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Form **990-EZ** 

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

**Open to Public** Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 09-30 20 11 A For the 2010 calendar year, or tax year beginning 10-01 2010, and ending Name of organization D Employer identification number B Check if applicable 36-3555511 AREA VII AGEHR AMERICAN GUILD OF EN X Address change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 3596 230TH STREET EAST (952) 461-3685 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return PRIOR LAKE, MN 55372 Number > Application pending H Check ► X if the organization is not Accounting Method |X | Cash | | Accrual Other (specify) required to attach Schedule B Website: > Tax-exempt status (check only one) - X 501(c) (3) )  $\blacktriangleleft$  (insert no ) (Form 990, 990-EZ, or 990-PF) 501(c)( 4947(a)(1) or 527 K Check | If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 14,235 (see the instructions for Part I) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances . . . . . . . . . . X Check if the organization used Schedule O to respond to any question in this Part I . . . . . Contributions, gifts, grants, and similar amounts received ...... 2 13,670 2 Program service revenue including government fees and contracts 488 Membership dues and assessments 3 77 4 Investment income 5a Gross amount from sale of than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory ubtract line 5b from line 5a) • • • • • • • • • • • Gaming and fundraising events R a Gross income from gaming ule Gi ili dreater than e v \$15,000) - - - - of contributions b Gross income from fundraising events (not including \$ ш from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) · · · · · · · c Less direct expenses from gaming and fundraising events ..... d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold ...... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · 7c 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · 14,235 9 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 12 Professional fees and other payments to independent contractors . 13 420 13 14 14 955 15 15 Printing, publications, postage, and shipping ... 18,275 16 19,650 17 17 18 18 (5,415)Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 100,075 20 Other changes in net assets or fund balances (explain in Schedule O) 20 94,660 Net assets or fund balances at end of year Combine lines 18 through 20 ......

or Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2010) AREA VII AGEHR AMERICAN	GUILD OF EN			36-	35555	11 Page
Part II Balance Sheets. (see the instructions for Part II)	)					
Check if the organization used Schedule O to respond	to any question in this P	art II ••				· · · · · · · · X
				nning of year		) End of year
22 Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·			(11) = 03	97,951	22	94,660
				-	+	•
23 Land and buildings · · · · · · · · · · · · · · · · · · ·				0	23	0
24 Other assets (describe in Schedule O) · · · · · · · · · · · · · · · · · ·		• • • • •		2,124	24	0
25 Total assets · · · · · · · · · · · · · · · · · · ·		• • • • •		100,075	25	94,660
26 Total liabilities (describe in Schedule O) · · · · · · · ·				0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree				100,075	27	94,660
			r Part III )	• • • • • • • • • • • • • • • • • • • •	<del> -=</del>	Expenses
					(Rea	uired for section
Check if the organization used Schedule O to respond				· · · · · · · · · · · · · · · · · · ·		c)(3) and 501(c)(4)
What is the organization's primary exempt purpose? EDUCATION	OF MUSIC WITH HA	NDBELLS				nizations and section
Describe what was achieved in carrying out the organization's exem	npt purposes. In a clear a	nd concise	manner,	describe		(a)(1) trusts, option
the services provided, the number of persons benefited, and other re	elevant information for ea	ach progran	n title		for of	hers)
28 EDUCATING YOUTHS AND ADULTS ABOUT THE MUSI			•		<del> </del>	i
HANDBELLS						
TANDDE BIDO	·			<del></del>		
(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here	• • • • •	· · · • 📗	28a	<u></u>
29						
(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here	<del></del>		29a	
	includes foreign grants, e	neok nere			1234	
30						
				<u></u>		
	· · · · · · · · · · · · · · · · · · ·					
	ncludes foreign grants, c				30a	
31 Other program services (describe in Schedule O) · · · · · ·						
	ncludes foreign grants, c				31a	
32 Total program service expenses (add lines 28a through 31a)					32	
						no for Dod IV/
Part IV List of Officers, Directors, Trustees, and Key Emp	' <del>=</del> '					
Check if the organization used Schedule O to respond						ليــا ـــــــــــــ
(a) Name and address	(b) Title and average hours per week		pensation t paid,	(d) Contribution empl benefit p		(e) Expense account and
(a) Name and address	devoted to position	enter		deferred compe		other allowances
AL MARQUARDT	PAST CHAIR					
3596 230TH STREET EAST, PRIOR LAKE MN 55372		1	(	i	c	
	CHAIR ELECT	<del></del>			·	
SANDY MULLANEY	CHAIR ELECI	_	,		,	
3596 230TH STREET EAST, PRIOR LAKE MN 55372		4	(			
BRENDA BARTA	TREASURER					
3596 230TH STREET EAST, PRIOR LAKE MN 55372		2	(	Þ	C	
LORI POTTER	CHAIR					
1237 JEFF STREET, SAINT CLOUD MN 56302		1	(	i	(	
JUDI MORTON	SECRETARY	<del>}</del>	<u> </u>			
	SECRETARI					
3596 230TH STREET EAST, PRIOR LAKE MN 55372		4				
				1		
				1		
				-		
				+		
		1				
	<b>i</b>	1		1		I .

