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Form **990**

Department of the Treasury

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)

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

Open to Public

	r the 20		 endar vear_ortay year beginn	ing 04-01-2011	and ending 03	2-31-2012				Inspection	
	ck If app		endar year, or tax year beginn C Name of organization		and ending V.	, ₋ 21-5015		D Em	ployer ide	entification number	
	ress char		ASSOCIATION OF GAMING EQUIPMI MANUFACTURERS	ENT 			_		-046800		
_	ne chang		Doing Business As				_	E Tele	ephone nu	ımber	
_	al return		Number and street (or P O box if i	mail is not delivered	to street address	Room/eur	<u>_</u>	(70	2)812-6	5932	
┌ Ten	mınated		PO BOX 50049	a. is not utilivered	5.1.00. duul035)	, Koom, Sult		G Gro	ss receipts	\$ 1,470,906	
┌ Am	ended ret	turn	City or town, state or country, and	ZIP + 4		<u> </u>	_				
Г Арр	lication p	ending	HENDERSON, NV 89016								
			F Name and address of pri	ıncıpal officer			H(a)	■■■ Is this a gro	oup returr	n for	
			THOMAS JINGOLI PO BOX 50049					affiliates?	ap rotari	⊤Yes ▼ No	
			HENDERSON, NV 89016				H(b)	Are all affiliat	tes includ	ed?	
										(see instructions)	
I Tax	k-exempt	t status	「 501(c)(3)	(insert no) 4	947(a)(1) or	527	H(c)	Group exen	nption nu	mber ►	
J W	ebsite:	► WW\	W AGEM ORG								
K Forn	n of orga	nızatıon	Corporation Trust Associate	on 🗌 Other 🕨			L Year	r of formation	2000	State of legal domicile N	
Pa	rt I	Sumr	mary								
& Governance	PF	DUCAT: ROMOT	RY THE ASSOCIATION, AS A ION, TRADE SHOW REPRESE ES THE EXPANSION OF RES	NTATION, REG PONSIBLE GAI	GULATION, MA MING FOR THE	NUFACT BENEFIT	URING A	AND LICEN S MEMBERS	SING ST	ANDARDS, AND HE INDUSTRY	
es 4			of voting members of the goveri						з	53	
Activities &			of independent voting members						4	53	
Act	5 To	otal num	nber of individuals employed in	calendar year 2	2011 (Part V , lı	ne 2a) .			5	(
			nber of volunteers (estimate if	, ,					6	53	
			elated business revenue from F	•					7a	(
	р и е	et unrei	ated business taxable income	irom Form 990-	1, line 34 .	•		Prior Year	7b	Current Year	
	8	Contrib	outions and grants (Part VIII, I	ıne 1h)				riioi i eai		Current rear	
e E		9 Program service revenue (Part VIII, line 2g)						77	776,576 811,		
Revenue	10								2,573	1,996	
H			revenue (Part VIII, column (A)					63	9,533	657,387	
			evenue—add lines 8 through 1:					1.41	8,682	1,470,906	
			and similar amounts paid (Par						8,500	156,500	
	14	Benefit	s paid to or for members (Part	IX, column (A),	line 4)					C	
ø			s, other compensation, employ	ee benefits (Pai	rt IX, column (A), lines				C	
nse		5-10) Profess	sional fundraising fees (Part IX	. column (A.). lın	e 11e)						
Expenses			ndraising expenses (Part IX, column (I		,						
В			expenses (Part IX, column (A),	· · · · · · · · · · · · · · · · · · ·	,11f-24e) .	 .		1,19	5,863	1,318,249	
	18	Total e	xpenses Add lines 13-17 (mi	ust equal Part I)	K, column (A), l	ne 25)		1,45	4,363	1,474,749	
	19	Revenu	ie less expenses Subtract line	18 from line 12	· · · ·				5,681	-3,843	
Net Assets or Fund Balances							Begi	inning of Cu Year	rrent	End of Year	
sset Jafal	20	Total a	ssets (Part X, line 16)						3,197	959,829	
et A Ind E	21	Total li	abilities (Part X, line 26)							С	
			sets or fund balances Subtract	t line 21 from lir	ne 20			96	3,197	959,829	
	t II		ature Block								
	edge an		rjury, I declare that I have exami , it is true, correct, and complete								
		*****						2012-04-1	.9		
Sign		,	ture of officer					Date			
Here	•		AS JINGOLI PRESIDENT or print name and title								
		<u> </u>			Date		heck ıf	Drana	rer's tayna	yer identification number	
Paid		Preparer's signature			2012-06-19	se	elf-	(see i	nstructions		
Paid Prepa	rer's	Firm's na	me (or yours HOULDSWORTH RU	SSO & COMPANY DO	2	er	mployed l	<u> </u>			
Use (nlv l	ıf self-em	nployed),					EIN Þ			
	-	auuress, i						Phone	e no 🕨 (7	02) 269-9992	
May	he IDC	discuss	LAS VEGAS, NV 891 s this return with the preparer:		ae instructions				`	✓ Yes No	
may t	116 142	uiscus	s and recarn with the preparer:	Silovvii abuver (S	see monuctions	,				i co i ian	

