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## Form 990-EZ

## **Short Form**

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)

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 \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Depa Inter	artment of the Treasury nal Revenue Service	less than \$1,250	ons with gross receipts less than \$50 ,000 at the end of the year may use use a copy of this return to satisfy st	this form		Open to Public Inspection
A	For the 2009 calend	dar year, or tax year beginning	, 2009, a	nd ending		
В	Check if applicable	C Name of organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D Employer	identification number
X	Address change		BA TECHNOLOGY ALLIANCE O	NE CENTENT, NEW YORK	16-60	146635
	Name change labe	Number and street (or P.O. box. if mail i		Room/suite	E Telephone	
	Initial return type		,			
H		Cific City or town state or country and 7IP +	4		(313)	454-3935
Н	Amended return linst	ruc•		12000	F Group E	xemption
ш	Application pending	SYRACUSE	NY		Number	
	• Section 5016 must	(c)(3) organizations and 4947(a)(1) non attach a completed Schedule A (Form	exempt charitable trusts 990 or 990-EZ).	G Accounting Other (spec	ıfy) ►	
	Website: ► WWW	.TACNY.ORG		H Check ► [2		ganızatıon ıs <b>not</b> dule B (Form 990,
٠,	Tax-exempt status (che	[]	ert no ) 4947(a)(1) or	527 990-EZ, or	attach Sche 990-PF).	dule B (FOITH 990,
K	<del></del>	organization is not a section 509(a)(3)			normally n	ot more than
··	\$25,000 A Form 99	90-EZ or Form 990 return is not require	d, but if the organization cho	ooses to file a return,		
L	ınstead of Form 99				<b>►</b> \$	614.
Pa		ue, Expenses, and Changes in		alances (See the		ns for Part I.)
		s, gifts, grants, and similar amounts rec			1	
		vice revenue including government fees	and contracts		2	
		dues and assessments			3	C2.4
	4 Investment in			e_I	4	614.
		at from sale of assets other than invento	pry	5a 5b	<del></del>	
) <sub>P</sub>		other basis and sales expenses om sale of assets other than inventory (Subtract li	Lange Eth from June Es)	סט	5c	
REVERU	1 ' '	nd activities (complete applicable parts of Schedu	•	n check here	$\neg$	
Ě	1	ie (not including \$	of contributions	y, check here	$\Box$	
	reported on I	• • • • • • • • • • • • • • • • • • • •	or contributions	6a		
		expenses other than fundraising expens	<u></u>	6b 19,3	330	
ָ ֡ ֡	1	oss) from special events and activities (Subtract I		<u> </u>	6c	-19,330.
	,	of inventory, less returns and allowance	· 1	7a	00	-19,550.
Ď	<b>b</b> Less cost of	• •	.s	7b		
		or (loss) from sales of inventory (Subtra	uct line 7h from line 7a)	- Accession	7c	
<b>3</b>	8 Other revenue (	• •	DEC	EIVED	) 8	
		<b>e.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	2	79	_′ ▶ <u>9</u>	-18,716.
∦—		imilar amounts paid (attach schedule)	1 50		10	11,025.
0	h .	I to or for members	1 <u>%</u> NOA	eg 8-2010stn €	11	11,025.
E	1	er compensation, and employee benefit	[4-]		12	<del>-</del>
X P E		fees and other payments to independent	ot contractors	DEM, UT	13	1,762
	1	rent, utilities, and maintenance	il contractors	The second of the second	14	2,576
N S E		lications, postage, and shipping	٠.		15	9,
S	16 Other expenses				) 16	
	l ·	ses. Add lines 10 through 16			/ ► 17	15,372
		eficit) for the year (Subtract line 17 from	n line 9)		18	-34,088
4	d	•	•			34,000
N S E T	19 Net assets or	r fund balances at beginning of year (fro ed on prior year's return)	om line 27, column (A)) (mu	ist agree with end-or-y	/ear 19	416,817
ŤĘ	20 Other change	es in net assets or fund balances (attac	h explanation) Se	e L-20 Stmt	20	8,669
Ś	1	r fund balances at end of year Combine		C D Lu Deme	▶ 21	391,398
P		e Sheets. If Total assets on line 25, o		or more, file Form 990		
نتا		(See the instructions for Part I		(A) Beginning		(B) End of year
22	2 Cash, savings, a	•	•		, 317. 22	174,898
23					500. 23	216,500
24			)		0. 24	0
2				416	,817. 25	391,398
26		describe ►	)		0.26	0.
2		nd balances (line 27 of column (B) mus	at agree with line 21)	416	,817.27	391,398.

