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## SCANNED JAN I 1 2012

Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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. 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

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

dar year, or tax year beginning NOV 1, 2010 and ending OCT 31, 20

Open to Public Inspection

_		ne 2010 calendar year, or tax year beginning NOV 1	, ZUIU		T 31	<u>.                                      </u>			
В	Check r applicat	C Name of organization			D Emplo	yer identification num	ber		
닏	니Addr	ess change		20	0004004				
누	٦.	e change AGC OF WISCONSIN IAP-CA IN Number and street (or P.O. box, if mail is not delivered to st		I Do/	26-2764204				
누	_	4014 E DDOADWAY	ueer auuress)	Room/suite					
늗	<b>–</b>	unated 4814 E BROADWAY		608-221-3821					
늗	-JAme	City or town, state or country, and ZIP + 4		F Group Exemption					
느		atton pending MADISON, WI 53716			Number >				
		nting Method: X Cash Accrual Other (specify)			H Check ► LX if the organization is not				
		te: N/A	7/ ///	required to attach Schedule B					
		tempt status (check only one) — 501(c)(3) X 501(c) (6	<del></del>	7(a)(1) or 527	<del></del>				
		If the organization is not a section 509(a)(3) supporting organization is not a section 509(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	_	· -					
		990 return is not required though Form 990-N (e-postcard) may be requ	uirea (see instructions). B	ut it the organization of	mooses t	o file a return, de sure t	o file a		
	<u> </u>	ete return. les 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipt	to are \$200 000 or mare	ar if total access (Dort		<del></del>			
		, column (B) below) are \$500,000 or more, file Form 990 instead of Foi		or ir total assets (Part	ii, 	· \$ 29	,295.		
	art I	Revenue, Expenses, and Changes in Net Ass		nces (see the instru	ctions fo		, 493.		
	11 ( 1	Check if the organization used Schedule O to respond to any questi			0.1011010		$\mathbf{x}$		
_	T 1	Contributions, gifts, grants, and similar amounts received	on in this rait i	<del></del>		1	LAN		
	2	Program service revenue including government fees and contracts	•		<b>-</b>		,950.		
	3	Membership dues and assessments		•	-	3	,,,,,,,		
	4	Investment income	SEE SO	CHEDULE O	<u> </u>	4	345.		
	5a	Gross amount from sale of assets other than inventory	5a	************		<del>`</del>			
		Less; cost or other basis and sales expenses							
		Gain or (loss) from sale of assets other than inventory (Subtract line 5			5c				
	6	Gaming and fundraising events		F-					
•	a	Gross income from gaming (attach Schedule G if greater than							
Revenue		\$15,000)							
eve	Ь	Gross income from fundraising events (not including \$							
Œ		from fundraising events reported on line 1) (attach Schedule G if the s							
		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 6	e 6c)		6d				
	7a	Gross sales of inventory, less returns and allowances	7a						
	b	Less: cost of goods sold	7b						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from lin		7c					
	8	Other revenue (describe in Schedule O)	Ļ	8					
_	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	DECE!\	ED			,295.		
	10	Grants and similar amounts paid (list in Schedule 0)	1120214		_	10			
	11	Benefits paid to or for members	S JAN WAS	www.	_	11			
es	12	Salaries, other compensation, and employee benefits	KEN NAL PS	√(0, \).	<b>⊢</b>	12			
ens	13	Professional fees and other payments to independent contractors	L	1	_		,228.		
Expenses	14	Occupancy, rent, utilities, and maintenance	OGDEN, UT			14			
	15	Printing, publications, postage, and shipping				15 16 14	,495.		
	16	Other expenses (describe in Schedule 0)	·						
	17	Total expenses. Add lines 10 through 16	<del>- • • • • • • • • • • • • • • • • • • •</del>				,723.		
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	$\vdash$	18 11	,572.				
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column			000				
¥ A	,,	(must agree with end-of-year figure reported on prior year's return)				<u>,989.</u>			
ž	20 21	Other changes in net assets or fund balances (explain in Schedule 0)	20		_	20   102	521		
		Net assets or fund balances at end of year. Combine lines 18 through Paperwork Reduction Act Notice, see the separate Instructions.	-				,561.		
LH/	4 LO1	r apermork reconction not notice, see the separate instructions.				Form <b>990-1</b>	<b>=Æ</b> (∠U IU)		