Par	Statement of Program Check if Schedule O contains				.
1	Briefly describe the organization's n	nission			
REPR INDU EDU	ASSOCIATION OF GAMING EQUIP ESENTING MANUFACTURERS OF E USTRY THE ASSOCIATION, AS A G CATION, TRADE SHOW REPRESENT EXPANSION OF RESPONSIBLE GAI	LECTRONIC GAMII OOD CORPORATE ATION, REGULATI	NG DEVICES, SYSTEM CITIZEN, IDENTIFIE: ON, MANUFACTURIN	1S, AND COMPONENTS FO S AND ACTS UPON ISSUES G AND LICENSING STAND	R THE GAMING S RELATING TO
2	Did the organization undertake any sthe prior Form 990 or 990-EZ? If "Yes," describe these new service			which were not listed on	┌ Yes ┌ No
3	Did the organization cease conducti services?	ng, or make significai	-	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the	1(c)(4) organization	s and section 4947(a)	(1) trusts are required to rep	
	(Code) (Expenses	\$ 1,166,751	ıncludıng grants of \$) (Revenue \$	811,522)
	TO PROMOTE EXCELLENCE IN THE MANUFA	CTURE OF GAMING DEVI	CES AND EQUIPMENT		
4b	(Code) (Expenses	\$ 157,998	ıncludıng grants of \$) (Revenue \$)
	TO ADVOCATE THE FAIR AND REASONABLE DEVICES AND EQUIPMENT	ENFORCEMENT AND IMPO	OSITION OF STATUTES AND	REGULATIONS PERTAINING TO MA	NUFACTURERS OF GAMING
4c	(Code) (Expenses	\$ 156,500	ıncludıng grants of \$	156,500) (Revenue \$)
	AID FOR EDUCATIONAL PROGRAMS AND OT	HER CHARITABLE ORGAN	IIZATIONS		
	Other program services (Describe	ın Schedule O)			
	(Expenses \$	ıncludıng grants o	f\$) (Revenue \$)
4e	Total program service expenses►\$	1,481,24	19		

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
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		
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 990	(2011)

	, , , , , , , , , , , , , , , , , , ,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
_	Enterthe number reported in Box 2 of Forms 1006. Entert O. March and Joseph		Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
)	return	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
0	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	/a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ł	If "Yes," indicate the number of Forms 8282 filed during the year			
2	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		
F	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
1	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
Ь	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
2	Enter the aggregate amount of reserves on hand 13c			
3	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management								
			Yes	No					
1_	Enter the number of voting members of the governing hady at the and of the tay								
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3									
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νo					
	evenue Code.)								
	•		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	426	V						
c	rise to conflicts?	12b	Yes						
	ın Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	16a		No						
h	taxable entity during the year?			.,,,					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure	100							
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

(702)812-6932

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MARCUS PRATER
 PO BOX 50049
 HENDERSON,NV 89016

