## O'Connell & Company Ste 213, 8101 Washington Lane Wyncote, PA 19095 (215) 887-4425

george.oconnellcpa@verizon.net

March 27, 2008

TECHNOLOGY AFFINITY GROUP 23 BRIAR ROAD WAYNE, PA 19087

Dear Client,

Enclosed is the 2007 U.S. Form 990, Return of Organization Exempt from Income Tax, for TECHNOLOGY AFFINITY GROUP.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before May 15, 2008 to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

George R. O'Connell

**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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury nal Revenue Service(77) ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2007 calendar year, or tax year beginning 2007, and ending

			,, -	or tax year wegitting	, , , , , , , , , , , , , , , , , , , ,		9		
В	Check	if applicable:		C Name of organization	•			D Employer Id	entification Number
	☐ A	ddress change	Please use IRS label	TECHNOLOGY AFFINITY	GROUP			56-255	8836
	T N	ame change	or print or type.	Number and street (or P.O. box if m	ail is not delivered to street add	r) Roon	/suite	E Telephone r	umber
		nitial return	See	23 BRIAR ROAD				(610)	688-6832
		ermination	Instruc- tions.	City, town or country	State	ZIP cod	e + 4	F Accounting	
	-	mended return		WAYNE	PA	1908	37	_	specify)
	-	pplication pending		on 501(c)(3) organizations and				cable to section 52	· · · · · · · · · · · · · · · · · · ·
	`` اسسا	pprication penamg	charit	table trusts must attach a comp	leted Schedule A	н	(a) Is this a grou	ip return for affilia	tes? Yes X No
			(Form	1 990 or 990-EZ).		н-	(b) If 'Yes,' ente	r number of affiliat	tes 🟲
G	Web	site: 🟲 www.	tagted	h.org		н -	(C) Are all affilia	ates included?	Yes No
J	Orga	nization type		franci			(If 'No,' attac	ch a list. See instri	uctions.)
	(che	ck only one)	., ►	X 501(c) 3 ◀ (insert no.	) 4947(a)(1) or	527 H	• •	arate return filed b	
K				ization is not a 509(a)(3) suppor				covered by a grou	
	gros	s receipts are r	normally r	ot more than \$25,000. A return	is not required, but if th	e <u>  1</u>		emption Numb	····
	orga	nization choose	es to file a	a return, be sure to file a comple	ete return.	M			zation is not required
L				8b, 9b, and 10b to line 12 🟲 3					90, 990-EZ, or 990-PF).
Pa	art I	Revenue	e, Exper	nses, and Changes in Ne	t Assets or Fund B	alance	s (See the	e instruction	7S.)
	1	Contributions,	, gifts, gra	ints, and similar amounts receiv	ed:				
	a	Contributions	to donor a	advised funds		1 a			
	b	Direct public s	support (n	ot included on line 1a)		1 b	168	,134.	
	C	Indirect public	support	(not included on line 1a)		1 c			
	d	l Government o	contributio	ns (grants) (not included on line	e 1a)	1 d			
	е	Total (add lines	ash \$	168,134. noncash \$		)	,	1e	168,134.
	2	Program serv	ice revenu	ue including government fees ar	nd contracts (from Part \	_ /II, line	93)	2	
	3			assessments					107,750.
	4	Interest on sa	vinas and	temporary cash investments .				4	1,707.
	5			from securities					
	6 a	Gross rents				6a			
	C	Net rental inc	ome or (lo	oss). Subtract line 6b from line 6	ia			6c	
_	7	Other investm	ent incom	ne (describe ►		.,		) 7	
E					(A) Securities		(B) Othe	r ISSS	
RE/#70#	8a	Gross amount	t from sale	es of assets other		8a	<u> </u>		
Ŋ	 			s and sales expenses		8b			
Ε		Cain or (loss) (at	tach schadul	e)		8c		I	
				bine line 8c, columns (A) and (B				8 d	
				vities (attach schedule). If any a				7	
		Gross revenue				cric on r		_	
	_ ~		•			9a			
	b	•	-	ther than fundraising expenses	<del>,-</del>				
				om special events. Subtract line				9с	
				y, less returns and allowances .				71.50	
				,,				5,000	
			_	les of inventory (attach schedule). Subtr	<del>-</del>			10 c	
	11			ert VII, line 103)					64,298.
	12			s 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10					341,889.
	13			line 44, column (B))					143,815.
E	14			al (from line 44, column (C))					15,398.
EXP. E. SE	15			4, column (D))					0.
N		-		attach schedule)					· ·
Ĕ	16	-		es 16 and 44, column (A)					159,213.
	17			ne year, Subtract line 17 from lin					182,676.
	18								44,183.
N S E T	19			nces at beginning of year (from					77,103.
ΤĘ	20	_		sets or fund balances (attach e					226,859.
S	21	ivet assets or	tund balai	nces at end of year. Combine lir	ies 18, 19, and 20			41	440,009.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Ε	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	(D) Fundraising
2	Grants paid from donor advised					
	funds (attach sch)					
	(cash \$)					
	non-cash \$)  If this amount includes					
	foreign grants, check here	22 a				
22 t	Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here ►	22 b				
22						
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members					
2-4	(attach schedule)	24				
25 a	Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25a	0.			
h	Compensation of former officers,	2.04	3.1			
	directors, key employees, etc. listed					
_	in Part V-B	25 b				
C	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25 c				
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26				
27	Pension plan contributions not					
	included on lines 25a, b, and c	27				
ز	Employee benefits not included on					
20	lines 25a - 27	28 29				
29 30	Payroll taxes	30				
31	Accounting fees	31			<del></del>	
32	Legal fees	32				<del></del>
33	Supplies	33	42.	0.	42.	0.
34	Telephone	34	185.	139.	46.	0.
35	Postage and shipping	35				
36	Occupancy	36		***		
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
	Travel	39	628.	628.	0.	0.
	Conferences, conventions, and meetings	40				
41	Interest	41				
	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	42			Artico	
	CONSULTING	43 a	59,800.	44,850.	14,950.	0.
	DUES & SUBSCRIPTIONS	43b	36,125.	36,125.	0.	0.
	WEB SITE DEVELOPMENT	43 c	9,575.	9,575.	0.	0.
	HOSTING FEES	43 d	3,244.	3,244.	0.	0,
е	BOARD EXPENSE	43 e	2,464.	2,464.	0.	0.
f	INSURANCE	43 f	1,467.	1,467.	0.	0.
g	See Other Expenses Stmt	43 g	45,683.	45,323.	360.	0.
44	Total functional expenses. Add lines 22a		-			
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	159,213.	143,815.	15,398.	0.
	Costs. Check . If you are following S				· :	
	ny joint costs from a combined educationa					
f 'Yes	s,' enter (i) the aggregate amount of these	joint c	osts \$	; (ii) the a	mount allocated to Prog	ram services
\$	<del>~~ .</del>	cated	to Management and ger	neral \$	; and (iv) th	e amount allocated
o Fur	ndraising \$					

