

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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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)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	Fo	r the	2009 calend	lar year, o	or tax year begin	ning		10-01 ,2	009, and e	ending	09	-30 , 20 10
В	Ch	eck if a	pplicable	Please	C Name of organiza	atlorAREA VII AG	EHR AMER	ICAN GUIL	D OF E	1		D Employer identification
	Add	dress c	hange	use IRS label or	Doing Business	AS BRENDA BART	A					36-3555511
ñ	Nai	ne cha	nge	print or	Number and stre	et (or P O box if mail is n	ot delivered to	street address)		Room/st	ııte	E Telephone number
Π		ıal retu	•	type. See	3596 230TH	STE		•				(952)461-3685
П		minate		Specific		te or country, and ZIP + 4						G Gross receipts
H		ended		Instruc- tions.	1	, MN 55372	•				l	s 124,83
片			n pending	F Name	and address of princ							
					·						this a group re	
<u> </u>				X 501(c)(3) ◀ (insert no) 4947(a)(1) or	<u> </u>				No," attach a	included? ☐ Yes ☐ I list (see instructions) on number ▶
<u>J</u>			► N/A	1	□			 1				
K			rganization		on 🗌 Trust 🔀 Asso	ociation Other		L Year of	formation]	1989 N	State of leg	gal domicile WI
	art		Summar	•								
		1	Briefly desci	nbe the or	ganization's missi	on or most significan	it activities	EDUCAT	TON OF	MUSIC W	IIH HAN	DREPTS
A							 .					
c t	G				-							
i	v	_								0/ -1 -11		
ĭ	e r					discontinued its ope						1
t i	n a					rning body (Part VI,						
e	n			•	•	rs of the governing b	-					
\$	c e					2a)						<u> </u>
&						necessary)						
		7a	Total gross	unrelated	business revenue	from Part VIII, colun	nn (C), line 1	2			7 a	
		ь	Net unrelate	d busines	s taxable income	from Form 990-T, lir	ne 34	<u> </u>			7b	
_	_									Prior	Year	Current Year
	Re	8	Contribution	ns and gra	ints (Part VIII, line	1h)			[
	v	9	Program se	rvice reve	nue (Part VIII, line	2g)			[122,30
	e n	10	Investment	ıncome (P	art VIII, column (/	A), lines 3, 4, and 7d))		<i>.</i> [44
	u	11	Other reven	ue (Part V	/III, column (A), lir	nes 5, 6d, 8c, 9c, 10c	and 11e).		[35
	•					(must equal Part VIII						123,10
						IX, column (A), lines						
	_					K, column (A), line 4)						
	E x					e benefits (Part IX, co						
	p e					column (A), line 11e)						
2	n					lumn (D), line 25)▶				····		
90	s e	17	Other exper	nses (Part	IX. column (A). lii	nes 11a-11d, 11f-24	f)				*******	95,8
1-4	s					t equal Part IX, colun				_		95,8
٥Ę						18 from line 12				-		27,2
₹ ,			11010114010	33 ON POINS	00 000000000000000000000000000000000000		-			Beginning of	Current Year	
		20	Total assets	(Part X I	ine 16)						71,76	7 97,9
	und	21	Total liabiliti		•							
\mathbf{Z}^{B}	al-	22				line 21 from line 20				-	71,76	7 97,9
3	oes Parl		Signatu			inte ET NOTT inte Eo						
-	444	411	Lindor nona	Ition of nori	une I doclare that I h	ave examined this return,	including acco	mpanying sched	lules and sta	tements, and t	o the best of	my knowledge
ัด			and belief,	is true, co	rrect, and complete (Declaration of preparer (o	ther than offic	er) is based on a	ll informatio	n of which pre	parer has any	knowledge
_	ign		1. K	1.		20					1	2-09-11
	-		Signat	ure of office	ar - J				· · · · · · · · · · · · · · · · · · ·		D	ate
г	lere	53	KO,									
					TA, TREASUR	ER						
_	끍	=	1	or print name	and title			Date	lai-	المراجعة ا	Prenarer's	dentifying number
	PES III		Preparer's					Jaic	self		(see instruc	
Р	aid.	-	signature	7					1 '	oloyed 🏲 📙		
P	r e pa	rer's.	<u>, </u>	BEN	GAUS			02-24-201	1	72	<u>L</u>	
		nly	Firm Smam	e (or yours		ACCOUNTING SE	RVICE S	<u> </u>		- EIN	•	
	¥	=	if selfsemp address, ar	loyed),		AIN STREET				ļ		
_			1_			LLS, WI 54022					▶ 715-42	
N	lay t	he la	discuss the	s return w	oth the preparer s	hown above? (see in	nstructions)	<u></u>		<u></u>		🗌 Yes 🔀 No