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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, or 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo is b nd a stee	x, oth)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-	,	(F) Estimated amount of oth compensatio from the organization a		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiza		
See A	ddıtıonal Data Table														
1b	Sub-Total				٠.	٠.		►			ı				
	Total from continuation sheets				•	•		*		146,330					
d 	Total (add lines 1b and 1c) . Total number of individuals (inc	luding but not lin) who	o received		an				
-	\$100,000 of reportable compe					ccu	above	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o received	more ene	•••				
													Yes	No	
3	Did the organization list any fo on line 1a? <i>If "Yes," complete Sc</i>	•			-	ey e	mploy	ee, c	or highest	compens	ated employee				
4	For any individual listed on line					-	• sation	• and	other com	• • inensatio	n from the	3		No	
	organization and related organization														
5	Did any person listed on line 1a	receive or accru	e comi	• oensa	• ation	• fror	· · m anv	• unre	lated orga	nızatıon o	or individual for	4		No	
	services rendered to the organi											5		No	
	ection B. Independent Cor	ntractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	e highest comper n the organizatio													
		(A) ime and business ad	dress							Desc	(B)		(C Compe		
PO BO	CUS PRATER DX 50049 PERSON, NV 89016	ine and business ad-	41033						E	ED SERVICE	•		Соттре	146,330	
												-			
	Total number of independent con	tractors (includir	na but r	ot lır	nıted	d to	those	liste	d above) v	who recei	ved more than	+			

\$100,000 of compensation from the organization \blacktriangleright 1

Form 9		•						Page 9
Part \	/1111	Statement of Re	venue		(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	s 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues .	1b					
s, g	c	Fundraising events	1c					
<u>#</u> #	d	Related organization	s 1d					
E, E	e	Government grants (cont	ributions) 1e					
tion sr s	f	All other contributions, gif	ts, grants, and 1f					
ê¥	g	Noncash contribution						
草草		lines 1a-1f \$						
ठ ह	h	Total. Add lines 1a-1	Lf	· · · •				
<u> </u>				Business Code				
Program Serwce Revenue	2a	G2E PARTY PAYMENTS		541900	541,850			541,850
	Ь	MEMBERSHIP DUES		541900	269,673	269,673		
9	c							
ě.	d							
3	e							
E	f	All other program se	rvice revenue					
š	g	Total. Add lines 2a-	2f		811,523			
	3	Investment income (
		and other similar am	ounts)	▶	1,996			1,996
	4	Income from investment	of tax-exempt bond	proceeds 🕨				
	5	Royalties			657,262	657,262		
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or	(loss)					
			Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses						
	c d	Gain or (loss) Net gain or (loss).						
ds.	8a	Gross income from fu events (not including	ındraısıng					
evenu		\$of contributions repo See Part IV, line 18	rted on line 1c)					
<u>.</u>			а					
Other Revenue	b	Less direct expense						
0	c 9a	Net income or (loss)	i	events F				
	94	Gross income from g See Part IV, line 19						
	b	Less direct expense						
	C	Net income or (loss)		vities►				
	10a	Gross sales of inven- returns and allowanc						
	b	Less cost of goods						
	С	Net income or (loss)						
		Miscellaneous Rev	enue	Business Code				
	11a	OTHER INCOME		525990	125			125
	Ь							
	С							
	d	All other revenue .						
	e	Total. Add lines 11a	-11d		125			
	12	Total revenue. See I	nstructions	▶├				
	1				1,470,906	926,935		543,971

5

7

10

14

15

17

18

19

20 21

23

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 156,500 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Fees for services (non-employees) 11 Management 196,931 157,998 Legal Accounting 7,915 72,725 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Advertising and promotion . . . 72,598 12 Office expenses 13,706 13 Information technology Royalties . . 16 26,960 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 726,595 Payments to affiliates 22 Depreciation, depletion, and amortization 628 3,262 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 17,990 TAXES MEALS AND ENTERTAINMENT 12,758 **DUES AND SUBSCRIPTIONS** 7,279 MISCELLANEOUS 327 d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 1,474,749 0 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the