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

											about a partic	
organizatio	n. How the	public per	rceives an	organization	on in such	cases may	be determin	ned by the	information	n presented	on its return	. Therefore,
ase mak	e sure the i	return is d	complete a	nd accurat	e and fully	describes	in Part III. I	the organi:	zation's pro	orams and	accomplishing	nents.

TOO THAT OUT OF THE TOTAL TO	o complete and accorde and	rany described, mir art m, the organizations programs and acc	o mprovim control
nat is the organization's prin organizations must describ ents served, publications iss tions and 4947(a)(1) nonex	nary exempt purpose? ► le their exempt purpose achie sued, etc. Discuss achieveme empt charitable trusts must a	Advance Philanthropic orgs. thru technology evements in a clear and concise manner. State the number of ents that are not measurable. (Section 501(c)(3) and (4) organists on the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; bul optional for others.)
through the use	of technology.	Philanthropic organizations	=======================================
		O NE this properties leader for sign manufactures.	143,815.
p		0.) If this amount includes foreign grants, check here	143,615.
(Grants and allocations		) If this amount includes foreign grants, check here ▶ ☐	
		) If this amount includes foreign grants, check here	
q	,		
(Grants and allocations	\$	) If this amount includes foreign grants, check here ▶	
	·····	*****	
		) If this amount includes foreign grants, check here ▶ □ e 44. column (B). Program services)	143,815.

