Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calend	ar year, or tax year beginning January 1 , 2019, and ending D	ecembe	er 31 , 20				
B Check if applicable				ployer i	dentification number				
Address change			Capital Area SQL Server User Group	47-3124683					
Name change				ephone i					
Initial return			34 Hearthstone Drive	(518) 221-0387					
=	retur Amended	rn/terminated			emption				
=		n pending	\J <del>Y</del>	umber	•				
G A	Account	ting Method		▶ 🗸	if the organization is not				
1 7	Vebsite	e: ► http://			d to attach Schedule B				
JT	ax-exen		· · · · · · · · · · · · · · · · · · ·	990, 990-EZ, or 990-PF).					
			☐ Corporation ☐ Trust ☑ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or if total asset	s					
(Par	t II, col	umn (B)) are S	5500,000 or more, file Form 990 instead of Form 990-EZ	<b>&gt;</b>	\$				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uction	s for Part I)				
		Check if	the organization used Schedule O to respond to any question in this Part I $$ . $$ .		· · · · <u> </u>				
	1	Contribution	ons, gifts, grants, and similar amounts received	1	7,132				
	2	Program s	ervice revenue including government fees and contracts	2	0				
	3	Membersh	ip dues and assessments	3	0				
	4	Investment	income	4	0				
	5a	Gross amo	unt from sale of assets other than inventory 5a	0					
	b	Less cost	or other basis and sales expenses	<u>o</u>					
	С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0				
	6	-	d fundraising events						
ne	а	Gross inc \$15,000) .	s income from gaming (attach Schedule G if greater than 000)						
Revenue	ь		me from fundraising events (not including \$ of contributions aising events reported on line 1) (attach Schedule G if the						
æ			th gross income and contributions exceeds \$15,000)   6b	o					
	С	Less: direc	t expenses from gaming and fundraising events 6c	0					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract						
		line 6c) .		6d	0				
	7a	Gross sale	s of inventory, less returns and allowances	╛					
	b		of goods sold						
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0				
	8		nue (describe in Schedule O)	8	3,228				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	10,360				
Expenses	10		similar amounts paid (list in Schedule O)  RECEIVED	10	0				
	11	•		11	0				
	12	Salaries, of	ther compensation, and employee benefits	12	0				
	13	Profession	al fees and other payments to independent contractors.  y, rent, utilities, and maintenance	13 14	0				
	14		v, rent, utilities, and maintenance	15	1,850				
	15 16		nses (describe in Schedule O)	16	0 0000				
	17	Total expe	ness Add lines 10 through 16	17	8,652				
$\dashv$	18	Excess or	nses. Add lines 10 through 16	18	10,502 -142				
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	10	-142				
	• •		r figure reported on prior year's return)	19	823				
	20	•	ges in net assets or fund balances (explain in Schedule O)	20	023				
ž	21		or fund balances at end of year. Combine lines 18 through 20	21	681				
				<del></del>					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)





	990-EZ (2 rt	Balance Sheets (see the instructions	for Port II)				Page 2
Га		Check if the organization used Schedule		ny question in this	Part II		
		One of the organization about contours	o to respond to a	ny question in this	(A) Beginning of year	i i	(B) End of year
22	Cash	n, savings, and investments			823	22	681
23		l and buildings				23	0
24	Othe	r assets (describe in Schedule O)			0	+	0
25	Tota	lassets		[	823	25	681
26		I liabilities (describe in Schedule O)		[	0	26	0
27		assets or fund balances (line 27 of column			823	27	681
Par	t III	Statement of Program Service Accom					_
VA/I	41	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III .	(Re	Expenses equired for section
		organization's primary exempt purpose?					1(c)(3) and 501(c)(4)
Desc	ribe the	e organization's program service accompli	ishments for each o	f its three largest p	rogram services,		ganizations, optional for
		d by expenses. In a clear and concise nefited, and other relevant information for e		e services provided	I, the number of	Oin	ners)
						-	<del></del>
28		turday an annual database conference held					
		es in areas such as database administration, pment Includes precon events on the Friday			software		
	(Grants		t includes foreign gra		<b></b> □	28	7 222
29		Area SQL Server User Group monthly meeting			t technical	200	a 7,332
		tation, discussion, and networking for attende		and provided a snor	t technical		
	P. C.SC.	salon, discussion, and networking for determin		••••	•••••••••••••••••••••••••••••••••••••••		
	(Grants	s\$ ) If this amount	includes foreign gra	ints, check here .	▶ □	29	a 2,693
30	PASS Modern Migration Tour: A one-time event promoted by Microsoft and run by our local user group to						2,000
	promote education into upgrading and modernizing hardware, software, data, and security						
	(Grants	) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	a477
31	Other p	program services (describe in Schedule O)					
	(Grants		includes foreign gra	ints, check here .	. ▶ 🗆	318	a
		program service expenses (add lines 28a	<u>-</u>	•	<b>&gt;</b>	32	101002
Par		List of Officers, Directors, Trustees, and Ke				nstru	ictions for Part IV)
		Check if the organization used Schedule	O to respond to a		<del></del>		
		(a) Nigger and Adda	(b) Average	(c) Reportable compensation	(d) Health benefits contributions to employ	ee (e	) Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	- 1	other compensation
				(ii not paid, enter -u-)	deferred compensation		
	rd Polla	***************************************	-	_			
	t Coordi	nator	5	0		0	0
	Moore		-			_	_
	ter Lead		3	0		0	0
	ond Kir						
PR/3	ociai ivie	dia Coordinator	1	0		<u> </u>	0
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						$\top$	<del> </del>
			1				
			]				
						$\top$	
			1	1	1	- 1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	INO
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4 .	_	'
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
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 outstanding at the end of the tax year covered by this return?	-	١.	7
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b   0	38a		<b>V</b>
ь 39	Section 501(c)(7) organizations Enter	1	į	
а	Initiation fees and capital contributions included on line 9			(
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	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), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958	408"		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		.\.\.\.\.\
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	ر.		1
	4955, and 4958			7
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		'	· •
е	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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
41	List the states with which a copy of this return is filed ▶			
42a		518) 2		
b	Located at ► 34 Hearthstone Drive, Albany, NY 12205  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)?			No ✓
	If "Yes," enter the name of the foreign country ▶	42b		<b>V</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	,		
	Financial Accounts (FBAR).		ļ ." 	