Form **990-EZ** (2010)

032172

Form 990-EZ (2010)

Schedule 0  33		Check if the organization used Schedule 0 to respond to any question in this Part V			X		
Schedule O  Al Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule O (see instructions)  34				Yes	No		
34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 If the organization had income from business activities, such as those reported on lines 2, 68, and 73 (among others), but not reported on Form 990-1. Explain in Schedule O (why the organization due to reported on Form 990-1. But the organization have unrelated business gross name of \$1,000 or more or was it a section \$6,000 FIG(\$4,5,000 FIG(\$6,000 FIG(\$4,5,000 FIG(\$6,000 FIG(\$4,5,000 FIG(\$6,000 FIG(\$4,5,000 FIG(\$6,000 FIG(\$4,5,000 FIG(\$6,000 FIG(\$4,000 FIG(	33			ļ	l		
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedulo (9 see instructions) 34   X 35   fifthe organization bard enome from brounciess activities, such as those reported on lines 2. Set, and 74 (among others), but not reported on Form 390-T, explain in Schedulo (9 why the organization during the reported on Form 390-T, explain in Schedulo (9 why the organization during organization subject to section 6932(9) choice, reporting, and provide in a section 501(c)(6) organization subject to section 6932(9) choice, reporting, and provide its report of the section 501(c)(6) organization of the section 3411   N/A 350   N/A 351   Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the section 3411   N/A 352   Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year understance or displained becomes children or the section 3411   N/A 352   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year understance or displained becomes children the section 3411   N/A 352   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year understance or displained bechedule, L. part II and enter the total amount move the section 3411   N/A 352   Section 501(c)(3) and 501(c)(4) organizations. Old the organization during the year understance or section 3411   N/A 353   N/A 354   Section 501(c)(3) and 501(c)(4) organizations. Old the organization during the year understance or section 3411   N/A 354   Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disputation becomes during the year understance or sections 3412, 4055, and 4698 355   N/A 356   N/A 357   Section 501(c)(3) and 501(c)(4) organizations. Serier amount of tax imposed on organization managers o		· · · · · · · · · · · · · · · · · · ·	33	<u> </u>	X		
35 If the organization had income from business activities, such as those reported on lines 2, 8st, and 7st (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.  a Did the organization have unretited business gross morne of \$1,000 or more or was in a section 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(6), or 601(c)(6), or 60	34				l		
reported on Form 990-T. explain in Schedule O why the organization and not report the income on Form 990-T.  9 Did the organization have unvelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  8 It if Yes, has it flied a tax return on Form 990-T for this year?  9 Did the organization undergo a (disudation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule II Yes.  9 Did the organization file Form 1120-POL for the year?  10 Did the organization file Form 1120-POL for the year?  11 Polys, complete Schedule II, Part II and either the total amount involved  12 Did the organization file Form 1120-POL for the year?  13 If Yes, complete Schedule II, Part II and either the total amount involved  14 Section 501(c)(7) organizations. Either  15 Intraction in the Schedule II, Part II and either the total amount involved  16 Section 501(c)(7) organizations. Either  17 Intraction in the Schedule II, Part II and either the total amount involved  18 Section 501(c)(3) organizations. Either amount of tax imposed on the organization during the year under: section 4911 P. N/A  18 Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax imposed on organization during the year or disqualitied persons curring the year under sections. 4912, 4955, and 4950  18 Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax imposed on organization managers or disqualitied persons curring the year under sections. 4912, 4955, and 4950  18 Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax imposed on organization managers or disqualitied persons curring the year under sections. 4912, 4955, and 4950  18 Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax in the section organization amount organization and the section organization and the section organization and the section organiz			34	<b></b> -	Ļ <del>X</del>		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6903(e) notes, reporting, and proxy tax requirements?  350 It (P(s) organization undergo a liquidation, dissolution, terrination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule It.  360 It Pres; has it field a fax return on Form 990-Tior this year?  370 Enter amount of political expenditures, there or indirect, as described in the instructions.  371 It is a mount of political expenditures, there or indirect, as described in the instructions.  372 In a mount of political expenditures, there or indirect, as described in the instructions.  373 In It is a more year and still outstanding at the end of the tax year covered by this return?  