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PUBLIC DISCLOSURE COPY

American Numismatic Association, Inc. 818 North Cascade Avenue Colorado Springs, CO 80903 Attention: Jeff Shevlin, Executive Dire

> Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

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			** PUBLIC DISCLOSURE C			_
Form <b>990</b>		ON	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Form <b>JJU</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Rev	venue Codo		2010
Department of the Treasury			benefit trust or private foundat	ion)	_	Open to Public
		nue Service	The organization may have to use a copy of this return to sa			Inspection
<u>A</u> F	or th			ending O	CT 31, 2011	
Bo	heck if pplicab	C Name o	of organization		D Employer identific	ation number
	- Addre					
	_chang		cican Numismatic Association, Inc.			
	_chang	Doing E	Business As		48-60	63403
	_ return	Numbe	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Terml ated Amen	dod	North Cascade Avenue		(719)	
	_ireturn	City or	town, state or country, and ZIP + 4		G Gross receipts \$	6,186,172.
L	Applie tion pendi		prado Springs, CO 80903		H(a) Is this a group ret	urn
			and address of principal officer: Jeff Shevlin		for affiliates?	Yes 🔀 No
			as C above		H(b) Are all affiliates inclu	
_			X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527	• • • • • • • • • • • • • •	st. (see instructions)
			■ MONEY•Org X Corporation Trust Association Other		H(c) Group exemption	
	art I	Summar		L Year	of formation: 1891 M	State of legal domicile: CO
Гс					<u> </u>	
e	1	Numi cm	be the organization's mission or most significant activities: TO a	avance	the knowled	lge of
nan		Obeek this h	atics, encourage communication and	coope	ration among	ſ
veri		Check this b	bx  if the organization discontinued its operations or dispo		1 1	
Governance	3		oting members of the governing body (Part VI, line 1a)			9
Activities &	4	Total number	dependent voting members of the governing body (Part VI, line 1b)			9
itie	5	Total number	r of individuals employed in calendar year 2010 (Part V, line 2a)			44
žtivi	6		of volunteers (estimate if necessary)	•••••		27
A	l la	Not unrolator	ed business revenue from Part VIII, column (C), line 12			457,401.
		Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		-162,703.
-	8	Contribution	and grants (Part VIII, line 1b)		Prior Year 158,528.	Current Year
Revenue	9	Program sen	s and grants (Part VIII, line 1h)	·····	3,545,381.	363,373.
ŝvei	10	Investment in	rice revenue (Part VIII, line 2g)		121,348.	4,427,858. 150,166.
č	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	······	873,246.	1,224,647.
	12	Total revenue	a - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	······	4,698,503.	$\frac{1,224,047}{6,166,044}$
	13				<u> </u>	0,100,044.
	14				0.	<u>0.</u>
es					2,110,689.	2,246,677.
lse	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expens	Ь	Total fundrais	er compensation, employee benefits (Part IX, column (A), lines 5-10) fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25) (D), line 25)	96.	Sector Sector Sector	
ш	17	Other expense	ses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,177,795.	4,074,279.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,288,484.	6,320,956.
	19		expenses. Subtract line 18 from line 12		-589,981.	-154,912.
Net Assets or Fund Balances	<u> </u>				ginning of Current Year	End of Year
sets alan	20	Total assets	(Part X, line 16)	the second se	64,638,115.	67,836,060.
dBs	21	Total liabilitie	s (Part X, line 26)		3,311,925.	3,348,615.
Pun	22	Net assets or	fund balances. Subtract line 21 from line 20		61,326,190.	64,487,445.
	and the second second	Signatur				
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete	e. Declaration of preparer (øther than officer) is based on all information of wh	nich preparer	has any knowledge.	
			trillul		B/30/12	
Sig	n	1 · ·	re of officer /		Date	
Her	е		as Hallenbeck, President			
	_	Type or	print name and title			
-	_	Print/Type pre			Date Check	] PTIN
Paid				CPA 0	8/30/12 self-employed	
•	arer		BiggsKofford, P.C.		Firm's EIN	
Use	Only	Firm's addres	s▶ 630 Southpointe Court, Suite 200	0		
			Colorado Springs, CO 80906		Phone no. 71	9.579.9090
May	the l	RS discuss th	is return with the preparer shown above? (see instructions)			