Pa	'Other Information (Note the statement requirements in the instructions for Part V)			
•	Check if the organization used Schedule O to respond to any question in this Part V			•
	(		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			ĺ
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		l
	change on Schedule O (see instructions)	34	ļ	X
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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),	1		ĺ
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	l		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ► 37a		-	
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			ĺ
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	-		
	Gross receipts, included on line 9, for public use of club facilities	-		ĺ
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ĺ
<b>h</b>	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶  Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
D		-	1	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40h		v
_	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	40b		X
·	organization managers or disqualified persons during the year under sections 4912,			l
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		l i	l
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			l
ŭ	reimbursed by the organization • • • • • • • • • • • • • • • • • • •			l
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		ł l	l
•	transaction? If "Yes," complete Form 8886-T	40e	t l	X
41	List the states with which a copy of this return is filed	100	LJ	
	The organization's books are in care of ▶ BRENDA BARTA  Telephone no ▶ 952-4	161-3	685	
	Located at ▶ 3596 230TH STREET EAST PRIOR LAKE, MN ZiP+4 ▶ 553			
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		Yes	No
	account)?	42b	1	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 Foreign Bank			
	and Financial Accounts.			l
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		X
	If "Yes," enter the name of the foreign country		·	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here • • • • • • • • • • • • • • • • • •		▶	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •		•	L.
	· · · · · · · · · · · · · · · · · · ·		···	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		·	
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d	-	
			·	2010