Form 990-EZ (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) TECHNOLOGY CLUB OF S	YRACUSE DBA TECHNOLOGY	ALLIANCE OF CENTRA	AL NEW YORK 16	<u>-604</u>	16635 Page 2
Part III Statement of Program Ser					Expenses
What is the organization's primary exempt purpose? PRO	OMOTE KNOWLEDGE OF	ENGINEERING &	TECHNOLOGY	(Reg 5016	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Describe what was achieved in carrying out the describe the services provided, the number of provided in the number of pro	organization's exempt purpo	ses. In a clear and cond	ise manner,	orgai	nizations and section
program title	persons benefited, or other re	levant information for ea	асп	for o	(a)(1) trusts; optional thers)
28 FOSTERING INTEREST IN AND	KNOWLEDGE OF ENG	INEERING			
& TECHNOLOGY THROUGH SPON					
				l	
FAIRS, HIGH SCHOOL TECH C				l	
(Grants \$ 11,025.) If the	s amount includes foreign gra	ants, check here		28 a	19,330.
29					
(Grants \$) If the	is amount includes foreign gra	ants, check here		29 a	
30		<del> </del>			
(Grants \$ ) If the	is amount includes foreign gra	ants check here		30 a	
31 Other program services (attach schedule)		arita, crieck riere		30 a	<del></del>
. •	, is amount includes foreign gra	ante chack hara	▶□	31 a	
32 Total program service expenses (add lin		arits, crieck fiere		32	19,330.
Part List of Officers, Directors,		ployoos List sash an			
Elst of Officers, Directors,					
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla		(e) Expense account and other allowances
	to position	inst para, since s ty	deferred compensa	ation	and other allowanees
SEE ATTACHED		-			
SCHEDULE	PART				
	5.00	0.		0.	
BIRACODE NI 13211				<u> </u>	
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	<u> </u>		<u>L</u>		<u> </u>

<u>Par</u>	rt V   Other Information (Note the statement requirements in the instrs for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description each activity	of <b>33</b>		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the change	s <b>34</b>		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 99 attach a statement explaining why the organization did not report the income on Form 990. T	Ю-Т,		
а	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) no reporting, and proxy tax requirements?	otice,		х
E	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	0. <b>37b</b>		X
<b>38</b> a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
t	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities  Section 501(a)(2) propriestions. Enter amount of toy improved on the argenization during the argeniza			
40 6	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:  section 4911 ►; section 4912 ►; section 4955 ►			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? I	na f		
	'Yes,' complete Schedule L, Part I	40 ь		Х
•	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		;	
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41				
	a The organization's books are in care of ► JOYCE ORLANDELLA, CFP  Located at ► 5858 E MOLLOY RD STE 160, SYRACUSE, NY ZIP + 4 ► 1  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		-393 	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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 a Foreign Bank and Financial Accounts.			
C	c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		<u>X</u>
43	If 'Yes,' enter the name of the foreign country. ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here		► []	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the expansion maintain any depart oduced funds 2 If IVan I Farm 200 much be associated as to 1		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u>
45	Form 990 must be completed instead of Form 990-EZ	45		_x_
	TEE A0912 01/20/10	Form 990	E7 /	2000