Part X **Balance Sheet** (A) (B) Beginning of year End of year 58 1 1 961.604 957.782 2 2 3 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 8 9 9 Prepaid expenses and deferred charges 4.976 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 2,987 b Less accumulated depreciation 1,593 10c 1,989 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 963, 197 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 959,829 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 26 0 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 963, 197 27 959,829 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 963, 197 33 959.829 34 Total liabilities and net assets/fund balances 963, 197 959.829 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.4	170,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,47				
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	963,1				
5	Other changes in net assets or fund balances (explain in Schedule O)	5			47		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		ç	59,829		
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮			
	Check it Schedule & contains a response to any question in this rate XII	•	•	Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes			
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo		
C	If "Yes," to 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 Schedule O		2c				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Both consolidated and separated basis	sued					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νo		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b				

Software ID: **Software Version:**

EIN: 88-0468000

Name: ASSOCIATION OF GAMING EQUIPMENT MANUFACTURERS

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		(tion that		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JENS HALLE DIRECTOR	1 00	Х						0	0	0
ERIK R BATZLOFF DIRECTOR	1 00	Х						0	0	0
MIKE FIELDS DIRECTOR	1 00	Х						0	0	0
ROY STUDENT DIRECTOR	1 00	Х						0	0	0
TINA TUCCILLO DIRECTOR	1 00	Х						0	0	0
GLEN GOULET DIRECTOR	1 00	Х						0	0	0
BRIAN WEDDERSPOON DIRECTOR	1 00	Х						0	0	0
PATRICK RAMSEY DIRECTOR	1 00	Х						0	0	0
JON YARBROUGH DIRECTOR	1 00	Х						0	0	0
JAMES BRENDEL DIRECTOR	1 00	Х						0	0	0
ROGER HAWKINS DIRECTOR	1 00	Х						0	0	0
TONY SPIER DIRECTOR	1 00	Х						0	0	0
GORDON DICKIE DIRECTOR	1 00	Х						0	0	0
JIM BRESLO DIRECTOR	1 00	Х						0	0	0
DON BAUGH DIRECTOR	1 00	Х						0	0	0
RORY FRADELLA DIRECTOR	1 00	Х						0	0	0
SIMON HERBERT DIRECTOR	1 00	Х						0	0	0
RICHARD CAMMEGH DIRECTOR	1 00	Х						0	0	0
ALICE TANG DIRECTOR	1 00	Х						0	0	0
JAMAL AZZAM DIRECTOR	1 00	Х						0	0	0
LYNN BECKER DIRECTOR	1 00	Х						0	0	0
BOB MIODUNSKI DIRECTOR	1 00	Х						0	0	0
KATIE LEVER DIRECTOR	1 00	Х						0	0	0
JOHN ACRES DIRECTOR	1 00	Х						0	0	0
JOHN GLASER DIRECTOR	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		(tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
ROVER HUA DIRECTOR	1 00	Х						0	0	0
GIORGIO ABBIATI DIRECTOR	1 00	Х						0	0	0
JOHN BUYACHECK DIRECTOR	1 00	Х						0	0	0
TOM MCCORMICK DIRECTOR	1 00	Х						0	0	0
NICOLE FLOYD DIRECTOR	1 00	Х						0	0	0
MIKE CANNON DIRECTOR	1 00	Х						0	0	0
ALBERT RADMAN DIRECTOR	1 00	Х						0	0	0
VICTOR ANDREEV DIRECTOR	1 00	Х						0	0	0
ROBERT SAUCIER DIRECTOR	1 00	Х						0	0	0
BILL NICOLS DIRECTOR	1 00	Х						0	0	0
LAURA MCALLISTER COX DIRECTOR	1 00	Х						0	0	0
TOM O'BRIEN DIRECTOR	1 00	Х						0	0	0
RICHARD DITTON DIRECTOR	1 00	Х						0	0	0
LUCY BUCKLEY DIRECTOR	1 00	Х						0	0	0
JOANNE IVERSON DIRECTOR	1 00	Х						0	0	0
JASBIR HSU DIRECTOR	1 00	Х						0	0	0
SIMON LAI DIRECTOR	1 00	Х						0	0	0
SHIGEKI MACHIDA DIRECTOR	1 00	Х						0	0	0
DAVID BALMER DIRECTOR	1 00	Х						0	0	0
MARK KOMOROWSKI DIRECTOR	1 00	Х						0	0	0
AMIT SHARMA DIRECTOR	1 00	Х						0	0	0
ERICA FROHM DIRECTOR	1 00	Х						0	0	0
MARCUS PRATER EXECUTIVE DI	30 00			Х				146,330	0	0
THOMAS A JINGOLI PRESIDENT	1 00			Х				0	0	0
ORRIN J EDIDIN VICE PRESIDE	1 00			х				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		tion that a		/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
SEAMUS MCGILL SECRETARY	1 00			х				0	0	0
MARK LERNER CO-GENERAL C	1 00			х				0	0	0
NEIL FRIEDMAN CO-GENERAL C	1 00			х				0	0	0
TOM NIEMAN TREASURER	1 00			х				0	0	0