Form 990-	EZ (2010) AREA VII AGEHR	AMERICAN	GUILD OF EN		36-35	555511		Page 4
	• ,						Yes	No
<b>45</b> Is an	y related organization a controlled entity of	the organizatio	n within the meanin	g of section 512(b)(1	3)?	· 45		X
a Did t	he organization receive any payment from	or engage in an	y transaction with a	controlled entity wit	hin the			
mea	ning of section 512(b)(13)? If "Yes," Form 9	90 and Schedu	le R may need to be	e completed instead	of			
Forn	n 990-EZ (see instructions) · · · · · · ·					· 45a		X
46 Did 1	he organization engage, directly or indirectl	ly, in political ca	impaign activities or	n behalf of or in oppo	sition			
to ca	indidates for public office? If "Yes," comple	ete Schedule C,	Part I · · · · · ·			· 46	!	X
Part VI	Section 501(c)(3) organizations	s and sectio	n 4947(a)(1) no	nexempt charit	able trusts only.	All sect	ion	
	501(c)(3) organizations and secti	ion 4947(a)(	<ol> <li>nonexempt ch</li> </ol>	naritable trusts m	nust answer questi	ons 47-4	l9b	
	and 52, and complete the tables	for lines 50 a	and 51					
	Check if the organization used Se	chedule O to	respond to any	question in this	Part VI · · · · · ·			<u>.                                    </u>
							Yes	No
	he organization engage in lobbying activitie							X
<b>48</b> Is th	e organization a school as described in sec	tion 170(b)(1)(A	ارا)(۱۱) If "Yes," comp	lete Schedule E · ·	• • • • • • • • • •	· 48		X
49 a Did 1	he organization make any transfers to an e	xempt non-chai	ritable related organ	ızatıon? • • • • •		· 49a		X
b If "Y	es," was the related organization a section	527 organizatio	n?			· 49b	<u> </u>	
<b>50</b> Com	plete this table for the organization's five hi	ghest compens	ated employees (ot	her than officers, dire	ectors, trustees and ke	y		
emp	loyees) who each received more than \$100	,000 of compen	sation from the org	anization If there is	none, enter "None "			
/-	Name and address of each ampleuse and more	(	b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans a		Expension ar	
(a	Name and address of each employee paid more than \$100,000		hours per week devoted to position		deferred compensation		allowar	
			•					
NONE								
f Tota	I number of other employees paid over \$10	0,000	• • ▶					
<b>51</b> Com	plete this table for the organization's five hi	ghest compens	ated independent c	ontractors who each	received more than			
\$100	0,000 of compensation from the organization	n If there is no	ne, enter "None "					
	(a) Name and address of each independent contract	or paid more than \$	\$100,000	(b) Type of	service	(c) Compe	nsation	
						-		
NONE								
d Tota	I number of other independent contractors	each receiving	over \$100,000 · ·	• •			-	
	he organization complete Schedule A? Not			ns and 4947(a)(1)				
none	exempt charitable trusts must attach a comp	pleted Schedule	A			X Yes	; [ ]	No
	ies of perjury, I declare that I have examined this return			statements, and to the be	st of my knowledge and bel	ief. it is		
true, correct	and complete Declaration of preparer (other than off	ficer) is based on al	li information of which pr	eparer has any knowledg	e	,		
	BRENDA BARTA				10-15-1	2		
Sign	Signature of officer				Date			
Here	BRENDA BARTA, TREASURE	R						
	Type or print name and title				<del></del>			
	Print/Type preparer's name	Preparer's signa	ture	Date	Check If	PTIN		
Paid	BEN GAUS	BEN GAUS		10-17-2012	self-employed			
	PODMING POOM	ſ	CE S C		<del></del>	٠		
Preparer	h 715 NODELL WATER		<del></del>		Firm's EIN			
Use Only	Firm's address 715 NORTH MAIN RIVER FALLS WI				Dhana 715-/	25-7521	ı	
May the IT	RIVER FALLS WI		a Instructions		Phone no /15-4	X Yes		No
iviay tile IF	to discuss this return with the preparer sno	wii anove, See	= matructions · · ·			Form 9		
				EEA				,_0,0