	n 990 (2009) AREA VII AGEHR AMERICAN GUILD OF EN	36-3555511 Page
Pa	It III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	EDUCATION OF MUSIC WITH HANDBELLS	
		
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	🗌 Yes 🕱 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	🗌 Yes 🛛 No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expense	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant	ts and
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 93,604 including grants of \$) (Revenue	
44	(Code) (Expenses \$93,604 including grants of \$) (Revenue TO SHARE TECHNICAL KNOWLEDGE OF THE UNIQUE MUSIC MEDIUM OF HANDBELLS THROUGH	\$)
	AND WORKSHOPS	H CONCERTS EVENTS
	AND HORADIOLD	· -
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	- AARISA	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		· · · · · · · · · · · · · · · · · · ·
		-
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 93,604	

EEA

Form 990 (2009)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		_X_
3	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	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>X</u> _
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		1	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		<u>X</u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			Ī
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		
	Schedule D, Parts XI, XII, and XIII	12		X
12A	r			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13		v
13		14a		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	174		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.,		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the diganization operate one of more hospitals in Tes, complete schedule (1		لبسا	4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			7.5
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.5
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			3.7
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		
	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		v
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	<u> </u>		

9) AREA VII AGEHR AMERICAN GUILD OF EN Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	_	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_	I	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable]	
2-	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		}	
	Statements, filed for the calendar year ending with or within the year covered by this return		1	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ļ	
32	Instructions)		‡	
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		1	
b	this return?	3a		X
4a		3b	<u> </u>	
44	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	١.		3.7
h	account) ² ,	4a		X
D	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5-2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_ :		3.7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u>X</u>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		<u></u>
•	Prohibited Tax Shelter Transaction?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
-	organization solicit any contributions that were not tax deductible?			v
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<u>X</u>
	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).	GD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	i 1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	_	
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	""		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			_

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management		T	1
1a	Enter the number of voting members of the governing body		Yes	No
b	Enter the number of voting members that are independent	+		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	•	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u>-</u>		
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	۳	 	Λ
, .	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		A
Ü	the year by the following			
	The governing body?	8a	x	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		<u> </u>	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
500	at the organization's maining address? If Test, provide the names and addresses in Schedule O] 3		Λ
	enue Code)			
16 46	nue Code /		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			**
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
• •	form?	11	х	
11a				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С				
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		Х
a b			-	X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
·va	with a taxable entity during the year?	162		Х
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	.52		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Х
Sec	the organization's exempt status with respect to such analygements.	1.55		- 22
360 17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
. •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► BRENDA BARTA (952)461-3685			
	3596 230TH STREET EAST PRIOR LAKE, MN 55372			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)				>)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (chec		that app		Reportable	Reportable	Estimated
	hours per week	I t d nri dur i se v t c i e t de o u r a o	I trust state to the trust trust is the trus	O f f i c e r	e y	H c e m g h p e o y e a t e d	r m	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SANDY MULLANEY										
CHAIR ELECT	1.00	X						0	0	0
JESSICA WESTGARD						1				
PAST CHAIR	1.00	X						0	0	0
LINDA SCHMIDT										
SECRETARY	1.00	X	<u> </u>		L			0	0	0
BRENDA BARTA										
TREASURER	1.00	X						0	0	0
LORI POTTER										
CHAIR	1.00	X						0	0	0
						<u> </u>				
	-									