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Part IV Balance Sheets (See the instructions., (A) (B) Where required, attached schedules and amounts within the description End of year Beginning of year column should be for end-of-year amounts only. 35,183 45 75,529. Cash — non-interest-bearing ..... Savings and temporary cash investments...... 46 142,510. 47 a Accounts receivable ..... 295 47 b 47 0 295. 48 a 48a Pledges receivable ...... 48 b 480 49 50 a Receivables from current and former officers, directors, trustees, and key 50 a employees (attach schedule) ..... 50 b 51 a Other notes and loans receivable 51 a **b** Less: allowance for doubtful accounts ..... 51 b 51 c 52 8,525. 9,000. 53 53 Prepaid expenses and deferred charges ...... Cost 54 a FMV **b** Investments — other securities (attach sch) ........... ▶ Cost 54 b 55 a Investments - land, buildings, & equipment: basis . . . 55 a b Less: accumulated depreciation 55 c 55 b Investments — other (attach schedule) ..... 56 57a Land, buildings, and equipment: basis ...... 57 a b Less: accumulated depreciation 57 b 57 c Other assets, including program-related investments 58 Total assets (must equal line 74). Add lines 45 through 58..... 59 44,183 59 226,859 Accounts payable and accrued expenses ...... 60 61 61 Grants payable ...... 62 Deferred revenue ..... Loans from officers, directors, trustees, and key employees (attach schedule) ..... 63 64 a 64a Tax-exempt bond liabilities (attach schedule) ..... 64 b **b** Mortgages and other notes payable (attach schedule) Other liabilities (describe ► ..\_\_ 65 Total liabilities. Add lines 60 through 65 ..... 0. 0. 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 226,859. 44,183. 67 67 Unrestricted ..... 68 69 Permanently restricted ..... 69 Organizations that do not follow SFAS 117, check here and complete lines Ŕ 70 through 74. 70 Capital stock, trust principal, or current funds ...... Paid-in or capital surplus, or land, building, and equipment fund ...... 71 BALANC Retained earnings, endowment, accumulated income, or other funds ...... 72 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) ...... 44,183 73 226,859.

74

44,183.

74

Total liabilities and net assets/fund balances. Add lines 66 and 73 ...

P	art IV-A Reconciliation of Revenu instructions.)	e per Audited Financia	I Statements with I	Revenue per Retu	rn (See the
		30 16	_1_		241 000
	Total revenue, gains, and other support		nts		a 341,889.
b	Amounts included on line <b>a</b> but not on Pa 1 Net unrealized gains on investments		b1		
	2Donated services and use of facilities		<b>—————</b>		열 사 사
	3Recoveries of prior year grants		h3		
	4Other (specify):		1.63		
	Add lines <b>b1</b> through <b>b4</b>		<del></del>		b
С	Subtract line <b>b</b> from line <b>a</b>				c 341,889.
d	Amounts included on Part I, line 12, but			#A	
	1 Investment expenses not included on Pa		d1		
			1 10		
	Add lines d1 and d2				d
e	Total revenue (Part I, line 12). Add lines	c and d			e 341,889.
P	art IV-B Reconciliation of Expens	es per Audited Financi	al Statements with	Expenses per Re	turn
а	Total expenses and losses per audited fire				a 159,213.
b	Amounts included on line a but not on Pa	•	1 1		
	1 Donated services and use of facilities				
	2Prior year adjustments reported on Part	I, line 20	b2	933 833	
	3Losses reported on Part I, line 20				
	4Other (specify):				
	Add lines <b>b1</b> through <b>b4</b>				b 159,213.
	Subtract line <b>b</b> from line <b>a</b>			·····	159,213.
	Amounts included on Part I, line 17, but I 1 Investment expenses not included on Part		41		
	Add lines d1 and d2		<u>  uz </u>		*: -t
e	Total expenses (Part I, line 17). Add line				159,213.
	IT V-A Current Officers Director	rs Trustoce and Koy F	mployooc (List oash	narean who was an of	fficer director trustee
	Current Officers, Director or key employee at any time dur	ing the year even if they were	not compensated.) (Se	e the instructions.)	micer, offector, trustee,
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
		TO POSITION	5	compensation plans	
Se	e attached schedule				
			0.	0.	. 0.
		·			
			<del></del>		
_					
			0.00.007		

