

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MEDTECH ASSOCIATION INC		D Employer identification number 20-1405018
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 235 HARRISON STREET		E Telephone number (315) 423-7300
Name change				
Initial return		City or town, state or country, and ZIP + 4 SYRACUSE, NY 13202		F Group Exemption Number
Terminated				
Amended return				
Application pending				

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

I Website: <u>WWW.MEDTECH.ORG</u>		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	416,928
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue					
1	Contributions, gifts, grants, and similar amounts received			1	94,798
2	Program service revenue including government fees and contracts			2	138,305
3	Membership dues and assessments			3	183,825
4	Investment income			4	
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	0		
b	Less direct expenses other than fundraising expenses	6b	0		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	0
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
8	Other revenue (describe <input type="checkbox"/> _____)			8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 <input type="checkbox"/>			9	416,928

Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	218,430
	13	Professional fees and other payments to independent contractors	13	11,150
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	330
	16	Other expenses (describe _____)	16	161,259
	17	Total expenses. Add lines 10 through 16	17	391,169

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,759
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,930
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	29,689

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	44,347	22 70,519
23	Land and buildings		23
24	Other assets (describe )	55,186	24 66,553
25	Total assets	99,533	25 137,072
26	Total liabilities (describe )	95,603	26 107,383
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	3,930	27 29,689

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO DEVELOP COLLABORATIVE BILATERAL AND MULTILATERAL RELATIONSHIPS WITHIN THE CENTRAL NEW YORK BUSINESS COMMUNITY TO FURTHER GROWTH OF MEDICAL TECHNOLOGY COMPANIES - AS WELL AS DEVELOPERS OF ENABLING TECHNOLOGIES AND SERVICES - THROUGH AN ORGANIZED NETWORKING AND INFORMATION SHARING STRUCTURE					
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title					
28 THE ORGANIZATION PROVIDES MEMBERS WITH NETWORKING OPPORTUNITIES, EDUCATIONAL SEMINARS, AND PERIODIC UPDATES ON EVENTS THAT EFFECT THE MEDICAL TECHNOLOGY INDUSTRY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				28a	
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	

Part VOther Information (Note the statement requirements in the instructions 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 of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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 period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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) 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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	40e	No
41	List the states with which a copy of this return is filed ▶ NY		
42a	The organization's books are in care of ▶ HEATHER ERICKSON Telephone no ▶ (315) 423-7300 235 HARRISON STREET Located at ▶ SYRACUSE, NY ZIP + 4 ▶ 13202		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 ➤

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 ➤

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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer HEATHER ERICKSON President		Date 2010-11-11		
Paid Preparer's Use Only	Preparer's signature Heather J Losi CPA		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LOSI & RANGER CERTIFIED PUBLIC ACCOUNTANTS P 7445 MORGAN ROAD BLDG 1 LIVERPOOL, NY 13090				EIN Phone no (315) 410-6444
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 20-1405018

Name: MEDTECH ASSOCIATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID NOCILLY 110 West Fayette Street SYRACUSE, NY 13202	Director 2 00	0		
HAROLD MECKLER 3 University Place ALBANY, NY 12212	Director 2 00	0		
BELA MUSITS 10 SECOND STREET TROY, NY 12180	Director 2 00	0		
BRUCE KIRK One Riverfront Plaza CORNING, NY 14831	Director 2 00	0		
DAVID EILERS 2-212 Center for Science Tec SYRACUSE, NY 13244	Director 2 00	0		
DANIEL JONAS 525 FRENCH ROAD UTICA, NY 13502	Chairman 2 00	0		
HOLLY HILLBERG 150 VERONA ST ROCHESTER, NY 14608	Director 2 00	0		
BEN HARP 5732 Big Tree Road ORCHARD PARK, NY 14127	Director 2 00	0		
LORRAINE ELLIS 1250 PITTSFORD-VICTOR ROAD PITTSFORD, NY 14534	Director 2 00	0		
DONALD BOYD ROCHESTER INSTITUTE OF TECH ROCHESTER, NY 14623	Director 2 00	0		
MAURICIO ARELLANO 10000 WEHRLE RD CLARENCE, NY 14031	Vice Chairman 2 00	0		
AMY RYAN 121 METROPOLITAN DRIVE LIVERPOOL, NY 13088	Treasurer 2 00	0		
MITCH KATZ 308 MALTBIE STREET SYRACUSE, NY 13204	Secretary 2 00	0		
MARTIN BRUSDEILINS PHD 100 INDIGO CREEK DR ROCHESTER, NY 14626	Vice Chairman 2 00	0		
STEPHEN MEYER 4341 STATE STREET ROAD SKANEATELES, NY 13153	Director 2 00	0		
HEATHER ERICKSON 235 HARRISON ST SYRACUSE, NY 13202	President 55 00	90,925	2,709	

TY 2009 Other Assets Schedule**Name:** MEDTECH ASSOCIATION INC**EIN:** 20-1405018**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	4,158	10,079
Pledges and Grants Receivable	49,028	48,610
MEMBERSHIP DUES RECEIVABLE		7,864
Accounts Receivable	2,000	

TY 2009 Other Expenses Schedule**Name:** MEDTECH ASSOCIATION INC**EIN:** 20-1405018**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
Travel	11,478
TELEPHONE	4,213
RENT	9,240
PROGRAM EXPENSES	97,743
OUTSIDE SERVICES	2,059
Office Expenses	4,666
MEALS AND ENTERTAINMENT	3,484
Conferences, Conventions, and Meetings	299
BANK FEES	3,107
Advertising and Promotion	17,472

TY 2009 Other Liabilities Schedule**Name:** MEDTECH ASSOCIATION INC**EIN:** 20-1405018**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Unsecured Notes and Loans Payable	30,000	
Deferred Revenue	30,465	66,743
Accounts Payable and Accrued Expenses	35,138	40,640