Par	Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	nes	t Com	pen	sated Employees	(continued)	1		
	· (A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	Positi t d nri duri i se v t c i e t de o u r a o i r	I t nr su t s I t	O f f i c e	K	that app H c e m g m p - o y e e s n s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con f org an	stimater mount o other npensat from the ganization relate janization	if ion e on ed
	U.S												
													,
										-			
					ļ								
									_				
									_				
		-						-					
1b '	Total			<u> </u>		<u>. </u>		<u> </u>	0	0			0
2	Total number of individuals (including but not limited	to those liste	ed abo	ve)	who	rec	eived i	more	e than \$100,000 in				
	eportable compensation from the organization >									0			
	Did the organization list any former officer, director oi	r tructes less	, amanl	01/0		bial	hast as		onsatod			Yes	No
	employee on line 1a? If "Yes," complete Schedule J fo									<i></i>	3		Х
	For any individual listed on line 1a, is the sum of repo												
	he organization and related organizations greater tha												
	ndıvıdual				• •						4		X
	Did any person listed on line 1a receive or accrue cor services rendered to the organization? If "Yes," comp										5		Х
	tion B. Independent Contractors										J		
	Complete this table for your five highest compensated	d independe	nt con	trac	tors	that	receiv	ed r	more than \$100,00	0 of			
	compensation from the organization	_ ,											
	(A)								(B)			(C)	_
	Name and business addres	ss							Description of	services	Comp	ensatio	n
							-						
	Total number of independent contractors (including b		d to th	ose	liste	d al	oove) v	who	received				

Part \	<i>[</i>]	Statement of Revenue						
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	a					
	b		ь					
Contri-			c					
butions, gifts,	d		d					
grants	e		e					
and		_	+					
other similar	f	All other contributions, gifts, grants, and similar amounts not included above 1				j		
amounts		Noncash contributions included in lines 1a-1				<u> </u>		
	9							
	h	Total. Add lines 1a-1f	``					
			F	Business Code				
		ADVERTISING NEWSLETTE		900099	650	650		
Program	Ь	EVENTS AND SEMINARS	- 📙	900099	121,659	121,659		
Service	С		-					
Revenue	d		_					
	е		-					
		All other program service revenue	_			···-		
	g	Total. Add lines 2a-2f			122,309			
	3	Investment income (including dividends, interest						
;		other similar amounts)		F	442	442		
	4	Income from investment of tax-exempt bond (proce	eds ▶				
	5	Royalties						
		(i) Real		(II) Personal				
	6a	Gross Rents				1		
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	· .					
	7a	Gross amount from sales of assets other than inventory		(II) Other				
	ь	Less cost or other basis and sales expenses				-		
0		0 (1)	+					
t h	l					Ī		
e	I	Net gain or (loss)	· i					
r	Oa	J						
R		events (not including \$				1		
e		of contributions reported on line 1c)		2 225		į		
v e	١.	See Part IV, line 18		2,085		i		
n		Less direct expenses		1,733	3.50	350		
u e	l .	•	· i-		352	352		
-	ya.	Gross income from gaming activities						
	١.	See Part IV, line 19	· ·		1	1		
	1	Less direct expenses	_					
		Net income or (loss) from gaming activities .	· i-					
		Gross sales of inventory, less returns and allowances	⊢					
		Less cost of goods sold	_			1		
	С	Net income or (loss) from sales of inventory.	• •	<u> ▶</u>				
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a		_ L					
	b		_ L					
	c		_ L					
	d	All other revenue						
	е	Total. Add lines 11a-11d		🕨				
	12	Total revenue. See instructions			123,103	123,103	0	0