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate Instructions. See Schedule O for Organization Mission Statement Continuation

Yes No Form **990** (2010)

Fon	n 990 (2010) American Numismatic Association, Inc. 48-6063403 Page 2
Гс	it in Otatement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III
•	bheny describe the ordanization's mission.
	The American Numismatic Association was organized in 1891 and was chartered by an act of Congress to advance the knowledge of
	numismatics, encourage communication and cooperation among
	numismatists, acquire and disseminate information bearing upon
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section $4947(a)(1)$ trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code: ) (Expenses \$ 1,825,825, including grapts of \$
	Conventions - Annually the Organization hosts three multic remember
	providing educational programs. Numismatic exhibits Lectures
	Workshops and Seminars.
4b	(Code: ) (Expenses \$ 882,868 a including grants of the big
-10	(Code: )(Expenses \$ 882,868. including grants of \$ )(Revenue \$ )
	Publications - Publication of the world's major numismatic journal which contains educational information regarding numismatic items from
	all over the world.
·	
4c	(Code:) (Expenses \$ 285,290. including grants of \$ ) (Revenue \$ )
	Education - Develop and produce correspondence courses
	videos, seminars for use by membership and the general public.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,825,347. including grants of \$ )(Revenue \$ )
48	Total program service expenses ► 4,819,330.

Form 990 (2010)	American	Numismatic	Association,	Tna
Part IV Checklist of	<b>Required Sched</b>	dules	hosticiton,	IIIC.

1	Is the organization described in section 501(o)(2) or 4047(-)(4) (c) in the section of the secti		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	If Yes, "complete Schedule A	. 1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	. 2	X	ļ
	public oncer in res, complete Schedule C, Part I			
4				X
	dening the tax year in Tes, complete Schedule C, Part II	4		x
5	a source a source of the fully of the fully of the fully for the fully of the fully		+	<u></u>
e	similar amounts as delined in Revenue Procedure 98-197 /f "Yes," complete Schedule C. Part III	5	1	
6	and any organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			<u>†                                    </u>
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Ves," complete Schedule D. S.	6		x
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	7		X
	Schedule D, Part III			
9	Schedule D, Part III	8	X	L
	croal obtained by the second of the second o			37
10	Did the organization, directly or through a related organization, hold assots in term, norman and any set	9		<u> </u>
				x
11	and any of the following questions is res, then complete Schedule D. Parts VI. VII. IX or X	10	Salera	A
	as applicable.	a sel		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	069309	SALES IN	
		11a	x	
b	and the organization report an amount for investments - other securities in Part Y line 10 that is 50/ an and the taken			
	assets reported in Part X, the 167 // "Yes," complete Schedule D. Part VII	11b	X	
•				
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 D assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
е	Same and the port of other labilities in Part A, line 257 if "Yes" complete Schedulo D, Dort V	11d	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
	the organization's hability for uncertain tax positions under FIN 48 (ASC 740)2 /f "Yes," complete Schodule D. Det V	1.15		х
12a	bid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
		12a	x	
D	was the organization included in consolidated, independent audited financial statements for the tax year?			
13	The res," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI. XII. and XIII is optional	12b		х
	is the organization a school described in section 170(b)(1)(A)(ii)2 if "Yes " complete Schodule T	13		X
b	and the organization maintain an onice, employees, or agents outside of the United States?	14a		X
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yee " comparison of the Compa			
15	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			
16	and and organization report on Fait IA. Column (A) line 3 more than \$5,000 of equipments must be	15		<u>X</u>
	located outside the Onited States? If "Yes," complete Schedule F, Parts III and IV			v
17	The the organization report a total of mote man and a state of a state of the state	16		X
	column (A), lines o and Tre 7 il "Yes," complete Schedule G, Part (	17		x
18		┝+		<u> </u>
	Te and darm res, complete Schedule G, Part II	18		х
19	of the port more than who you of utoss income from damind activities on port vitil line 0-0 if itves it			
		19		х
		20a		X
-	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	T	T	
-	statements (see instructions)	001		

**20b** Form **990** (2010)

Form 990 (2010)	American	Numismatic	Association,	Inc
Part IV Checklist of	<b>Required Sched</b>	ules (continued)		1110