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country ▶	42c		<b>√</b>
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		•	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	4	£m
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	١,,,		٠,٠
	explanation in Schedule O	44d	+	<b>/</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	<del>                                     </del>
Ь	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		1 700		

							age 4
			n behalf of c	or in opposit	I .	Yes	No ./
VI Section 501(c)(3) Organization All section 501(c)(3) organization	s Only		d 52, and co	omplete the	_,·	or line	es
	hedule O to respond	I to any question in	this Part VI				
						Yes	No
year? If "Yes," complete Schedule C, Par	t II				. 47		✓
							<b>√</b>
,	•						✓
50 Complete this table for the organization's five highest compensated employees (other than officers, dire							
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation	(d) Healti contributions benefit plans	n benefits, s to employee , and deferred	(e) Estimate	d amou	unt of
							· · ·
Complete this table for the organization	's five highest compe	ensated independer	nt contractor	s who each	received	more	than
(a) Name and business address of each independ	(b) Type of se	rvice	(c) Compensation				
			<u> </u>				
		• •	. <b></b>		<del></del>		
completed Schedule A	ne a/ <b>Note</b> : All se	ction 501(c)(3) org	anizations i	nust attacr	- —	<b>√</b> N	No
penalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer to the that	return, including accompany officer) is based on all info	ying schedules and stater rmation of which prepare	nents, and to th r has any knowl	e best of my kn edge			
19/10				5/21/	2020		
Signature of Officer  Edward Pallach	Eur	ent Couls		te '			
Type or print name and title	Preparer's signature		)ale	<u>_</u>	DTIN		
Print/Type preparer's name	Preparer s signature		<del> </del>		if [		
Only Firm's name >						<del></del>	
	shown above? See i	nstructions			► ☐ Yes		No.
	Section 501(c)(3) Organization: All section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51. Check if the organization used Sc  Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization's employees) who each received more than (a) Name and title of each employee  Total number of other employees paid over Complete this table for the organization's employees) who each received more than (a) Name and title of each employee  (a) Name and business address of each independent contraction of the organization complete Schedule A  Total number of other independent contraction of preparation of pre	Section 501(c)(3) Organizations Only  All section 501(c)(3) Organizations must answer que 50 and 51.  Check if the organization used Schedule O to respond year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(in Did the organization make any transfers to an exempt non-chail if "Yes," was the related organization a section 527 organization complete this table for the organization's five highest compensation who are the provided the pours per week devoted to position  Total number of other employee paid over \$100,000 of compensation or the organization of the organization of the pours per week devoted to position  Total number of other independent contractors.  (a) Name and business address of each independent contractor.  Total number of other independent contractors each receiving Did the organization complete Schedule A? Note: All secompleted Schedule A.  Total number of other independent contractors each receiving Did the organization complete Schedule A? Note: All secompleted Schedule A.  Firm's name beginning the proper is signature.  Proper or print name and hille  Preparer's signature.  Preparer's signature.  Preparer's signature.	to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 50 and 51. Check if the organization used Schedule O to respond to any question in the organization engage in lobbying activities or have a section 501(h) elect year? If "Yes," complete Schedule C, Part II  Bith eorganization a school as described in section 170(b)(1)(A)(h)? If "Yes," complete II is the organization make any transfers to an exempt non-charitable related organife "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (of employees) who each received more than \$100,000 of compensation from the organization?  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation from the organization of the region of the remove of the rem	to candidates for public office? If "Yes," complete Schedule C, Part I  W Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and or 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E Did the organization aschool as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?  Complete this table for the organization's five highest compensated employees (other than office employees) who each received more than \$100,000 of compensation from the organization. If (G) Heading and title of each employee and title of each employees paid over \$100,000 or compensation from the organization. If (G) Heading has compensated title of each employees paid over \$100,000 or compensation from the organization. If (G) Heading has compensation from the organization of the remaining the part of the position of t	to candidates for public office? If "Yes," complete Schedule C, Part I  VI Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete th 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the year? If "Yes," complete Schedule C, Part II is the organization a school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E. Did the organization as a school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E. Did the organization as a section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the require the stable for the organization as the properties of the section of the organization as section 5100,000 of compensation from the organization. If there is none organization is compensation from the organization? If there is none, enter "None."  Total number of other employees paid over \$100,000  Do the thing the stable for the organization's five highest compensated independent contractors who each \$100,000 of compensation from the organization? If there is none, enter "None."  If ye organization organization organization is the properties of	Section 501(c)(3) organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables f 50 and 51.  Check if the organization used Schedule O to respond to any guestion in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization as chool as described in section 170(b)(1)(A)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)	Dot the organization engage, derectly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  ### Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization as shool as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  ### The second of the part of the p