Form **990-EZ** (2009)

rari,vi	501(c)(3) organizations and see 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charital	ole trusts must answer	questio	ction	
for p	the organization engage in direct or indirect obublic office? If 'Yes,' complete Schedule C the organization engage in lobbying activiti	, Part I		in opposition to candidates	46 47	Yes	No X X
<b>49 a</b> Did 1	e organization a school as described in sec the organization make any transfers to an o es,' was the related organization a section	exempt non-charitable re		edule E	48 49 a 49 b		X
50 Com emp	plete this table for the organization's five holoyees) who each received more than \$100	,000 of compensation fi	iployees (other than or or the organization.  (c) Compensation	officers, directors, trustees ar If there is none, enter 'None (d) Contributions to employee	nd key (e) Ex	pense	
	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	accour other all	nt and	
<u>NONE</u>							
f Tota	Il number of other employees paid over \$10	00,000		<del> </del>			
51 Com	aplete this table for the organization's five hopensation from the organization of there is	nighest compensated inc none, enter 'None.'	lependent contractors	s who each received more tha	an \$100,0	00 of	
NONE	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	
NONE _						<u> </u>	
		·					
<b>d</b> Tota	I number of other independent contractors	each receiving over \$10	00,000	<b>•</b>			
Sign Here	Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of preparer ( Signature of officer  JOSEPH LEWIS  Treasure	other than officer) is based on a	mpanying schedules and st all information of which prep	atements, and to the best of my knowledge II II II II II Date	edge and be	lief, it is	
	Type or print name and title		Date	Check if Prepared Control	erer's Identif	/ing Nun	nber
Paid Pre-	Preparer's JOYCE ORLANDELL		11/11/		instructions)		
parer's Use	Firm's name (or yours if self-employed), TOTAL FINANCIAL 5858 E MOLLOY R						
Only	employed), address, and ZIP + 4 SYRACUSE	D - 31E 100	NY 13211	EIN ► Phone no ► (315)	454-	3935	
	RS discuss this return with the preparer sho	own above? See instruct	tions		Yes		No
BAA					Form <b>990</b>	HEZ (2	2009`

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(i)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Name of the organization Employer identification number TECHNOLOGY CLUB OF SYRACUSE DBA TECHNOLOGY ALLIANCE OF CENTRAL NEW YORK 16-6046635 Part - Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(bx1)(AXi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 Χ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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 Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type II Type III — Functionally integrated Type III- Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006 has the organization accepted any gift or contribution from any of the following persons? No

Provide the following	ng information about th	ne supported organizatio	ns						
(i) Name of Supported Organ zation	(u) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	crganiza (i) i cte: gove	tion in cal d in your eraing	(v) Did y the organ col your su	rou notity nization in (i) or ipport?	(vi) organizat (i) organi U	ls the tion in col ized in the S ?	(vii) Amiount of Support
			Yes	No	Yes	No	Yes	No	
			_				<u></u>		
				<u> </u>	<del> </del>	<u></u>			
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<del>** · · · · · · · · · · · · · · · · · · </del>				<del> </del> -	<del> </del>	<b> </b>	<del> </del> -		
	on the Many of the American State of the Ame	States Sylvania & d. s.  - states Sylvania & d. s.  - states Sylvania & d.  -				* delegation of the control of the c	1227	7	
	· · · · · · · · · · · · · · · · · · ·	(i) Name of Supported (ii) EIN Organ zation	(ii) Name of Supported Organization  (iii) Fylipe of organization (described an lines 1-9 above or IRC section (see instructions))	above or 'RC section (see instructions))  Yes	(ii) Name of Supported Organization (described on lines 1-9 above or 'RC section (see instructions))  (iv) is the crganization in coll (i) inted in your governing document?  Yes No	(ii) Name of Supported Organization (described on lines, 1-9 above or 'RC section (see instructions))  (iii) Type of organization (described on lines, 1-9 above or 'RC section (see instructions))  (iv) Is the organization and the organization (iv) Is the organization in call (i) red in your support or 'RC section (see instructions))  Yes No Yes	(ii) Name of Supported Organization (doscribed on lines 1-9 above or 'RC section (see instructions))  (iii) Type of organization (doscribed on lines 1-9 above or 'RC section (i) reted in your supporting document?  Yes No Yes No	(ii) Name of Supported Organization (described an lines 1-9 above of 'RC section (see instructions))  (iv) 's the organization in col (i) et d in your governing document?  Yes No Yes No Yes	(i) Name of Supported Organization (described on lines 1-9 above of IRC section (see instructions))  (iii) Fyse of organization (described on lines 1-9 above of IRC section (see instructions))  (iv) Is the croanization in col (i) organization in col (i) organization in col (i) organized in the U.S.?  Yes No Yes No