36-3555511

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colur	nn (A) but are not re	quired to complete co	olumns (B), (C), and (D).
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	<u></u>			·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,			1	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	···			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	400	400		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,975	1,975		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,455	3,669	1,786	
20	Interest				
21	Payments to affiliates			433	
22	Depreciation, depletion, and amortization	695	284	411	
23	Insurance			· · · · · · · · · · · · · · · · · · ·	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	776	775		
a L	GRANTS AND SCHOLARSHIPS	775	775 1,260		
b	MEMBERSHIP SERVICES	1,260			
د	PROGRAM EXPENSES	85,181 60	85,181 60		
d	MAINTENANCE	77	80	77	
e	All other expenses			. , , ,	
f 25	Total functional expenses. Add lines 1 through 24f	95,878	93,604	2,274	0
25 26	Joint Costs. Check here ▶ ☐ If following	33,018	35,004	2,211	
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation		<u> </u>		

art X	009) AREA VII AGEHR AMERICAN GUILD OF EN Balance Sheet		36-35555	L1 Page
HILA:	Daiphice Stiest	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	4,377	1	31,92
2	Savings and temporary cash investments	67,390	2	66,02
3	Pledges and grants receivable, net	67,390	3	88,02
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
"	employees, and highest compensated employees. Complete Part II of			
	, , , , , , , , , , , , , , , , , , ,		5	
	Schedule L			
6	Receivables from other disqualified persons (as defined under section			
A	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
5 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
5 9	Prepaid expenses and deferred charges		9	
10a	. 5			
	other basis Complete Part VI of Schedule D 10a		1	
	Less accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	71,767	16	97,95
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
L 19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
:	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
s 24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	
	Organizations that follow SFAS 117, check here ▶ ☐ and	. ,		
F	complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets		27	
n 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
В	Organizations that do not follow SFAS 117, check here ▶ 🏻			
a i	and complete lines 30 through 34.			
a 30	Capital stock or trust principal, or current funds		30	
n 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32	Retained earnings, endowment, accumulated income, or other funds	71,767	32	97,95
s 33	Total net assets or fund balances	71,767	33	97,95
34	Total liabilities and net assets/fund balances	71,767	34	97,95

ra	TAI Financial Statements and Reporting				
	•		Yes	No	
1	Accounting method used to prepare the Form 990 🗓 Cash 🔲 Accrual 🔲 Other			į	
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			İ	
	Schedule O			İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	l _	
b	Were the organization's financial statements audited by an independent accountant?	2b		X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in			ĺ	
	Schedule O			İ	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ	
	issued on a consolidated basis, separate basis, or both			İ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			į	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			Į	
	the Single Audit Act and OMB Circular A-133?	3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b			
		<u></u>	000/	2000	

EEA

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AREA VII AGEHR AMERICAN GUILD OF EN