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	<u> </u>	X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is a section of the organization of the organization is a section of the organization of the or	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yos," complete			
			x	
24a	some the a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. II NO, go to line 25	24a		x
t	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
c	bid the organization maintain an escrow account other than a refunding escrow at any time during the wants of r	240		
	any tax exempt bonds (	24c		
C		24d		
258	economics (c)(o) and so (c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualmed person during the year? If "Yes," complete Schedule L. Part I	25a		x
D	to the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ware to			
	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			
26		25b		X
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
27	poison outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I. Part II	26		Х
	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			
28	Schedule L, Part III         Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u>X</u>
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	1993		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
С	All entity of which a current or former officer, director, trustee, or key employee (or a family member there a	28b		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
29	- and organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		$\frac{\mathbf{X}}{\mathbf{X}}$
30	bid the organization receive contributions of art, historical treasures, or other similar assots, or qualified assocs with	29		<u> </u>
	contributions ? If res, complete Schedule M	20	x	
31	bid the organization liquidate, terminate, or dissolve and cease operations?	30	-	
	If "Yes," complete Schedule N, Part I	31		х
32	bid the organization sell, exchange, dispose of, or transfer more than 25% of its pet associate? If "Vos " complete			
		32		х
33				
34	sections S01.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	the signification related to any lax-exempt or faxable entity?			
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
a	section 512(b)(13)?	35		X
u	bid the organization receive any payment from or endage in any transaction with a controlled entity with in the second		T	
36	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an areity it his to be a set in the second	36		<u>X</u>
	o manual of a contract of the second of the			
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		<u>X</u>
	Note. All Form 990 filers are required to complete Schedule O			
		38	X	

Form 990 (2010)

-	990 (2010)American Numismatic Association, Inc.48-6063tVStatements Regarding Other IRS Filings and Tax Compliance	8403	F	age 5
	Check if Schedule O contains a response to any question in this Part V			
			1	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32	12256623	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (			1.58
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	1	
	(gambling) winnings to prize winners?	0.53	37	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	X	la anti-
	filed for the calender year and ing with an within the same states to the states of th			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	MOLON THE MU	V	研究的分
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2b	X	00.255
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	A SAMP	v	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3a</u>	X	<u> </u>
- 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u>3b</u>	X	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			77
b	If "Yes," enter the name of the foreign country:	<u>4a</u>	in chinered	X
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		197724	v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u>		X
-	If "Yes " to line 5a or 5b, did the organization file Form 9996 T2	<u>5b</u>		
6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
0u	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		X
7		6b	100 - 200 - 200	Language and
'a	Organizations that may receive deductible contributions under section 170(c).	- Ale		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
0	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
U	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
А	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year7d	1200		State:
e f	by premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	12	1920	
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-12-22		
a	Did the organization make any taxable distributions under section 4966?	9a		
D	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	the contract		
a 	Initiation fees and capital contributions included on Part VIII, line 12	N. C.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	241.0	11.11	
11	Section 501(c)(12) organizations. Enter:	2.2		
a	Gross income from members or shareholders 11a		1.0	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	A A A A A A A A A A A A A A A A A A A	24 (17.2	
12a	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 year12b	13.1. C		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. et al	1.2.5	123
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	State.	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	and a second		
	organization is licensed to issue qualified health plans	2.4	1.15	
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990	(2010)

Form	990	(2010	)
		(4010	<u> </u>

America	n Num	ismatic	Association,	Inc
B. 4				TTTC •

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

Check if Sc	chedule C	) contains a	response to any question in this Part \	/1
				/• .