DLN: 93493171007562

OMB No 1545-0047

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.

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

- ◆ 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

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, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
ASSOCIATION OF GAMING EQUIPMENT
MANUFACTURERS

Employer identification number

88-0468000

<u>Part I-A</u>	Complete if the	he organization i	<u>s exempt undei</u>	r section 501(c)	or is a section	527 organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

art I-B	Complete i	<u>f the organi</u>	<u>zation is exem</u>	<u>ipt under sec</u>	tion 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- ┌ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? Yes √ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	cart II-A Complete if the organization is under section 501(h)).	s exempt under	section 501(c)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to an expenses, and share of excess lobbying the filing organization checked box A	ng expenditures)		_	oup member's name	e, address, EIN,
	Limits on Lobbying Ex (The term "expenditures" means amo	penditures			(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opi	nıon (grass roots lob	byıng)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobby	ring)			
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro columns	m the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	000				
	1 ' ' '	0,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	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, enter	-0-				
i	Subtract line 1f from line 1c If zero or less, enter-	-0-		l		
j	If there is an amount other than zero on either line section 4911 tax for this year?	1h or line 1i, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Ave (Some organizations that made a se columns below. See the		ection do not	have to co		ne five
	Lobbying Exper	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					

d Grassroots non-taxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Part 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	(a)		
		Yes	No	Amount	
L	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?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
А	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is Part III-B answered "Yes".

1	Dues, assessments and similar amounts from members	1	269,673
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	72,725
b	Carryover from last year	2b	
С	Total	2c	72,725
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	121,353
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	-48,628

Part IV **Supplemental Information**

Complete 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 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493171007562

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	CIATION OF GAMING EQUIPMENT FACTURERS					
		duised Funds on Other Similar F		0468000	Comple	to 16 th
za r	Organizations Maintaining Donor Action organization answered "Yes" to Form 99		unas	or Accounts	• Comple	te ir tn
	0.9424	(a) Donor advised funds		(b) Funds and o	ther accou	ınts
Т	otal number at end of year					
A	aggregate contributions to (during year)					
Þ	Aggregate grants from (during year)					
7	Aggregate value at end of year					
	Old the organization inform all donors and donor advi		nor adv	ısed	┌ Yes	₽ No
-	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	₽ No
	Conservation Easements. Complete	if the organization answered "Yes" t	n Forr	n 990 Part I\	•	,
	Purpose(s) of conservation easements held by the o			330) Tale 14	7 11110 71	
[[Preservation of land for public use (e g , recreati Protection of natural habitat					а
Ī	Preservation of open space	,				
	Complete lines 2a–2d if the organization held a quali	ified conservation contribution in the form	n of a c	onservation		
•	easement on the last day of the tax year			Held at the	End of the	Voar
-	Total number of conservation easements		2a	neiu at the	Elia Oi tile	Teal
	Fotal acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his		2c			
	Number of conservation easements included in (c) a	• •	2d			
ı	Number of conservation easements modified, transfe		ed by tl	ne organization	during	
ı	Number of states where property subject to conserva	ation easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling o	f violations, and	┌ Yes	F No
9	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	uring the year	<u> </u>	
,	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durın	g the year		
	• \$,		- ,		
	· · Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction		┌ Yes	F N∈
- 1	in Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financia		•		
	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Ot	her Similar	Assets.	
;	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statement for public exhibition, education or resear	ch in fu			e,
i I	If the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these items	116, to report in its revenue statement a public exhibition, education, or research i	and bal		•	
1	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
1	If the organization received or held works of art, histo following amounts required to be reported under SFA		or finar			
	Revenues included in Form 990, Part VIII, line 1			▶ \$		
- 1	marada miromi 220,1 dic viii, mic i			· · ·		