Employer Identification number

ARE	A V	II AGEHR AMERI	CAN GUILD OF	EN					36-3	555511			
Pa	rt I	Reason for	Public Charity	y Status (All organiza	itions mus	t complete	this part)	See instri	uctions				
The	orga	nization is not a prival	te foundation beca	use it is (For lines 1 thre	ough 11, d	heck only	one box)						
1		A church, convention	n of churches, or a	ssociation of churches of	described	ın section	170(ь)(1)((a)(i).					
2		A school described i	n section 170(b) (1	I)(A) (ii). (Attach Schedu	le E)								
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in se	ction 170(b)(1)(A)(iii).					
4		A medical research of	organization opera	ted in conjunction with a	hospital	described i	n section	170(ь)(1)	(A)(iii). En	ter the hos	pıtal's n	ame,	
		city, and state											
5		An organization ope	rated for the benef	it of a college or univers	ity owned	or operate	d by a go	vernmenta	al unit desc	ribed in			
		section 170(b)(1)(A)	(iv). (Complete Pa	irt If)									
6		A federal, state, or lo	cal government or	governmental unit desc	ribed in s	ection 170	(ь)(1)(а)(ч	/).					
7	X	An organization that	normally receives	a substantial part of its s	support fro	m a goveri	nmental u	nıt or from	the gener	al public			
		described in section	170(b)(1)(A)(vi). ((Complete Part II)									
8				n 170(b)(1)(A)(vi). (Com									
9				(1) more than 33 1/3%							;		
				empt functions - subject									
				and unrelated business				11 tax) fro	m busines	ses			
				e 30, 1975 See section									
10				ed exclusively to test for									
11				ed exclusively for the bei									
		purposes of one or r	more publicly supp	orted organizations des	cribed in s	section 509	(a)(1) or s	ection 509	9(a)(2) Se	esection			
		509(a)(3). Check the		s the type of supporting					ough 11h	_			
	_	a 🗌 Typel	b 🗌 Туре	_		-Functiona			d		II-Othe	•	
е				organization is not contro									
		•	-	ers and other than one o	r more pu	blicly supp	orted orga	anizations	described	ın section			
		509(a)(1) or section											
f				etermination from the IR									_
		•											··∟
g		-	06, has the organia	zation accepted any gift	or contrib	ution from a	any of the						
		following persons?				.1							
				controls, either alone o								Yes	No
				ly of the supported orga							11g(ī)		
				cribed in (i) above?							11g(ii)		
				n described in (i) or (ii)							11g(iii)	l	
<u>h</u>			·	t the supported organiza			64 Did	ou notific	6-5	s the	(sit)	Amount	n f
	(1)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in	1 ' '	tion in col		upport	O1
				above or IRC section	governing	ng document? col (i) of your support?		(i) organized in the US?					
				(see instructions))		,	340	Port	, ,	J			
					Vac	l No l	Ves		Yes	No			
					Yes	No	Yes	No	Yes	No			
					Yes	No	Yes		Yes	No			
					Yes	No	Yes		Yes	No			
					Yes	No	Yes		Yes	No			
					Yes	No	Yes		Yes	No			-
					Yes	No	Yes		Yes	No			-
					Yes	No	Yes		Yes	No			
					Yes	No	Yes		Yes	No			
					Yes	No	Yes		Yes	No			
					Yes	No	Yes		Yes	No			
					Yes	No	Yes		Yes	No			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d)2008(e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 530 150 2,062 50 575 3,367 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 530 150 2,062 50 575 3,367 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) Public support. Subtract line 5 from In 4 3,367 Section B. Total Support (b) 2006 (c) 2007 (d)2008(e) 2009 (a) 2005 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 530 150 2,062 50 575 3,367 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,376 255 2,293 1,736 442 7,102 Net income from unrelated business activities, whether or not the business is regularly carried on 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 . 10,469 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 32.16 15 % 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ 🗍 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

Schedule A (Form 990 or 990-EZ) 2009 AREA VII AGEHR AMERICAN GUILD OF EN 36-3555511 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . Public support (Subtract line 7c from Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 16 Section D. Computation of Investment Income Percentage 18 Investment income percentage from 2008 Schedule A, Part III, line 17...... 19a 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 box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Na	me of organization			Employer id	lentification number
_Al	REA VII AGEHR AMERICAN GUILD			36~355	
Pa	rt I-A Complete if the organ	ization is exempt under sect	ion 501(c) or i	s a section 527 org	anization.
1	Provide a description of the organization				
2	Political expenditures			> \$	
3	Volunteer hours				
Pa		ization is exempt under sect			
1	Enter the amount of any excise tax incur	, -			
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495	•			
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •	. Yes No
_ b	If "Yes," describe in Part IV				
Pa		ization is exempt under sect		cept section 501(c)(3).
1	Enter the amount directly expended by t				
	activities			> \$	
2	Enter the amount of the filing organization	-			
	527 exempt function activities			> \$	
3	Total exempt function expenditures Add				
	line 17b				
4	Did the filing organization file Form 1120				
5	State the names, addresses and employ			=	
	were made For each organization listed				
	contributions received that were prompt				regated
_	fund or a political action committee (PAC	c) If additional space is needed, provid	le information in P	art IV	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