Sec	ction A. Governing Body and Management			
		······	Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year1a	9	Tes	
U.	the function of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	an Maria		
	officer, director, trustee, or key employee?	2	x	(CRISER)
3	Big the organization delegate control over management duties customarily performed by or upder the direct supervision			
	of officers, directors of trustees, or key employees to a management company or other person?	3		x
4	big the organization make any significant changes to its governing documents since the prior Form 990 was filed?		x	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	bes the organization have members or stockholders?	6	x	<u> </u>
7a	bees the organization have members, stockholders, or other persons who may elect one or more members of the	···  -•-		┣──
	governing body?	7a	x	
b	a we will debicite of the governing body subject to approval by members, stockholders, or other persons?	<u>7u</u> 7b	X	<u> </u>
8	Bid the organization contemporaneously document the meetings held or written actions undertaken during the year			Sec. Sec.
	by the following.			
а		8a	x	MESSING!
b	Lach committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	is there any oncer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at the			<u> </u>
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b				
	and branches to ensure their operations are consistent with those of the organization?	106		1
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
U	Describe in Schedule O the process, if any, used by the organization to review this Form 990	2.000	4919	Sale.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	12290330V-90
b	and oncers, directors of trustees, and key employees required to disclose annually interests that could give rise			
		12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In schedule C now this is done	12c	x	
13	Does the organization have a written whistleblower policy?	40	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	big the process for determining compensation of the following persons include a review and approval by independent	Sec. 1	1.50	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.2.2.1	20.2	
a	The organization's CEO, Executive Director, or top management official	15a	X	
D	outer oncers of key employees of the organization	15b	X	
	in res to line 15a or 15b, describe the process in Schedule O. (See instructions.)	-	28	
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
Ŀ	taxable entity during the year?	16a	C ******	X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	196	1.1	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		12-1	
Sect	exempt status with respect to such arrangements?	16b		
18	List the states with which a copy of this Form 990 is required to be filed CO			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available upplic inspection. Indicate how you make the one with the one withe one with the one with the one with the one	le for		
	Figure inspection, indicate now you make these available. Check all that apply.			
19				
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, statements available to the public.	and finan	cial	
	statements available to the public.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz Carol Shuman – (719) 632-2646	ation: 🕨		_
	818 Nowth Conservation 3			
	515 North Cascade Avenue, Colorado Springs, CO 80903			

# American Numismatic Association, Inc.

48-6063403 Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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. 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, and 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;

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	T	<u>ui 112</u>	1	C)	mpe	5115	ated any current officer,		r
Name and Title	Average	1		•	<b>C)</b> sitior	<b>-</b>		(D) Poportable	(E)	(F)
	hours per	(0	hec	k all			olv)	Reportable compensation	Reportable compensation	Estimated
	week		Γ	Γ	Г	T	Ť	from	from related	amount of other
	(describe	direct						the	organizations	compensation
	hours for related	tee or	istee			insate		organization	(W-2/1099-MISC)	from the
	organizations	fa	aal tr		Baño	ompe		(W-2/1099-MISC)		organization
	in Schedule		Institutional trustee	Officer	Key employee	Highest compensated emolovee				and related
Scott T. Rottinghaus	O)	Ē	sul	5	ξ.	훌륭	5			organizations
Governor	10.00									
Gary Adkins	10.00	X	L					0.	0.	0.
Governor	10.00									
Mike Ellis	10.00	X						0.	0.	0.
Governor	10.00		ĺ.							
Jeff. C. Garrett	10.00	X	ļ			L		0.	0.	0.
Governor	10.00									
Greg Lyon	10.00	X						0.	0.	0.
Governor	10.00									
Clifford Mishler	10.00	X						0.	0.	0.
Governor	10.00	x								
Wendell Wolka	10.00	Δ						0.	0.	0.
Governor	10.00	x								
Tom Hallenbeck	10.00							0.	0.	0.
President	25.00			x						
Walter A. Ostromecki			-+		-+			0.	0.	0.
Vice President	20.00			x				0.		
Larry Shepherd		-+	-+	-	-+	-+		<u>_</u>	0.	0.
Executive Director	40.00			x				263,617.		0 0 0 -
Larry Baber		-+	-		$\rightarrow$	-+	_	203,017.	0.	9,865.
Treasurer	10.00			x				0.		•
Ron Sirna		$\neg$			-+	-+			0.	0.
General Counsel	25.00			x				110,466.	0.	0
David Sklow				+	-†	$\neg$			0.	0.
Secretary	12.00			x				0.	0.	0.
Kenneth Bressett					1	-†				<u> </u>
Assistant Treasurer	1.00			x				0.	ο.	0.
Kenneth Hallenbeck				1						0.
Assistant Treasurer	1.00		:	X				0.	0.	0.
Richard Horst					$\top$	$\neg$			<b>```</b>	
Assistant Treasurer	1.00			x				0.	ο.	0.
Gerome Walton		T	Τ	Т			1			
Assistant Treasurer 132007 12-21-10	2.00		:	X				0.	0.	0.