374 In Yes, complete Schedule II, Part II and enter the total amount involved  375 Enter and provide in the second on the 9 In Yes, complete Schedule II, Part II and enter the total amount involved  376 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  377 section 4911 N/A section 4912 N/A section 4915 N/A  378 Section 501(c)(3) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4958  378 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4958  379 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 490c enterprise of on any of its prior forms 990 or 990-E27  379 If Yes, complete Schedule II, Part II  380 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 490c enterprise of the section of the forms of the forms of the foreign of the forms 1900 or 990-E27  380 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 490c enterprise or disqualit	35				l		
501 ((s)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  501 (1)(4)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  501 (b) If Yes, has it fied a tax return on Form 990-T for this year?  502 (a) If year, has it fied a tax return on Form 990-T for this year?  503 (b) Of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, organization of political expenditures, direct or indirect, as described in the instructions.  503 (a) Did the organization form 1120-POL for this year?  504 (b) Of the organization form 1120-POL for this year?  505 (a) Did the organization of political expenditures, direct or indirect, as described in the instructions.  506 (a) If Yes, complete Schedule I, Part II and enter the total amount involved  507 (b) If Yes, complete Schedule I, Part II and enter the total amount involved  508 (cross receipts, included on the 9 (6) or public use of club facilities  509 (cross receipts, included on the 9 (6) or public use of club facilities  500 (cross) and 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  500 (cross) (cross) and 501(c)(3) and 501(c)(4) organizations. Enter amount of tax with been reported on any of its prior Forms 990 or 990-E27 (ff. Yes, complete Schedule I, Part II  500 (cross) (cross) and 501(c)(4) organizations. Enter amount of tax on the 40c reimbursed by the organization and society of this return is filed.  500 (cross) (cross) (cross) and 501(c)(4) organizations. Enter amount of tax on the 40c reimbursed by the organization is books are in care of \$\infty\$ ROMANY.  500 (cross) (cros					-		
b II Yes,* has it filed a tax return on Form 990-T for this year?  380 Did the organization undergo a liquidation, discolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  371 Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 1372 Did the organization for Form 1120-POL for this year?  380 Did the organization before multi-20-POL for this year?  381 Did the organization before multi-20-POL for this year?  382 Did the organization before multi-20-POL for this year?  383 Did the organization before multi-20-POL for this year?  384 Did the organization before multi-20-POL for this year?  385 Did N/A  386 N/A  386 N/A  387 X  388 N/A  389 Section 501(c)(7) organizations. Enter:  380 N/A  380 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  380 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4955  381 N/A  382 X  382 X  383 N/A  384 N/A  385 N/A  385 N/A  385 N/A  386 N/A  386 N/A  387 X  388 N/A  389 N/A  389 N/A  380 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization and any of sprint Forms 990 or 90-EZ?  If Yes,* complete Schedule I, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4955  N/A  41 Organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8865-T  41 List the states with which a copy of this return is field. NONE  42 The organization is foreign country: P  43 Section 494(a) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	a			ľ	<b>.</b>		
36				NT /			
and the randount of political expenditures, direct or indurect, as described in the instructions.  b Did the organization bid Form 1120-PDL for this year?  37 b IX  38 Did the organization file Form 1120-PDL for this year?  38 Did the organization bid Form 1120-PDL for this year?  38 Did the organization bid Form 1120-PDL for this year?  38 Did the organization file Form 1120-PDL for this year?  38 Did the organization file Form 1120-PDL for this year?  38 Did the organization file Form 1120-PDL for this year?  39 Section 501(c)(7) organizations. Enter:  39 Invision 501 (c)(7) organizations. Enter:  39 Invision 501 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A  b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year with the organization approach of the organization approach organization approach organization. Such as the organization in a prore year, that the organization is persons during the year year, did the organization that is returned to the organization in a foreign country: ▶  List the states with which a co		•	350	14/	<del>^</del> -		
