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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2014

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Illinois Numismatic Association</u>	D Employer identification number <u>36-3627468</u>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>6455 W. Archer Ave.</u>	E Telephone number <u>(773) 586-7666</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Chicago IL 60638</u>	F Group Exemption Number ▶
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ _____	
I Website: ▶ <u>www.ilnaclub.info</u>		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ <u>52,637.</u>		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1	<u>820.</u>
2 Program service revenue including government fees and contracts	2	<u>49,833.</u>
3 Membership dues and assessments	3	<u>1,406.</u>
4 Investment income	4	<u>578.</u>
5a Gross amount from sale of assets other than inventory	5a	
5b Less cost or other basis and sales expenses	5b	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c Less direct expenses from gaming and fundraising events	6c	
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
7b Less cost of goods sold	7b	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<u>52,637.</u>
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	<u>4,610.</u>
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16, Other Expenses	16	<u>46,084.</u>
17 Total expenses. Add lines 10 through 16 ▶	17	<u>50,694.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>1,943.</u>
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>89,567.</u>
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	<u>91,510.</u>

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2014)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	81,967.	22	84,910.
23 Land and buildings	0.	23	0.
24 Other assets (describe in Schedule O) See L-24 Stmt.	7,600.	24	6,600.
25 Total assets	89,567.	25	91,510.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,567.	27	91,510.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Education of Numismatics to Illinois members
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 <u>Convention; Host numismatic exhibits, provide opportunities to buy and sell, provide educational programing with awards, program which recognizes outstanding achievements in promoting numismatic material</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	36,317.
29 <u>Publication: We publish the ILNA coin Digest which promotes the science of numismatic to its members by cultivate collectors and students in the study of numismatics.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	4,610.
30 <u>Providing numismatics books to Illinois libraries during the year.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	1,557.
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	42,484.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Harrison President	1.00	0.	0.	0.
Andy Reiber Vice President	1.00	0.	0.	0.
John Schikora Secretary	1.00	500.	0.	0.
William Burd Treasurer	1.00	250.	0.	0.
Steve Bulter Chairman of the Board	1.00	0.	0.	0.
Jim Paicz Director	1.00	1,800.	0.	0.
Richard Prouty Director	1.00	0.	0.	0.
Brian Jaskierski Director	1.00	0.	0.	0.
Timothy Guest Director	1.00	1,000.	0.	0.
Joyce Paicz Director	1.00	0.	0.	0.
Bruce Perdue Director	1.00	0.	0.	0.
Kevin Timmons Director	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
39 Section 501(c)(7) organizations Enter
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955
41 List the states with which a copy of this return is filed

42a The organization's books are in care of William Burd Telephone no (773) 586-7666 Located at 6455 W. Archer Ave Chicago IL ZIP + 4 60638
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the U S?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		
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b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *William Beard, Treasurer* Date: 3-14-15
 Type or print name and title: William Beard, Treasurer

Paid Preparer Use Only
 Pnn/Type preparer's name: Jack Huggins Preparer's signature: Jack Huggins Date: 03/08/15
 Firm's name: JACK HUGGINS Check if self-employed PTIN: P00235338
 Firm's address: 103 POWDER MILL RD BELLEVILLE IL 62223 Firm's EIN: Phone no: (618) 397-4839

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2014

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Illinois Numismatic Association

36-3627468

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>Convention Expense</u>	<u>36,317.</u>
<u>Books for State Libraries</u>	<u>1,557.</u>
<u>Administration</u>	<u>6,806.</u>
<u>Fees & Licenses</u>	<u>60.</u>
<u>Legal Fees</u>	<u>779.</u>
<u>Insurance</u>	<u>565.</u>
Total	<u><u>46,084.</u></u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Note Recievable</u>	<u>6,600.</u>	<u>6,600.</u>
<u>Deposit</u>	<u>1,000.</u>	<u>0.</u>
Total	<u><u>7,600.</u></u>	<u><u>6,600.</u></u>