### 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.

2010

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Name of the organization

AREA VII AGEHR AMERICAN GUILD OF EN

Employer identification number 36-3555511

Pa	rt l	Reason for	<b>Public Charity</b>	y Status (All organiz	ations mu	st complete	this part	See inst	ructions				
The	orga			ause it is (For lines 1 thi									
1		A church, convention	n of churches, or a	association of churches	described	ın section	170(b)(1)(	A)(i).					
2		A school described i	n section 170(b)(	1)(A)(iı). (Attach Schedu	ıle E)								
3	$\Box$	A hospital or a coope	erative hospital se	rvice organization descr	ibed in <b>se</b>	ction 170(l	o)(1)(A)(iii	).					
4	Ħ	A medical research	organization opera	ated in conjunction with a	a hospital	described i	n section	170(b)(1)	(A)(iii) En	ter the hos	spital's n	ame,	
		city, and state											
5			rated for the benef	fit of a college or univers	sity owned	or operate	d by a gov	ernmenta	I unit desc	ribed in			
		section 170(b)(1)(A		_	•	,							
6				r governmental unit des	cribed in s	ection 170	(b)(1)(A)(	v).					
7	$\mathbf{x}$		-	a substantial part of its				•	the gener	al public			
	[2 X.]	described in section				J			<b>J</b>				
8	$\Box$			n 170(b)(1)(A)(vi). (Con	nolete Par	ell )							
9	H			(1) more than 33 1/3%			ontribution	s. membe	ership fees	and gros	s		
•	'	<del>-</del>		cempt functions - subject						_	•		
		•		and unrelated business		•							
		- · · ·		e 30, 1975 See section									
10				ed exclusively to test for				(a)(4)					
11	H	•		ed exclusively for the be	•	-			carry out t	ne			
• •		-		orted organizations des									
		• •		es the type of supporting						30000			
		a Type I	b Typ			-Functiona	•		d d	Type	III-Other		
_				organization is not contr							0		
е	Щ		-	ers and other than one o		-							
		509(a)(1) or section	_	and other than one o	i more pui	onery suppr	rica organ	in Eurons	acoci ibca i	ii beedien			
f				etermination from the IF	S that it is	a Tyne I	Type II or	Type III s	unnortina				
•		organization, check											—
~		-		zation accepted any gift									Ļ
g		following persons?	oo, nas the organi	ization accepted any gin	or contrib	ation nom	uny or me						
		• .	lirectly or indirectly	y controls, either alone o	or together	with nerso	ns describ	ed in (ii)				Yes	No
		• •		y of the supported organ	-	•					1100	163	140
				cribed in (i) above? • •							11g(i)		
				on described in (i) or (ii)							11g(ii)		
h		• •	• •	it the supported organiza							11g(iii)		
<u>h</u>	/i) N		-	(iii) Type of organization	1	organization	(v) Did y	ou notify	\vi\	s the	(vai)	Amount	of
	(1)	Name of supported organization	(ii) EIN	(described on lines 1-9	1	sted in your	the organ		organizat			upport	0,
				above or IRC section	governing	document?	col (i)	of your port?	(i) organi	ed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
(A)					162	140	165	NO	162	140			
(A)													
(D)					-				<b>_</b>		<u> </u>		
(B)													
<del>(0)</del>													
(C)								1					
<u> </u>													
(D)													
<u></u>					1				-				
(E)						1		l	1	1	I		
				1							Ì		
			TELENIE ( F. 1 ( F. 1 F. 1 E E E E E E E E E E E E E E E E E E				-						

352

8,075

%

%

35.13

Part II

Other income Do not include gain or

Total support. Add lines 7 through 10

loss from the sale of capital assets

10

11

14

15

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

•	(Complete only if you checked the			•	• •	r	
<del></del>	Part III If the organization fails to o	juality under the te	ests listed below, p	olease complete P	art III )		
	ction A. Public Support ndar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	150	2,062	50	575		2,837
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		1				
4	Total. Add lines 1 through 3 · · · · · ·	150	2,062	50	575		2,837
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included		Ì				
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			ļ	4		
6	Public support. Subtract line 5 from In 4						2,837
Sec	tion B. Total Support			-		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	150	2,062	50	575		2,837
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,376	1,736	255	442	77	4,886
9	Net income from unrelated business activities, whether or not the business is regularly carried on			.,			

Sec	ction C. Computation of Public Support Percentage
	organization, check this box and <b>stop here</b> · · · · · · · · · · · · · · · · · · ·
13	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)
12	Gross receipts from related activities, etc. (see instructions)

16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

	and <b>stop here</b> . The organization qualifies as a publicly supported organization · · · · · · · · · · · · · · · · · · ·
b	33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
	box and <b>stop here</b> . The organization qualifies as a publicly supported organization · · · · · · · · · · · · · · · · · · ·
17a	10%-facts-and-circumstances test - 2010. 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
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b	10%-facts-and-circumstances test - 2009. 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
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