Form 990 (2007) TECHNOLOGY AFFINITY G	ROUP		56-2558	836		Page		
Part V-A Current Officers, Directors, Tru	stees, and Key En	<mark>nployees</mark> (continue	ed)		Yes	No		
75 a Enter the total number of officers, directors, and trustees po				. <b>_</b> _				
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compens A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation.	ih family or business re	elationships? If 'Yes.' att	tach a statement that	es <u>75</u>	b	x		
c Do any officers, directors, trustees, or key emp listed in Schedule A, Part I, or highest compens A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and anv other organization	other independent conti s, whether tax exempt o	ractors listed in Schedule or taxable, that are relate	d	С	х		
If 'Yes,' attach a statement that includes the information described in the instructions.								
d Does the organization have a written conflict of					<del></del>			
Part V-B Former Officers, Directors, Trus Benefits (If any former officer, directo during the year, list that person below at the instructions.)	r trustee or key emple	ovee received compens:	ation or other benefits (de	escribed t te column	oelow)			
						other		
					<u>.                                    </u>			
Part VI Other Information (See the instr	uctions.)				Yes	No		
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each cha	ties or methods of con	ducting activities?		76		x		
77 Were any changes made in the organizing or go	<del>-</del>			77		Х		
If 'Yes,' attach a conformed copy of the changes				100				

Part VII Other Information (See the instructions.)		Yes	No			
76 Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change	76	BASK	x			
77 Were any changes made in the organizing or governing documents but not reported to the IRS?			Х			
If 'Yes,' attach a conformed copy of the changes.						
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b					
79 Was there a liquidation, dissolution, termination, or substantial contraction during the						
year? If 'Yes,' attach a statement						
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through commembership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	non 80 a	10.500	х			
b If 'Yes,' enter the name of the organization ▶						
and check whether it is exempt or 81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81 a	onexempt.		113 V31 123 V32			
b Did the organization file Form 1120-POL for this year?	81 b		Х			

BAA

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P	art VI Other Information (continued)			Ye	es	No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?	at no charge or at	82	a		X
	b 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.)					
	a Did the organization comply with the public inspection requirements for returns and exemption			a 2	۲	
	<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contribut				۲	
84	a Did the organization solicit any contributions or gifts that were not tax deductible?		84	a	343.7	Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	tributions or gifts were	84	b		
	a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			a 1	<b>4 \ v</b>	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85	<u>1</u> d	4/1	1
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.					
	c Dues, assessments, and similar amounts from members	85 c 1	A/V			
	d Section 162(e) lobbying and political expenditures	85 d 2	N/A			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e 1	V/A			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 1	V/A			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85	g 1	4/1	<u>,                                    </u>
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasor dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	186	h 1	A\v	₹ (1) <b>L</b>
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12	86 a 1	V/A			
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86 b 1	V/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a 1	V/A			
	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b 1	1/A			
88	a At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301.770 If 'Yes,' complete Part IX	11-2 and 301.//01-37	88	a		x
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI		▶ 88	,		x
					(Ad)	<u> </u>
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year unc		0.	v is		
	section 4911 ►					
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If '\' explaining each transaction	s benefit transaction 'es,' attach a statement	89	b		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the					
	year under sections 4912, 4955, and 4958		0.			
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	.,. <b>≻</b>				estra.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	89	e		Х
1	All organizations. Did the organization acquire a direct or indirect interest in any applicable ins	urance contract?	89	f		X
•	g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Doganization, or a fund maintained by a sponsoring organization, have excess business holding	id the supporting gs at any time during	90			X
^^	the year?		65	91		
90	a List the states with which a copy of this return is filed ▶ See States Filed In				_ ~	
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90	b		0
91	a The books are in care of ► LISA POOL  Located at ► 23 BRIAR ROAD  WAYNE  WAYNE	nber ► (610) 68	8-683	2		
	Located at ► 23 BRIAR ROAD WAYNE	PA_ ZIP + 4 <b>&gt;</b> <u>19</u>	087	_		
ı	b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other financial	other authority over a ancial account)?	91	- 1 5	es	No 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 Formancial Accounts.					