S7 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 0.1 bill the organization file Form 1120-POL for this year?  37 b Did the organization file Form 1120-POL for this year?  38 b Did the organization forwor fiver, or make any locans 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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 b N/A  39 Section 50 10(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Cross receipts, included on the 9 (for public use of club facilities  8 b N/A  39 Section 50 10(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ► N/A  \$ section 50 10(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4956 excess benefit transaction during the year, of 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-EZ7  If "Yes," complete Schedule L, Part I  \$ Section 50 1(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958  \$ Section 50 1(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year wider sections. \$ 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10	30		20		v		
b Did the organization file Form 1120-POL for this year?  38 a Did the organization form, 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?  b If Yes, complete Schedule I, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Instation less and capital contributions included on line 9  5 Cross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) organizations. Enter amount of 12 ▶ N/A ; section 4955 ▶ N/A  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitified persons during the year under sections 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or 301(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization books are in care of ▶ ROBERT BARKER  Telephone no. ▶ 608 – 221 – 3821  Located at ▶ 4814 € BROADWAY, MADTISON, WI  If Yes, Year the manuel of the foreign country: ▶  At any time during the calendary ear, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  At any time during the calendary ear, did the organization maintain an office outside of the U.S.?  If Yes, I we the manuel of	27.			<u> </u>	1-		
38			<b>→</b> -		<sub>▼</sub> -		
m a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A  38b N/		·	3/0		<u> </u>		
b If Yes,* complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a Instation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  39a N/A  39b N/A  39b N/A  39b N/A  39b N/A  39b N/A  39c N/A	JOA		282	•	l v		
39 Section 501(c)(7) organizations, Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ N/A  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?  If 'Yes,' complete Schedule L, Parl I  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T  4 List the states with which a copy of this return is filed. ▶ NONE  42a The organization's Pooks are in care of ▶ ROBERT BARKER  Telephone no. ▶ 6 0 8 − 2 2 1 − 3 8 2 1  42b At 1 List the states with which a copy of this return is filed. ▶ NONE  42c The organization's pooks are in care of ▶ ROBERT BARKER  Telephone no. ▶ 6 0 8 − 2 2 1 − 3 8 2 1  42c X  42c X  42c X  42c X  42c X  42c X  42d X  42d I' 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.  42c X  42c X  42d X  42d X  44d X	h		304	-	<del>  ^</del>		
a Intiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4915 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did to engage in any section 4958 excess benefit transaction during the year, or did to engage in any section 4958 excess benefit transaction during the year under sections 4912 ★ N/A ; section 4915 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization shows are in case of ▶ ROBERT BARKER  1 List the states with which a copy of this return is field. ▶ NONE  2 The organization's blooks are in case of ▶ ROBERT BARKER  1 Located at ▶ 4814 E. BROADWAY, MADISON, WI  2 The organization's blooks are in case of ▶ ROBERT BARKER  1 Located at ▶ 4814 E. BROADWAY, MADISON, WI  2 The organization's blooks are in case of ▶ ROBERT BARKER  2 The organization's blooks are in case of ▶ ROBERT BARKER  3 Telephone no. ▶ 608 – 221 – 3821  2 The organization's blooks are in case of ▶ ROBERT BARKER  4 The organization's blooks are in case of ▶ ROBERT BARKER  4 The organization's blooks are in case of ▶ ROBERT BARKER  5 At any time during the calendar year, did the organization have an interest in or a signature or other financial accountly?  2 The organization's blooks are in case of ▶ ROBERT BARKER  4 The organization's blooks are in case of ▶ ROBERT BARKER  5 The organization's blooks are in case of ▶ ROBERT BARKER  6 At any time during the calendar year, did the			٠.		l -		
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Print/Type preparer's name Preparer's signature self- employed Paid **Preparer** JAMES G. GRAHAM **Use Only** Firm's name ► RSM MCGLADREY Firm's EIN ▶ Firm's address ▶ P.O. BOX 59 608-833-3361 Phone no. **5**3705-0946 MADISON, WI

May the IRS discuss this return with the preparer shown above? See instructions 032174 03-04-11

X Yes No Form 990-EZ (2010)

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

Department of the Treasury

## 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.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization AGC OF WISCONSIN IAP-CA INC 26-2764204 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 345. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK FEES 63. 4,510. MISCELLANEOUS CA FIDUCIARY INSURANCE EXPENSE 5,515. 1,320. DUES/SUBSCRIPTIONS EDUCATIONAL PROGRAM/CONFERENCES 470. LABOR NEGOTIATIONS 2,617. TOTAL TO FORM 990-EZ, LINE 16 14,495. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT LABOR RELATIONS AND INDUSTRY PROMOTION ACTIVITIES BETWEEN THE ASSOCIATED GENERAL CONTRACTORS OF WISCONSIN AND VARIOUS TRADE UNIONS FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.