352

14

15

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to g	ualify under the tests listed below,	please complete Part II)
ii tile olganization lails to g	uality usider the tests listed below,	picase complete rait if

	ction A. Public Support				· ·	<del> </del>	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	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 • • •						
С	Add lines 7a and 7b · · · · · · · .						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·				'		
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here.						▶ □
	ction C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8, co					<del></del>	%
16	Public support percentage from 2009 Schedu			• • • • • • • •		· 16	%
	ction D. Computation of Investmen					T .= I	
17	Investment income percentage for 2010 (line		•			• 17	<u>%</u>
18 19a	Investment income percentage from 2009 Sc 33 1/3% support tests - 2010. If the organization					• 18   %, and line	%
	17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the organization	and stop here.	The organization q	ualifies as a publi	cly supported orga	anization • • • •	▶ □
	line 18 is not more than 33 1/3%, check this beautiful Frivate Foundation: If the organization did r	box and stop h	ere. The organizati	on qualifies as a p	oublicly supported	organization · · ·	. =
20	Trivate Foundation, if the organization did t	TOT CHECK & DOX	. On mile 14, 13a, Ul	TOD, CHOCK this Di	on and see meduc		

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

# **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. OMB No 1545-0047 2010

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Department of the Treasury Internal Revenue Service

► See separate instructions. Inspection If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III.			
Name	e of organization			Employer id	entification number
AF	REA VII AGEHR AMERICAN GUILD	OF EN		36-355	5511
Pa		zation is exempt under sect			nization.
1	Provide a description of the organization				
2	Political expenditures · · · · · · ·				
3	Volunteer hours			<u> </u>	
Pa	rt I-B Complete if the organi	zation is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise tax incur	red by the organization under section	4955	· · · · · · <b>▶</b> \$	
2	Enter the amount of any excise tax incur	red by organization managers under	section 4955 · · ·	· · · · · · · <b>&gt;</b> \$	
3	If the organization incurred a section 495				
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •	· Yes No
b	If "Yes," describe in Part IV				
Pa		zation is exempt under sect		ept section 501(c)(3	)
1	Enter the amount directly expended by the				
	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	O-POL for this year? • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • •	· Yes No
5	Enter the names, addresses and employ				
	organization made payments. For each of	-			
	the amount of political contributions rece				
	as a separate segregated fund or a politi	cal action committee (PAC) If addition	nal space is neede	ed, provide information in P	art IV
	(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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

EEA

	dule C (Form 990 or 990-EZ) 2010 AREA VII AGERI				36-3333	
Pa	complete if the organization section 501(h)).	is exempt ur	nder section 501	I(c)(3) and filed	Form 5768 (elec	tion under
<u>A</u>	Check ▶ ☐ If the filing organization belongs to	an affiliated grou	p		·	
В	Check   it the filing organization checked be	ox A and "limited	control" provisions a	pply		
	Limits on Lobb	ying Expenditur	es		(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence public or	oinion (grass root	s lobbying) · · · ·			
b	Total lobbying expenditures to influence a legisla	tive body (direct l	obbying) · · · · ·			
С	Total lobbying expenditures (add lines 1a and 1b	)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c					
f	Lobbying nontaxable amount. Enter the amount f					
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amou	nt is :		
	Not over \$500,000	20% of the ar	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	1f) • • • • • •				
h	Subtract line 1g from line 1a If zero or less, ente	r-0- • • • • •				
i	Subtract line 1f from line 1c If zero or less, enter	-0	• • • • • • • • •	• • • • • • • •		
j	If there is an amount other than zero on either lin	e 1h or line 1i, did	the organization file	Form 4720	-	
	reporting section 4911 tax for this year? · · ·				• • • • • • • • •	Yes No
	(Some organizations that r columns below	nade a section 5 r. See the instruc	ctions for lines 2a t	ot have to complete hrough 2f on page		
	Lobbyi	ng Expenditures	During 4-Year Ave	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
b 	Lobbying ceiling amount (150% of line 2a, column (e))					···
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))			t t		
f	Grassroots lobbying expenditures					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led F	orm	5768		
	(election under Section 301(n)).	(	a)		(b)	
		Yes	No	Aı	noun	t
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					
	referendum, through the use of					
а	Volunteers? · · · · · · · · · · · · · · · · · · ·					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? • • • • • • • •					
С	Media advertisements? • • • • • • • • • • • • • • • • • • •					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?			-		
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? • • • • • • • • • • • • • • • • • • •					
i	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·					
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·	_				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? • • • • • • • • • • • • • • • • • • •					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	if "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • • • • • • • • • • • • • • • •					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or sec	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members? • • • • • • • • • • • • • • • • • • •			1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization make only in-nodes loopying experiorations of \$2,000 or loop?			3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c					
<u> </u>	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1				ı	
	"Yes."					
1	Dues, assessments and similar amounts from members · · · · · · · · · · · · · · · · · · ·	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year · · · · · · · · · · · · · · · · · · ·		2b			
С	Total · · · · · · · · · · · · · · · · · · ·	• •	2c			
3	Aggregate 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 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year? • • • • • • • • • • • • • • • • • • •		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5			
	rt IV Supplemental Information					
Com	plete this part 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, line	ne 1ı A	Also,			
com	plete this part for any additional information					
	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	· · · · · ·		