	<b>VI</b> Other Information (continu							+	No
	any time during the calendar year, did		ion mai	ntain an office o	outside of the Un	ited States?	91 c	<u>:L</u>	<u></u>
	'Yes,' enter the name of the foreign cou								_ <del>_</del>
2 Se	ection 4947(a)(1) nonexempt charitable	trusts filing F	orm 990	) in lieu of <b>For</b> n	n 1041 - Check	here	1		
ar	d enter the amount of tax-exempt inter	est received o	or accrue	ed during the ta	x year				
Part \	/II Analysis of Income-Produc						<del></del>		
		Unrelated	<u>d busine</u>	ess income	Excluded by se	ection 512, 513, or 514		(E)	
Note: E.	nter gross amounts unless se indicated.	(A)		(B)	(C)	(D)	Related function	or exe	
		Business code		Amount	Exclusion code	Amount	TUTICITO	THICOT	ne
	Program service revenue:								
			-		<del></del>		<del> </del>		
p _									
c_				***************************************		****	<del> </del>		~~~~~~
ď_			ļ		<b>_</b>		<del> </del>		
e_	Manding of Manding in the process of the control of						<del> </del>		
	Medicare/Medicaid payments						<u> </u>		
•	Fees & contracts from government agencies Membership dues and assessments						1	L07,5	750
	Interest on savings & temporary cash invents				14	1,707.	1	-011	
	Dividends & interest from securities				<u> </u>	1,707.	<del>                                     </del>		
	Net rental income or (loss) from real estate:				45.500,507.553.80350				A SANSA
	debt-financed property	Literature Criticis Antiditation	and garages		The second real real and interviewed to the	The Control of Control Section Control of Co			
	not debt-financed property						<del>                                     </del>		
	Net rental income or (loss) from pers prop								
	Other investment income						<b></b>		
	Gain or (loss) from sales of assets other than inventory								
101	Net income or (loss) from special events								
	Gross profit or (loss) from sales of inventory		TOBAL SVIŠSLĪCS					ALATAK	(144) Day 54
	Other revenue: a	NO. 15 (A) (A)	W000000					MANUAL TO	<u> </u>
b_d	Conference fees				6	64,298.	ļ		
c_									<del></del>
d_									
e_	Subtotal (add columns (B), (D), and (E))					66,005.	1	107,7	750
	rotal (add line 104, columns (B), (D), and (E))						· · · · · · · · · · · · · · · · · · ·	L73,7	
	ne 105 plus line 1e, Part I, should equa						-	. , . , .	, , , ,
	III Relationship of Activities to				empt Purpos	es (See the instruc	ctions.)	***************************************	
Line N			***************************************						
Zille iv.	<ul> <li>Explain how each activity for which of the organization's exempt purpo</li> </ul>	ses (other tha	n by pro	oviding funds fo	r such purposes	).	accomplish	HOIR	
	94 REVENUE TO ADVANCE TH								
•	THROUGH THE USE OF TE	····							
Part I	X Information Regarding Tax	able Subsid	diaries	and Disreg	arded Entitie	s (See the instruc	tions.)	N	1/A
•	(A)	(B)		(C	)	(D)		(E)	
Nam	ne, address, and EIN of corporation,	Percentage	e of	Nature of	nativítica	Total	End-	of-year	r
	partnership, or disregarded entity	ownership int		nature or	activities	income		sets	
			%						
			%						
			8						
			8						
	X Information Regarding Tra			~~~~~~			- provided		
	the organization, during the year, receive any ful							X	
	d the organization, during the year, pay				a personal bene	fit contract?	Yes	x	No
Note	: If 'Yes' to (b), file Form 8870 and For	m 4720 (see i	instructio	ons).				- 000	(0007)

Form 990 (2007) TECHNOLOGY AFFINITY GROUP

56-2558836

Page 8

Par	t XI	Information Regarding Transfers To an organization is a controlling organization	nd From Controlled Er on as defined in section	<b>ntities.</b> Com <sub>l</sub> n 512(b)(13)	plete only ii '.	f the	N/A	4
							Yes	
. J6	Did	the reporting organization make any transfers to a s,' complete the schedule below for each controlled	controlled entity as defined	in section 512	(b)(13) of the (	Code? If		
	10	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) ription of ansfer		(D) nt of tra	nsfer
а								
b								
С								
		Totals						
107	Did	the reporting organization receive any transfers fro	om a controlled entity as def	fined in section	512(b)(13) of	the Code? If	Yes	No
	'Ye	s, complete the schedule below for each controlled	entity			<u> </u>		<u> </u>
	(A) Name, address, of each controlled entity  (B) Employer Identification Number  (C) Description of transfer  Amount of tr							
а			700					
a								
с								
		Totals						
108	Did	the organization have a binding written contract in	effect on August 17, 2006, c	covering the inte	erest, rents, ro	oyalties, and	Yes	No
	ann	uities described in question 107 above?	***************************************				 nd belief, it	ıs
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, increase.  Please 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, increase of the period of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date								
Paid Pre-		Type or print name and title.  Preparer's signature  Long  C	vsell Date	118/08	Check if self-employed	Preparer's S General Inst	SN or PTIN uction X)	(See
pare Use		Firm's name (or yours if self-employed), Ste 213, 8101 Washing	ton Lane		EIN ►			
Only		address, and ZIP + 4 Wyncote	PA 19095		Phone no. ► (	`	7-442	
BAA						F	orm <b>990</b>	(2007)