	edule C (Form 990 or 990-EZ) 2009 AREA VII AGE				36-3555	
P	art II-A Complete if the organization	n is exempt u	nder section 50)1(c)(3) and filed	d Form 5768 (ele	ction
	under section 501(h)).					
A	Check ▶ ☐ If the filing organization belongs t	•				
В	Check ▶ ☐ if the filing organization checked			pply	·	
		bying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	, , , , , , , , , , , , , , , , , , , ,	. •	. •			
b	Total lobbying expenditures to influence a legis	lative body (direct l	obbying)			
С	Total lobbying expenditures (add lines 1a and	lb)				
d	Carter exempt parpette experiments of the					
е	Total exempt purpose expenditures (add lines	lc and 1d)				
f	Lobbying nontaxable amount Enter the amoun	t from the following	table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is:		nontaxable amour	nt is :	1	
	Not over \$500,000	20% of the an	nount on line 1e		1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	1	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000	1	
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000	1	
	Over \$17,000,000	\$1,000,000		L		*****
9						
h	•					
i	Subtract line 1f from line 1c If zero or less, ente					
j	If there is an amount other than zero on either I	•	· ·	•	•	
	section 4911 tax for this year?					∐ Yes ☐ No
	(Some organizations that columns belo	made a section 50 w. See the instruc	tions for lines 2a th	ot have to complete nrough 2f on page 4		
	Lobb	ying Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))		Ĭ			

f Grassroots lobbying expenditures

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	Form	5768	
		(election under section 501(h)).				
				a)		(b)
			Yes	No	A	mount
1	During the	year, did the filing organization attempt to influence foreign, national, state or local				
	legislation	, including any attempt to influence public opinion on a legislative matter or		I		
	referendu	m, through the use of		I		
a	Volunteer	5?				
Ь	Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?		-		
С	Media ad	vertisements?				
d	Mailings t	o members, legislators, or the public?				
е	Publicatio	ns, or published or broadcast statements?				
f	Grants to	other organizations for lobbying purposes?				
g		tact with legislators, their staffs, government officials, or a legislative body?		İ		
h		monstrations, seminars, conventions, speeches, lectures, or any other means?				
i		vities? If "Yes," describe in Part IV				
i	Total Add	l lines 1c through 1	:			
2a		tivities in line 1 cause the organization to be not described in section 501(c)(3)?				
b		nter the amount of any tax incurred under section 4912				
С		nter the amount of any tax incurred by organization managers under section 4912				
d		organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ì			
Pai	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or se	ction	
		501(c)(6).				
						Yes N
1	Were sub	stantially all (90% or more) dues received nondeductible by members?			1	
2	Did the or	ganization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the or	ganization agree to carryover lobbying and political expenditures from the prior year?			3	
Pa	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)				
		501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A	, line	3 is	answ	ered
		"Yes."				
1		essments and similar amounts from members		1		
2	Section 1	62(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses	for which the section 527(f) tax was paid).				
a		ear		2a		
Ь	Carryove	from last year		2b		
c				2c		
3	Aggregat	e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess do	bes the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and politi	cal expenditure next year?		4		
5		mount of lobbying and political expenditures (see instructions)		5		
Pa	1 IV	Supplemental Information				
Com	plete this p	art to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B,	lıne 1ı			,
Also,	complete	this part for any additional information				

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

ARE	A VII AGEHR AMERICAN GUILD OF EN	36-3555511
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
Pai	······································	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	
	Protection of natural habitat Preservation of a certifie	ed historic structure
_	Preservation of open space	-6
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	or a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	***************************************
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
•	the tax year	3
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du	ring the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during	the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	nts that describes
F	the organization's accounting for conservation easements	Other Cimiles Access
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
4-	Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and ba	lance sheet works of
1a	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	crance or public service,
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance	e sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	
	provide the following amounts relating to these items	F,
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, provide the
-	following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
ь	Assets included in Form 990, Part X	

Part VI	Investments - Land, Buildings,	and Equipment. S	ee Form 990, Part X, II	ne 10	
-	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .					
b Buildin	gs				
c Leaseh	old improvements				
d Equipn	nent				
e Other.					
	nes 1a through 1e (Column (d) must equal F	orm 990. Part X. column	(B) line 10(c)	.	