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

# Supplemental Information to Form 990 or 990-EZ

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

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OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Inspection Name of the organization Employer identification number AREA VIÌ AGEHR AMERICAN GUILD OF EN 36-3555511 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT PROGRAM EXPENSES 14,446 MEETING EXPENSE 2,567 OFFICE AND INTERNET 1,260 FINANCE CHARGE 2 02. Description of other assets (Part II, line 24) BEGINNING CATEGORY OF YEAR END OF YEAR 0 2,124 RECIEVABLES

2010 PAGE 1	` Z	AMT		284
	Social security number/EIN 36-355511	Bonus		
-	Social	Prior expense		
		Accumulated	1,525 1,039 2,390 627 336 182	12,221
		Current		284
Bu		Rate	000000000000000000000000000000000000000	
tail Listi		Method	S/L HY S/L HY S/L HY S/L HY S/L HY	
iation Detail L		Life		
Depreciation Detail Listing Program Servaces For your records only		Depreciation Basis	1,525 7 1,039 7 4,486 7 1,559 7 2,390 7 800 7 479 5 110 5 363 7	12,751
De		Section 179		
		Business		
		Salvage		
	NE FO	Cost	1,525 1,039 1,559 2,390 479 110 363	12,751
			20000701 20000701 20000701 20000701 20050228 20061015 20061015	
* Item was disposed of during current year	Name(s) as shown on return ARRA VII AGEHR AMERICAN CHILD	No Description	1 CHOIR CHIMES 20000701 2 DOWNING DISPLAY 20000701 3 MALLMARK HANDBELLS 20000701 5 SCHULMERICH MEL CHIMEO000701 10 HANDBELLS CHIMES SET20050228 12 SHARP 19 IN TV 20061015 13 TOSHIBA DVD VCR 20061015 14 DOWNING DISPLAY PANEZO061110	Totals

	AMT -	123	393
sourity number/EIN . 6-3555511	Bonus depreciation		ST ADJ:
Social se	Prior	-	
	ocumulated Depreciation	346 1,196 1,086 321 321	4,274
	Current A	8 5 7 0	355
	Rate	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Method	200 DB HY	
	Life		ο
	Depreciation Basis	346 1,19 1,08 1,34 1,34	5,092
	Section 179	1	
	Business	00.001	
OF EN	Salvage		
	Cost	346 1,196 1,086 1,348 736	5,092
	Date	80000701 20000701 20000701 20061110 20080501	
ame(s) as shown on return AREA VII AGEHR AMERIC		PRINTER HP LASERJET 6 QUASAR TV VIDEO PLAY 9 LAPTOP 11 DELL INSPIRON 2650 15 OFFICE MACHINE	Totals Land Amount Net Depreciable Cost
	OP EN 36-3555511	AMERICAN GUILD OF EN Salvage Business Section Deprecation Life Method Rate deprecation expense deprecation Current deprecation Current deprecation Current Cur	AND ALL HOLD OF ENA