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

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

2007

OMB No. 1545-0047

rtment of the Treasury nal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer identification number Name of the organization 56-2558836 TECHNOLOGY AFFINITY GROUP Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one, If there are none, enter 'None.') (d) Contributions (a) Name and address of each (b) Title and average (c) Compensation (e) Expense to employee benefit employee paid more than \$50,000 hours per week devoted to position account and other plans and deferred allowances compensation NONE Total number of other employees paid over \$50,000 None Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II — A (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 Lisa Pool 59,800. 19087 Consulting Briar Road Wayne Total number of others receiving over \$50,000 for professional services None Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE tal number of other contractors receiving over \$50,000 for other services None

BAA

Schedule A (Form 990 or 990-EZ) 2007

BAA

Par	t IV Reason for Non-Private lify that the organization is not a private f		<u> </u>	icable box.)							
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).								
6	A school. Section 170(b)(1)(A)(ii). (a	Also complete Part V.)									
7	A hospital or a cooperative hospital	service organization. Sect	ion 170(b)(1)(A)(iii).								
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).										
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state >										
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the <b>Support Schedule</b> in Part IV-A.)										
11 a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)										
11 b	11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)										
12	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 charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.)										
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:										
	Type I Type II  Provide the	Type III-Functio	nally Integrated organization	Type III							
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported Ame organization listed in su the supporting		(e) Amount of support					
				Yes	No						
_					***************************************						
Total											
14	An organization organized and opera	ated to test for public safet	v. Section 509(a)(4). (See i	nstructions.	)						

	t IV-A Support Schedule (					account	ting.
Note	: You may use the worksheet in th	e instructions for conv	verting from the accru	ual to the cash me	ethod of accounting.	—	
	ndar year (or fiscal year nning in)	<b>(a)</b> 2006	<b>(b)</b> 2005	<b>(c)</b> 2004	<b>(d)</b> 2003		<b>(e)</b> Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose						
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18					-	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	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						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
	Total of lines 15 through 22						
	Line 23 minus line 17						
	Enter 1% of line 23	L	ļ				er den gilt film og skiller en en skille film er film
	Organizations described on lines		er 2% of amount in o			26 a	
	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	or 2003 through 2006 excee amounts	ded the amount shown in	line 26a. Do not file ti	his list with your	26 b	
(	: Total support for section 509(a)(1	) test: Enter line 24, o	column (e)			26 c	
(	l Add: Amounts from column (e) fo			19			
		22		26 b		<del></del>	
€	Public support (line 26c minus lin	e 26d total)		, , , ,		266	%
f	Public support percentage (line 2 Organizations described on line	be (numerator) divide	ed by line 26c (denoi	minator))		201	
21	For amounts included in lines 15, name of, and total amounts receiv such amounts for each year:	16, and 17 that were yed in each year from	, each 'disqualified p	erson." Do not file	this list with your r	eturn, c	inter the sum of
	(2006)	(2005)	(2004) _		(2003)		
	bFor any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference bed differences (the excess amounts)	received for each year rations described in li lween the amount rec	ar, that was more tha nes 5 through 11b, a eived and the larger	an the <b>larger</b> of (1 s well as individua amount described	) the amount on line als.) <b>Do not file this</b> I in <b>(1)</b> or <b>(2),</b> enter t	25 for 1 list with he sum	the year or (2)  1 your return.  of these
	(2006)	(2005)	(2004)_		(2003)		
c	: Add: Amounts from column (e) fo	r lines: 15		16			
	17	20		21		27 c	
C	l Add: Line 27a total	ar	nd line 27b total		<b>&gt;</b>	27 d	
6	(2006)  Add: Amounts from column (e) fo 17  Add: Line 27a total  Public support (line 27c total minuments)  Total support for section 509(a)(2)	ıs line 27d total)				27 e	
f	Total support for section 509(a)(2	) test: Enter amount f	rom line 23, column	(e) ► <u>27f</u>			^
	i Public support percentage (line 2	'7e (numerator) divid	ed by line 2/f (denon	ninator))		2/9	70
<u>t</u>	Investment income percentage (I	ne 18, column (e) (ni	imerator) divided by	iine 2/1 (denomii	d aronto during 2002	through	
28	Unusual Grants: For an organizat list for your records to show, for e nature of the grant. Do not file thi	ion described in line ach year, the name o s list with your returr	<ul><li>10, 11, or 12 that rec</li><li>f the contributor, the</li><li>n. Do not include thes</li></ul>	erved any unusua date and amount se grants in line 1:	of the grant, and a l 5.	orief de	scription of the