36-3555511

organization's liability for uncertain tax positions under FIN 48

Part VII	Investments - Other Securitie	S. See Form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Fınancial deriv	vatives	• •	
Closely-held e	equity interests		
Other			
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments - Program Relate	ed. See Form 990, Part X, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	(b) must equal Form 990, Part X, col (B) line 13)) has 45	
Part IX	Other Assets. See Form 990, Part X		(b) Book value
		(a) Description	(b) Dook value
-			
			
Total (Colum	nn (b) must equal Form 990, Part X, col (B)	line 15)	
Part X	Other Liabilities. See Form 990, Pa		
1	(a) Description of liability	(b) Amount	
Federal incon			
Total (Column	(b) must equal Form 990, Part X, col (B) line 25)	•	
	otnote. In Part XIV, provide the text of the fo	otnote to the organization's financial sta	atements that reports the

EEA

			222211	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	· · · · · · · · · · · · · · · · · · ·	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		
4 5	Net unrealized gains (losses) on investments	4		
5 6		5		
7	Investment expenses	6		
8	Prior period adjustments	7		
9	Total adjustments (net) Add lines 4 through 8	8		
9 10	·	9		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	\	
1		1	turn	
2	Total revenue, gains, and other support per audited financial statements	1		
_				
a	Net unrealized gains on investments			
b		-	1	
d	Recoveries of prior year grants 2c Other (Describe in Part XIV) 2d	_	-	
_				
e	Add lines 2a through 2d	2e		
3 4	Subtract line 2e from line 1	3	 	
-				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4]	
Ь		┦.	1	
C	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7-4	
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	<u> </u>	Return	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
ے a				
a b	Donated services and use of facilities	-	1	
c	Other losses	\dashv	}	
d	Other (Describe in Part XIV)	-	1	
e	Add lines 2a through 2d		1	
3	Subtract line 2e from line 1	2e		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3		
a	↓ ↓			
	Investment expenses not included on Form 990, Part VIII, line 7b	-		
b	Add lines 4a and 4b	١.		
5		4c		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	l	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		****	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete			
	part to provide any additional information			
P	art to provide any additional montaneous			
				
				*
			-	
				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

AREA VII AGEHR AMERICAN GUILD OF EN	36-3555511
01. Form 990 governing body review (Part VI, line 11)	
REVIEWED BY BOARD	
02. Governing documents, etc, available to public (Part VI, line 19)	
AVAILABLE UPON REQUEST	

	ederal Supporting Statements	2009 PG01				
Name(s) as shown on return		FEIN	·			
AREA VII AGEHR AMERICAN	GUILD OF EN	36-3555511	1			
FORM 990	FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E INVESTMENTS - OTHER					
DESCRIPTION	COST/BASIS COST/BASIS	воок	.			
OF INVESTMENT	(INVESTMENT) (OTHER)	DEPR VALU	<u>e</u>			
EQUIPMENT	0 0	0	0			
TOTAL	0 0	0	<u> </u>			

Form 4562

Depreciation and Amortization

OMB No 1545-0172

(Including Information on Listed Property) 2009 Department of the Treasury Attachment Sequence No 67 Internal Revenue Service (99) ▶ See separate instructions. ▶ Attach to your tax return. Name(s) shown on return Business or activity to which this form relates Identifying number AREA VII AGEHR AMERICAN GUILD OF FORM 990 -36-3555511 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (a) Description of property (b) Cost (business use only) 6 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 554 MACRS Depreciation (Do not include listed property) (See instructions) Part III Section A 141 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation d) Recovery (e)Convention (f) Method (a) Classification of property year placed in (business/investment use (g) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/I 25-year property 25 yrs ММ S/L Residential rental 27 5 yrs ММ S/L 27 5 yrs property ММ S/L Nonresidential real 39 yrs ММ S/L property Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year S/L 12 yrs S/L C 40-year 40 yrs MM Part IV Summary (see instructions) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 695 and on the appropriate lines of your return Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs