	40.93 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	47.24 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
ACCOUNTING	3,257.
ADVERTISING	16,787.
BANK AND CREDIT CARD MERCHANT FEES	2,486.
INSURANCE	2,484.
MISCELLANEOUS	1,590.
OFFICE EXPENSES	3,505.
POSTAGE AND DELIVERY	1,388.
PAYROLL TAXES	3,043.
TELEPHONE, INTERNET AND WEBSITE	2,745.
TOTAL TO FORM 990-EZ, LINE 16	37,285.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	25,087.	782.
DEPOSITS	550.	0.
SECURITIES	0.	136,492.
OTHER DEPRECIABLE ASSETS	783.	3,909.
TOTAL TO FORM 990-EZ, LINE 24	26,420.	141,183.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS PAYABLE - SHORT TERM	172,467.	30,800.
PAYROLL TAXES PAYABLE	0.	128.
TOTAL TO FORM 990-EZ, LINE 26	172,467.	30,928.

FORM 990-EZ GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER	06/01/99	06/30/09	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
DISPOSED OF COMPUTER	0.	2,000.	0.	2,000.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LAPTOP COMPUTER	10/10/03	06/30/09	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
DISPOSED OF LAPTOP COMPUTER	0.	1,749.	0.	1,749.	0.
TO FORM 990-EZ, LINE 5		3,749.	0.	3,749.	0.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	15,767.
TOTAL TO FORM 990-EZ, LINE 20	15,767.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 6

DESCRIPTION	AMOUNT
DEPRECIATION	1,304.
OTHER EXPENSES	7,919.
TOTAL TO FORM 990-EZ, LINE 14	9,223.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
LIBRARY COMPUTER CLASSES FOR STUDENTS & PROFESSIONAL SUPPORT SERVICES FOR DARIEN PUBL 1441 POST ROAD DARIEN, CT 06820	N/A	6,300.
DEVELOP NEW TOWN WEBSITE TOWN OF DARIEN 2 RENSHAW ROAD DARIEN, CT 06820	N/A	18,000.
CREATE NEW PLAYGROUND AT WEED BEACH PLAYGROUND BY THE SOUND P.O. BOX 2069 DARIEN, CT 06820	N/A	57,500.
PURCHASED AMPLIFIER FOR THE DEPOT TEEN C THE DEPOT 45 HEIGHTS ROAD DARIEN, CT 06820	N/A	200.
DONATED TO THEIR HELPING HAND CAPITAL CA PERSON TO PERSON 1864 POST ROAD DARIEN, CT 06820	N/A	25,000.
RETURN OF UNUSED GRANT AMOUNT BLUE WAVE PRIDE CLUB 80 HIGH SCHOOL LANE DARIEN, CT 06820	N/A	<700.>
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		106,300.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE MISSION OF THE DARIEN TECHNOLOGY & COMMUNITY FOUNDATION IS TO PROVIDE PRIVATE FUNDING FOR TECHNOLOGY AND COMMUNITY CAPITAL PROJECTS THAT WILL BENEFIT THE CITIZENS OF DARIEN. OUR GOAL IS TO OFFER A CENTRAL LOCATION FOR RESIDENTS AND CORPORATE DONORS WHO WISH TO SUPPORT WORTHY TOWN PROJECTS. WE REMAIN COMMITTED TO SUPPORTING TECHNOLOGY INITIATIVES FOR THE PUBLIC SCHOOLS AND OTHER TOWN ORGANIZATIONS. WE ALSO SEEK TO PROVIDE A CENTRAL FUNDING RESOURCE FOR GROUPS UNDERTAKING CAPITAL PROJECTS THAT WILL BENEFIT THE DARIEN COMMUNITY. OUR BROAD AND DIVERSE BOARD OF DIRECTORS STRIVES TO APPLY A CONSISTENT METHODOLOGY IN REVIEWING GRANT REQUESTS AND HOLDING GRANT RECIPIENTS ACCOUNTABLE.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION	GRANTS	EXPENSES
PROVIDED GRANTS TO HAVE FREE CLASSES FOR STUDENTS AND COMMUNITY VOLUNTEERS AT THE DARIEN PUBLIC LIBRARY.	6,300.	0.
PROVIDED A GRANT TO THE DEPOT TEEN CENTER TO PURCHASE AN AMPLIFIER FOR ITS DANCES.	200.	0.
REFUND OF UNUSED GRANT FROM BLUE WAVE PRIDE CLUB. GRANT PURPOSE WAS MET AND THEY CAME IN UNDER GRANT AMOUNT.	<700.>	0.
TOTAL TO FORM 990-EZ, LINE 31	5,800.	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	THE DARIEN TECHNOLOGY & COMMUNITY FOUNDATION, INC.		91-1949730
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1714		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DARIEN, CT 06820		

Check type of return to be filed (File a separate application for each return):

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ GORDON MCKEE 5 BROOK STREET, OFFICE #3 - DARIEN, CT 06820
  Telephone No. ▶ (203)655-5099 FAX No. ▶ (203) 655-2395
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ CPA Date ▶ 4/1/2010

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05-26-09