a person who directly or indirectly controls, either alone or together with porsons described in (ii) and (iii)

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below, the governing body of the supported organization?

a 35% controlled entity of a person described in (i) or (ii) above?

a family member of a person described in (i) above?

Schedule A (Form 990 or 990 EZ) 2009

11 g (i)

11 g (ii)

11 g (iii)

Par	(Complete only if you checke	_			DKIKAKIV) an	χαχιχαμίνι ο	VI)
Sec	tion A. Public Support	sa the box off line	3, 7, 0, 0 0 1 ar	<u> </u>			
Cale	ndar year (or fiscal year nning in)	(a) 2005	(ხ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3	market M. of A.	434.3		We Marine		
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)	The second of th	The state of the s		Manual Control of the	The second secon	
6	Public support. Subtract line 5 from line 4	A Communication of the Communi	man and service for the service of t	A Company of the Comp		"Application of the control of the c	
Sec	tion B. Total Support	1	Y		<b>1</b>		
Cale begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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)						
11	Total support. Add lines 7 through 10	The service transferring the service of the service	A control to the property of the control to the con	Bellevier of the Control of the Cont	position and property of the control	The state of the second control of the secon	
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	►∏
	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from 2			e II, column (f)		14 15	% %
16	33-1/3 support test - 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the boo	k on line 13, and figanization	the line 14 is 33-1.	/3 % or more, chec	ck this box
l	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, che	ck this box
17 á	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	i' test, check this b	ox and stop here.	. Explain in Part IV	how
1	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	nd-circumstances	i' test, check this b	oox and stop here.	Exolain in Part IV	5 is 10% how the
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a. 16b, 17a.	or 17b, check this	box and see instr	uctions 🕨 🗌
BAA	•				Sc	chedule A (Form 99	90 or 990-EZ) 2009

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)

<u>Sect</u>	tion A. Public Support			·	,					
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	375.	400.	0.	0.	0.	775.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	20,071.	51,686.	15,460.	82,390.	0.	169,607.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	20,011.	31,000.	13,400.	02,330.		109,007.			
·	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									
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	20,446.	52,086.	15,460.	82,390.	0.	170,382.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
8	Public support (Subtract line		÷,	·	Comments of the comments of th					
	7c from line 6)	and the					170,382.			
Sec	tion B. Total Support									
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 6	20,446.	52,086.	15,460.	82,390.	0.	170,382.			
	Gross income from interest, dividencs, payments received on securities loans, rents, royalties and incorne form similar sources	2,079.	5,002.	10,317.	1,266.	614.	19,278.			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
-	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	2,079.	5,002.	10,317.	1,266.	614.	19,278.			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
	Total support. (and lns 9, 10c 11 and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	, third fourth, or	fifth tax year as a	section 501(c)(3)	189,660. ►□			
	tion C. Computation of Pu			· ·	······································					
	Public support percentage for 200			13. column (fi)		15	89.84%			
16	Public support percentage from 2	•	•			16	90.41%			
	tion D. Computation of Inv					1 10 1	20.3276			
17	Investment income percentage for				n (f))	17	10.16%			
18				•	(1)	18				
	9a 33-1/3 support tests - 2009. 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 be	ox and stop here.	The organization of	qualifies as a pub	licly supported or	ganization	<b>►</b>  X			
	more than 33-1/3%, check this be 33-1/3 support tests — 2008. If the is not more than 33-1/3%, check Private foundation. If the organization	ne organization did this box and <b>stop</b>	not check a box of here. The organiz	qualifies as a pub on line 14 or 19a, ation qualifies as	ilicly supported org , and line 16 is mo a publicly suppor	ore than 33-1/3%, a ted organization	nd line 18 ►			

Schedule A	(Form 9	90 or 9	990-EZ)	2009	TECH	NOLOGY	CLUB	OF SY	/PACUS	F DRA	TECHNO	LOGY A	ALLIAN	CE OF C	ENTRAL	NE_	16-6	0466	35	F	age 4
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Form 990-EZ, Part I. Line 10

Grants	and	Similar	Amounts	Paid

Purpose of Payn	nent	FOSTER INTEREST IN &	KNOWLEDGE OF TEC	CHNOLOGY					
Class of Activit	y	Grantee's Name and Address	Grantee's Relationship	Amount Given					
SPONSORSHIP		Business X Person THE MOST CAFE SCIENITFIQUE  JEFFERSON ST  SYRACUSE NY 13202	NONE	2,025.					
If property other than cash was given, the following additional information needs to be provided Description of Property  Date of Gift									
Book Value		How Book Value	Determined						
FMV		How FMV Det	ermined						
Purpose of Payn	nent	FOSTER INTEREST IN &	KNOWLEDGE OF TEC	CHNOLOGY					
Class of Activit	ty	Grantee's Name and Address	Amount Given						
SPONSORSHIP		Business X Person THE MOST  JEFFERSON ST SYRACUSE NY 13202	NONE	8,500.					
If property other Description of Pi Date of Gift		n cash was given, the following additional in	nformation needs to be p	rovided:					
Book Value		How Book Value	Determined						
FMV		How FMV Det	ermined						
Purpose of Payr	nent	FOSTER INTEREST IN &	KNOWLEDGE OF TEC	CHNOLOGY					
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given					
GRANT		Business X Person	NONE	500.					
	If property other than cash was given, the following additional information needs to be provided:  Description of Property								
Date of Gift									
Book Value		How Book Value Determined							
FMV		· How FMV Del	termined						

Form 990-EZ. Page 1, Part I, Line 20

#### Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAINS/LOSSES ON INVESTMENTS	8,669.
Total	8,669.



## **TACNY Officers and**

## **Board Members**

#### **OFFICERS 2008-2009**

PRESIDENT Howie Hollander 682-6111

FIRST VICE PRESIDENT Gwendolyn Maturo-Grasso 435-4450

SECOND VICE PRESIDENT

<u>Susan Weaver</u>

457-5200

SECRETARY Michael Masingale 445-4108

TREASURER
Mike Hayes
455-2000

TECHNOLOGIST EDITOR

WEB PAGE EDITOR

MEMBERSHIP CHAIR

TEACHER AWARDS CHAIR
Vernon A. Tryon
343-9692

#### **BOARD OF DIRECTORS**

Term ending 2010
Muferihat Abduljelil
Harold Burstyn
Craig Butler
Robert J. Collins
Stephen A. Karon
Michael Masingale

Allison Smith

Mark Walker

Term Ending 2011
Howard R. Hollander
Joseph Lewis
Thomas Malagisi
Joseph Pesce
Kathryn Pynn
Allison Tyminski
Susan Weaver
Monica Young

# William Busher Diane Darwish

Michael R. Hayes Neil LaBrake Jr. Gwendolyn Maturo-Grasso Jorge L. Romeu Henry Sanchez Vernon A. Tryon

**Honorary Directors** 

Andrea Venuti

Bert Érickson Lloyd E. Moncrief Lou Ragonese Stephen W. Tehon Volker Weiss

Please contact the Webmaster with any questions or comments.

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