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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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)

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](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
INTERNATIONAL ASSOCIATION OF CURRENCY AFFAIRS

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
3137 HURSTVIEW DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
HURST, TX 76054

**D** Employer identification number  
42-1631612

**E** Telephone number  
(817) 723-5420

**F** Group Exemption Number

**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) \_\_\_\_\_

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: [WWW.CURRENCYAFFAIRS.ORG](http://WWW.CURRENCYAFFAIRS.ORG)

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (Insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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 **\$ 155,193**

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 <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	155,161
	4	Investment income						4	32
	5a	Gross amount from sale of assets other than inventory				5a			
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c	
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	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			
	c	Less direct expenses from gaming and fundraising events				6c			
	d	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			
b	Less cost of goods sold				7b				
c	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	155,193	
Expenses	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	91,000
	13	Professional fees and other payments to independent contractors						13	5,513
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	
	16	Other expenses (describe in Schedule O)						16	51,804
	17	Total expenses. Add lines 10 through 16						17	148,317
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	6,876
	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	67,177
	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	74,053



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 . . . . . ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>MARCI CHAVEZ CPA</u> Telephone no ▶ <u>(817) 723-5420</u> Located at ▶ <u>3137 HURSTVIEW DR HURST, TX</u> ZIP + 4 ▶ <u>76054</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____  See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .	44b	No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	No

		Yes	No
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 . . . . .		
		46	No

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 . . . . .

		Yes	No
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 . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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 . . . . . ☐ Yes ☐ No

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	<div>*****</div> <div>Signature of officer</div>		<div>2016-06-01</div> <div>Date</div>				
	<div>MARCI CHAVEZ FOUNDING DIRECTOR</div> <div>Type or print name and title</div>						
Paid Preparer Use Only	Print/Type preparer's name STEVEN F HARDY		Preparer's signature		Date 2016-06-01	Check <input type="checkbox"/> if self-employed	PTIN P00237586
	Firm's name <div>WATERS HARDY AND COMPANY PC</div>					Firm's EIN <div>75-1728819</div>	
	Firm's address <div>4144 N CENTRAL EXPY STE 1170 DALLAS, TX 752043109</div>					Phone no (214) 692-1916	
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No							

Additional Data

Software ID:  
Software Version:  
EIN: 42-1631612  
Name: INTERNATIONAL ASSOCIATION OF  
CURRENCY AFFAIRS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
SYBIL BAXTER SECRETARY	6 00	37,000		
MARCI CHAVEZ FOUNDING DIR	1 00	0		
MICHELLE BULLOCK DIRECTOR	000 00	0		
ANTON BLEIKOLM DIRECTOR	000 00	0		
DOUGLAS MENNIE DIRECTOR	000 00	0		
MILLISON NARH DIRECTOR	000 00	0		
ANTTI HEINONEN DIRECTOR	000 00	0		
CINDY SCOTLAND DIRECTOR	000 00	0		
ARMANDO SURATOS DIRECTOR	000 00	0		
BRIAN LANG ORGANIZATION	000 00	0		
TOM FERGUSON CHAIRMAN	000 00	0		
TIM DRISCOLL DIRECTOR	000 00	0		
EUGENIE FOSTER EXECUTIVE DI	10 00	54,000		
RICHARD WALL DIRECTOR	000 00	0		
RALF WINTERGERST DIRECTOR	000 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
BERNHARD IMBACH DIRECTOR	000 00	0		

SCHEDULE O

(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 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization INTERNATIONAL ASSOCIATION OF CURRENCY AFFAIRS	Employer identification number  42-1631612
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES BANK FEES 918 CONSULTING FEES 1,600 CURRENCY AWARDS 6,130 HALL OF FAME EXPENSE 773 MEETING EXPENSES 194 OFFICE SUPPLIES 907 POSTAGE & SHIPPING 1,095 PROFESSIONAL FEES 5,000 PROMOTIONAL ITEMS 3,062 SOFTWARE 617 TELEPHONE/INTERNET 251 TRAVEL 20,337 WEBSITE DEVELOPMENT 10,920 TOTAL 51,804
FORM 990-EZ, PART II, LINE 24	OTHER LOANS RECEIVABLE 244 0 FURNITURE & EQUIPMENT 1,646 1,646 LESS ACCUMULATED DEPRECIATION 1,646 1,646 TOTAL 244 0
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 2,405 DEFERRED REVENUE 49,361 58,616
FORM 990-EZ, PART III	CORPORATION IS ORGANIZED TO PROVIDE A FORUM FOR CONSULTATION AND COLLABORATION ON MATTERS OF INTEREST TO STAKEHOLDERS IN THE CASH PAYMENTS CYCLE. THE CORPORATION SHALL SERVE AS A FORUM FOR PARTIES SUCH AS CENTRAL BANKS, ISSUING AUTHORITIES, HIGH SECURITY PRINTERS, CURRENCY INDUSTRY SUPPLIERS, AND FINANCIAL INSTITUTIONS TO MONITOR AND ANALYZE DEVELOPMENTS IN DOMESTIC AND CROSS-BORDER CASH AND OTHER PAYMENT SYSTEMS
FORM 990-EZ, PART III, LINE 28	HELD THE EXCELLENCE IN CURRENCY AWARDS IN MAY AT THE CURRENCY CONFERENCE. HELD A MEMBERS ONLY LUNCH SYMPOSIUM AT THE CURRENCY CONFERENCE. HELD THE EXCELLENCE IN COIN AWARDS IN OCTOBER IN CONJUNCTION WITH THE COIN CONFERENCE. HELD THE 3RD CURRENCY HALL OF FAME INDUCTION CEREMONY. CHANGED WEB DESIGNER AND IMPROVED WEBSITE INTERFACE FOR BETTER MEMBER EXPERIENCE