r.aı	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
_±	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31		31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	4988 X.C	13355
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
		-		
	Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?	33a		
	b Admissions policies?			
,	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
(	e Educational policies?	33 e		
1	f Use of facilities?	33 f		1
	g Athletic programs?			
I	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
	a Does the organization receive any financial aid or assistance from a governmental agency?			
ı	has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial prodiscrimination? If 'No ' attach an explanation	35		13335

	edule A (Form 990 or 990		LOGY AFFINITY				56-2	558	836	Page
Par	t VI-A Lobbying Ex (To be complete	xpenditures by Elector on the contract of the	cting Public Chari organization that filed F	<b>ties</b> (See instruc Form 5768)	tions.)				N/A	
	ck ► a if the organia	zation belongs to an affi	liated group. Check	( <b>► b</b> if you	checke		~~	contro	l' provisions	
		.imits on Lobbying  'expenditures' means a	•	2d )		<b>(a)</b> Affiliated tota	group		(b) To be cor for all el	npleted lecting
	<u> </u>				36				organiz	ations
36 37		ures to influence public o			<del></del>			$\rightarrow$		
38	Total lobbying experiences to influence as a significant set of the set of th									
39		expenditures			39		•			
40		xpenditures (add lines 3			40					
41		nount. Enter the amount			3555 (A.S.A.) 11.35 (A.S.A.)					
	If the amount on line 40	is - The	lobbying nontaxable a	mount is —						
		20%								
		,000,000 \$100,0					\$151\$			
		\$1,500,000 \$175,0			41	estatuta, est nació	VARIONES	W. 1997		
		\$17,000,000 \$225,0								
		\$1,0			42			*******	+ n - 14 H (14 H (15 H (15 H)	113×1±0100
42	Grassroots nontaxable a	amount (enter 25% of III ne 36. Enter -0- if Iine 42			42					
43		ne 36. Enter -0- if line 42 ne 38. Enter -0- if line 41			44					
44		amount on either line 43			¥1131					
	(Some orga	nizations that made a se	e the instructions for li	lo not have to con	nplete 3.)	all of the five		mns t	elow.	
	Calendar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2006	(c) 2005		<b>(</b> d 200			<b>(e</b> Tot	
45	Lobbying nontaxable amount							-14.75.414A		
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount								<del></del>	
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures									
Par	t VI-B Lobbying Ac	ctivity by Nonelecti Inly by organizations tha	i <b>ng Public Charitic</b> t did not complete Par	<b>es</b> t VI-A) (See instru	uctions	.)				
Durir atter	ng the year, did the organ npt to influence public op						Yes	No	Amo	unt
	Volunteers					<b>!</b> "		x		
	Paid staff or manageme							<u>x</u>		
	: Media advertisements							Х		
	Mailings to members, le							х		
	Publications, or published							Х		
f	f Grants to other organizations for lobbying purposes							Х		
	Direct contact with legis							X		

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means ..... i Total lobbying expenditures (add lines c through h.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