b Assets included in Form 990, Part X

<u> </u>	Organizations Maintaining Co	<u>llections of Art</u>	t, His	tori	cal Tre	<u>easur</u>	<u>es, or Ot</u>	ner	Similar	ASSE	ts (co	<u>ntınued)</u>
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are	a significa	nt us	e of its co	llection		
а	Public exhibition		d	Γ	Loan o	rexcha	inge progra	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	iin hov	w the	/ further	the or	ganızatıon'	s ex	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Γ,	Yes	√ No
Part	Part IV, line 9, or reported an an						answered	l "Ye	es" to For	m 990	,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forc	ontribut	ions or	other asse	ets n	ot	Γ,	Yes	√ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving t	able					A		
_							<u> </u>	4_		Amou	nt	
c d	Beginning balance						<u> </u>	1c 1d				
	Additions during the year						<u> </u>	1a 1e				
_	Distributions during the year						-	ıe 1f				
f 25	Ending balance	arm 000 Bant V In		,				- 1				✓ No
	Did the organization include an amount on Fo		e 21 /							j ,	Yes	la No
	If "Yes," explain the arrangement in Part XIV				ad "Waa	‼ . Бо		Do w	TV line	10		
Par	t V Endowment Funds. Complete	(a)Current Year)Prior			Years Back		hree Years E		Four Ye	ears Back
1a	Beginning of year balance	(a)carrent rear	(2)	y	· cai	(6)	rears back	(4)	mee rears t	ack (c)	rour re	caro back
	Contributions											
с	Investment earnings or losses											
	Grants or scholarships											
	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re held	and ad	mınıstered	for t	:he		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	Sched	ule R?					3b		No
	Describe in Part XIV the intended uses of th											
Part	VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	art X	line 10	0	ı	1				
	Description of property				a) Cost or sıs (ınves		(b) Cost or o		(c) Accum depreca		(d) B	ook value
1 a L	and											
b P	Buildings											
							l				1	
	easehold improvements		•									
c L	quipment	 	:				4	,976		2,987		1,989
c L d E e C	·		· ·					,976		2,987		1,989

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(5)255 Turus	Cost or end-or	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		1 2	
Part VIII Investments—Program Related. See	Porm 990, Part X, line		J - 6
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation f-year market value
	-	Cost or end-or	-year market value
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	•		
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15. Otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 2	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.) (7.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 2	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)	, , , , , , ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)	, , , , , , ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (7.) (7.)		(b) Book value

_	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	11.5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
		10	
) •	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p Total revenue, gains, and other support per audited financial statements	ег ке 1	eturn
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
•	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
' :	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIV)		
1	, , , , , , , , , , , , , , , , , , , ,		
	Add lines 4a and 4b	4c	
4	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	Doturn
ĽЧ	Total expenses and losses per audited financial	рег	Return
	statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
1	Donated services and use of facilities		
•	Prior year adjustments		
	Other losses		
ı	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
1	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
,	Other (Describe in Part XIV)	1	
	Add lines 4a and 4b	4c	
2			
:	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493171007562

pen to Public

Department of the Treasury Internal Revenue Service

Name of the organization
ASSOCIATION OF GAMING EQUIPMENT

Inspection

Employer identification number

ASSOCIATION OF GAMING EQUIPMENT				
MANUFACTURERS	88-0468000			
Part I General Information on Grants and Assistance				
1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants	or accietance and			

Form 990, Part I	V, line 21 for any re	ecipient that receive	d more than \$5,000	. Check this box if r	s. Complete if the orno one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL COUNCIL PROB GAMBLING730 11TH STREET NW WASHINGTON, DC 20001	51-0141872	3	40,000		FM∨		CONTRIBUTION
(2) PROBLEM GAMBLING CTR2330 PASEO DEL PRADO LAS VEGAS,NV 89102	20-1861496	3	50,000		FMV		CONTRIBUTION
(3) NEVADA COUNCIL ON PROBLEM GAMBLING4340 S VALLEY VIEW BLVD 220 LAS VEGAS,NV 89103	88-0206247	3	10,000		FMV		CONTRIBUTION
(4) JCMAGA GOLF CLASSIC925 PILOT ROAD LAS VEGAS,NV 89119			50,000		FMV		CONTRIBUTION
2 Enter total number of section 2 Enter total number of other							3

Use Schedule I-1 (Form 9 (a) Type of grant or assistance		(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
			, , , ,	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR	SCHEDULE I, PAGE 1, PART I,	WHEN A GRANT OR SPONSORSHIP IS MADE, AGEM IS ABLE TO MONITOR ITS USE AS THE ORGANIZATION IS
MONITORING THE USE	LINE 2	GENERALLY INVOLVED WITH THE EVENT THE MONEY IS EARMARKED FOR AN EXAMPLE OF THIS IS THE JCM/AGA
OF GRANT FUNDS		GOLF CLASSIC AS A "TITLE SPONSOR" AGEM IS ABLE TO VIEW ITS LOGO ON THE EVENT'S WEBSITE AS WELL AS
INSIDE THE UNITED		MONITOR THEIR IMAGE AND BRAND PLACEMENT AT THE EVENT
STATES		

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2011

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Name of the organization ASSOCIATION OF GAMING EQUIPMENT MANUFACTURERS

Employer identification number

88-0468000

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE ASSOCIATION OF GAMING EQUIPMENT MANUFACTURERS (AGEM) IS AN INTERNATIONAL TRADE ASSOCIATION REPRESENTING MANUFACTURERS OF ELECTRONIC GAMING DEVICES, SYSTEMS, AND COMPONENTS FOR THE GAMING INDUSTRY THE ASSOCIATION, AS A GOOD CORPORATE CITIZEN, IDENTIFIES AND ACTS UPON ISSUES RELATING TO EDUCATION, TRADE SHOW REPRESENTATION, REGULATION, MANUFACTURING AND LICENSING STANDARDS, AND PROMOTES THE EXPANSION OF RESPONSIBLE GAMING FOR THE BENEFIT OF ITS MEMBERS AND THE INDUSTRY
MANAGEMENT DELEGATED	FORM 990, PAGE 6, PART VI, LINE 3	MARCUS PRATER IS AN INDEPENDENT CONTRACTOR WHO HANDLES ALL THE ADMINISTRATIVE DUTIES OF THE ORGANIZATION
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	A MEMBER CAN BE DEFINED AS A COMPANY, WHICH THEN OFFERS UP A REPRESENTATIVE TO SIT ON THE BOARD (WHICH IS THE GOVERNING BOARD)
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ALL MEMBERS HAVE VOTING RIGHTS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WAS DISTRIBUTED ELECTRONICALLY TO ALL MEMBERS BEFORE BEING APPROVED, SIGNED AND FILED WITH THE IRS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY IS ENFORCED BY REGULAR REMINDERS AND COMMUNICATION AMONG THE BOARD OF DIRECTORS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS VOTE ON THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD VOTES ON THE COMPENSATION PACKAGES FOR OFFICERS AND KEY EMPLOYEES, IF ANY
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

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DLN: 93493171007562

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** ASSOCIATION OF GAMING EQUIPMENT 88-0468000 MANUFACTURERS INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500.000 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) . . . **3** Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 **9** Tentative deduction Enter the **smaller** of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2010 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 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 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) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 16** Other depreciation (including ACRS) 284 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 344 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (g)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property **e** 15-year property **f** 20-year property g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L 39 yrs MM i Nonresidential real property ММ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs MMS/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 628 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2011) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the

vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2011 tax year (see instructions) 43 Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44