Form **4562**,

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service (99)  See separate instructions.  Attach to your tax return.										Sequence No 67		
Name	s) shown on return		Business			or activity to which this form relates				Identifying number		
ARE	CA VII AGEH	R AMERI	CAN GUI	LD OF	FOF	RM 990	- 1			36-3555511		
Part I Election To Expense Certain Property Under Section 179												
	Note: If you have any listed property, complete Part V before you complete Part I											
1	Maximum amount (s		1									
2	Total cost of section		2									
3	Threshold cost of se	ction 179 prop	erty before redu	iction in limitat	ion (see ir	nstructions)		• • •	3			
4	Reduction in limitation	on Subtract lin	ne 3 from line 2	If zero or less,	enter -0-			• • •	4			
5	Dollar limitation for t											
	separately, see instructions · · · · · · · · · · · · · · · · · · ·											
6	(a) Description of property (b) Cost (business use only) (c) Elected cost									-		
								_				
7	Listed property Ente	er the amount	from line 29 •			7						
8	Total elected cost of	section 179 p	roperty Add am	ounts in colum	nn (c), line	s 6 and 7 ·			8	, i		
9	Tentative deduction	Enter the sm	<b>aller</b> of line 5 or	line 8 • • • •					9			
10	Carryover of disallov	ved deduction	from line 13 of y	our 2009 Forr	n 4562   •				10			
11	Business income lim	itation Enter	the smaller of bu	isiness income	e (not less	than zero) o	r line 5 (see ins	tructions)	11			
12	Section 179 expense	e deduction A	dd lines 9 and 1	0, but do not e	enter more	than line 11			12			
13	Carryover of disallov	ved deduction	to 2011 Add lin	es 9 and 10, le	ess line 12	2 • ▶ 1;	3					
Note	: Do not use Part II o	r Part III belov	v for listed prope	erty Instead, u	se Part V							
Pai	t II Special D	epreciatio	n Allowance	and Other	Deprec	iation (De	o not include l	isted pro	perty	) (See instructions )		
14	Special depreciation							<del></del>				
									14			
15	during the tax year (see instructions) · · · · · · · · · · · · · · · · · · ·											
16	Other depreciation (								16	554		
			on (Do not inc									
<u>, , , , , , , , , , , , , , , , , , , </u>	tiii iiiAONO	Depreciation	<u> </u>		ection A							
17	MACRS deductions	for assets plac	ced in service in			ore 2010 ·			17	85		
18	If you are electing to											
	asset accounts, che	•		_	•		-	. 🗆				
			s Placed in Ser						on Sv	rstem		
			(b) Month and	(c) Basis for de					<u>,</u>			
	(a) Classification of pr	operty	year placed in service	(business/inves only-see instr		(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction		
19a	3-year property							ļ				
b	5-year property					ļ						
C	7-year property											
d	10-year property											
е	15-year property											
f	20-year property											
g	25-year property			25 yrs		S/L						
h	Residential rental					27 5 yrs	MM					
	property					+ ' + +		S/L				
i	Nonresidential real					39 yrs	MM	S/L				
	property MM						S/L					
	Section	on C - Assets	Placed in Serv	ice During 20	10 Tax Ye	ar Using th	e Alternative	Deprecia	ation	System		
20a	Class life		]					S/L				
b	12-year					12 yrs						
С	40-year			1		40 yrs	MM	S/L				
Pai	Part IV Summary (See instructions )											
21	Listed property Ent				• • • • •				21			
22	Total. Add amounts											
	and on the appropria						uctions · · ·		22	639		
23	For assets shown at											
	portion of the basis a	attributable to	section 263A co	sts · · · ·		2:	3					