## Schedule A (Form 990 or 990-EZ) 2007 TECHNOLOGY AFFINITY GROUP Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Did the	e reporting organization o Code (other than section	lirectly or inc 501(c)(3) or	lirectly engage in any of the following with any other orgar ganizations) or in section 527, relating to political organiza	nization described ations?	in section	501(c	)
			a noncharitable exempt organization of:	,	51 a (i)	Yes	No
(i) Cash							X
(ii) Other assets							Х
	transactions:						
			ncharitable exempt organization		b (i)		<u> X</u>
			le exempt organization		b (ii)		X
<b>(iii)</b> Re	ental of facilities, equipme	ent, or other	assets		b (iii)		X
					<b>b</b> (iv)		X
					b (v)		X
			or fundraising solicitations ,		b (vi)		Х
<b>c</b> Sharir	ng of facilities, equipment	, mailing list	s, other assets, or paid employees		С		Х
d If the	answer to any of the above	/e is 'Yes,' c	omplete the following schedule. Column (b) should always y the reporting organization. If the organization received low in column (d) the value of the goods, other assets, or s	show the fair mai	ket value et value ir	01 1	
any tra	ansaction or sharing arra	ngement, sh	ow in column (d) the value of the goods, other assets, or s	services received:			
(a)	(b)		(c)	(d)			ł o
Line no.	Amount involved	Name of	noncharitable exempt organization Description of transf	fers, transactions, and	snaring arrai	ngemen	.S
	-						
	··············						
descri	organization directly or in bed in section 501(c) of t s,' complete the following	he Code (oti	ated with, or related to, one or more tax-exempt organiza er than section 501(c)(3)) or in section 527?	tions	► ☐ Ye	s X	No
	(a) Name of organization		(b) Type of organization Des	(c) scription of relation	ship		
					<del></del>		
					***		
					····		
		·····					
						-	
-							

### Schedule B (Form 990, 990-EZ, or 990-PF)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Department of the Treasury Hernal Revenue Service

ne of organization

**Schedule of Contributors** 

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Employer identification number

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

TECHNOLOGY AFFINITY GROUP	56-2558836
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	x 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation 527 political organization
	327 political diganization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation
Check if your organization is covered by the (boxes for both the General Rule and a Specia	General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can chec al Rule — see instructions.)
General Rule —	, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one
Special Rules —	
For a section 501(c)(3) organization filing 509(a)(1)/170(b)(1)(A)(vi) and received fr amount on line 1 of these forms. (Comple	Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections on any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the lete Parts I and II.)
andregate contributions or beguests of mo	nization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, ore than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational children or animals. (Complete Parts I, II, and III.)
some contributions for use <i>exclusively</i> for \$1,000. (If this box is checked, enter here etc, purpose. Do not complete any of the	nization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, religious, charitable, etc, purposes, but these contributions did not aggregate to more than the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, Parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively
religious, charitable, etc, contributions of	\$5,000 or more during the year.)
Caution: Organizations that are not covered to 990-PF) but they must check the box in the host meet the filing requirements of Schedule	by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or leading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do B (Form 990, 990-EZ, or 990-PF).

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2007)	Page 1	of 1 of Part I
Name of org		, ,	558836
	DLOGY AFFINITY GROUP	100 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>rt l</u>	Contributors (See Specific Instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TIDES_FOUNDATION  P.O. BOX 29198	\$113,362.	Person X Payroll Noncash (Complete Part II if there
	SAN FRANCISCO CA 94129 CA 94129	-	is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
·		.\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		.\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
	1		

of 1

of Part I

Form 990, Page 2, Part II, Line 43

## Other Expenses Stmt

<b>(D)</b> Fundraising	(C) Management and general	(B) Program services	<b>(A)</b> Total	Other expenses not covered above (itemize):
0.	299.	0.	299.	BANK CHARGES
0.	61.	0.	61.	TAXES & LICENSES
0.	0.	45,323.	45,323.	Conference Expense
_	360.	45,323.		Conference Expense

Form 990. Part VI, Page 7, Line 90a

States Filed In

Florida

PART V-A, PAGE 5: CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Name & Address	Title	Ave hrs/week	Compensation	Fringe benefits	Expense Acct	
David Binder	President	2	\$0	\$0	\$0	
Craig Nuechterlein	Vice President	2	\$0	\$0	\$0	
Jim Bickel	Secretary	2	\$0	\$0	\$0	
Robert Lukitsch	Treasurer	2	\$0	\$0	\$0	
Gavin Clabaugh	Board Member	2	\$0	\$0	\$0	
Loretta Harris	Board Member	2	\$0	\$0	\$0	
Kathy Nicholson	Board Member	2	\$0	\$0	\$0	
Jonathon Brelsford	Board Member	2	\$0	\$0	\$0	
Jeff Brandenburg	Board Member	2	\$0	\$0	\$0	

The above mentioned Trustees can be reached at:

Technology Affinity Group 23 Briar Road Wayne, PA 19087