Instruction       Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)       (a)       (b)       (c)       (c) <th< th=""><th>Form 990 (2010) American</th><th>Numism</th><th>at</th><th>ic</th><th>A</th><th>ss</th><th>oc:</th><th>ia</th><th>tion, Inc.</th><th>48-</th><th>6063</th><th>403</th><th>Pa</th><th>age <b>8</b></th></th<>	Form 990 (2010) American	Numism	at	ic	A	ss	oc:	ia	tion, Inc.	48-	6063	403	Pa	age <b>8</b>
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week hours for related organizations of organizations organizations of organizations o	Name and title	-	6						Reportable	Reportab	le	Est		d
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and rotation of gailizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       6       (C)         2       Name and business address       Description of services       Compensation         2       Description of services       Compensation       286,062.         2       Description of services       286,062.         2       Convention Decorator       256,216.         2       Convention Decorator       256,216.         2       Colorado College, 902 N. Cascade Ave,       Summer Seminar       216,349.         2       Colorado Springs, CO 80946       Summer Seminar       216,349.         2       Total number of independent contractors (including but not limited to those listed above) who received nere than       147,950.	4 For any individual listed on line 1a is the su	n of reported l	•••••	•••••		•••••	•••••				L	3		X
Image: Section B. Independent Contractors       5         Section B. Independent Contractors       5         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B)       (C)         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (B)       (C)         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       (C)       Compensation         (A)       (B)       (C)       Compensation       Compensation         (B)       (C)       Compensation       Compensation         (C)       Description of services       Compensation         (C)       Description of services       Compensation         (C)       Compensation       Compensation         (C)       Description of services       Compensation         (C)       Description of services       Compensation         (C)       Convention Decorator       286,062.         (C)       Convention Decorator       256,216.         (C)       Summer Seminar       216,349.         (C)       Cositive Protection, 28441 Rancho       Security       151,653. </td <td>and related organizations greater than \$150</td> <td>0002 /f "Ves "</td> <td></td> <td>mpei nn/ot</td> <td>nsat</td> <td>ion a</td> <td>and</td> <td>oth</td> <td>er compensation from th</td> <td>ne organization</td> <td></td> <td></td> <td>1</td> <td>165</td>	and related organizations greater than \$150	0002 /f "Ves "		mpei nn/ot	nsat	ion a	and	oth	er compensation from th	ne organization			1	165
Independent Contractors         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         20       Box 310295, Des Moines, IA 50331       Printing       286,062.         291       West Bryn Mawr, Rosemount, IL 60018       Convention Decorator       256,216.         20 locado College, 902 N. Cascade Ave,       Summer Seminar       216,349.         20 lorado Springs, CO 80946       Summer Seminar       216,349.         21 fornia Rd, Temecula, CA 92590       Security       151,653.         22 Total number of independent contractors (including but not limited to those listed above) who received more than       147,950.	5 Did any person listed on line 1a receive or a	CCILIE COMPEN	con eatic	npiel on fre	e 30	cnec		J TC lata	or such individual			<u>4 2</u>	٢	
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         20       Box 310295, Des Moines, IA 50331       Printing       286,062.         291       West Bryn Mawr, Rosemount, IL 60018       Convention Decorator       256,216.         2010rado College, 902 N. Cascade Ave,       Summer Seminar       216,349.         201orado Springs, CO 80946       Summer Seminar       216,349.         201fornia Rd, Temecula, CA 92590       Security       151,653.         20       Broadway, Cincinnati, OH 45202       Insurance       147,950.	rendered to the organization ( II Yes, " comp	lete Schedule	J fo	rsuc	ch n	erso	unite m	ale	d organization or individ	ual for services		100		
(A) Name and business address(B) Description of services(C) CompensationPC Print Services0000PO Box 310295, Des Moines, IA 50331Printing286,062.PO Box 310295, Des Moines, IA 50331Printing216,349.PO Box 310295, Des Moines, IA 50331Summer Seminar216,349.Polorado College, 902 N. Cascade Ave, Colorado Springs, CO 80946Summer Seminar216,349.Positive Protection, 28441 Rancho Salifornia Rd, Temecula, CA 92590Security151,653.Phe Lafayette Life Inusurance Co OO Broadway, Cincinnati, OH 45202Insurance147,950.Patient Protection Contractors (including but not limited to those listed above) who meeting meeting147,950.	eren andependent oontractors													<u>X</u>
(A) Name and business address(B) Description of services(C) CompensationCPC Print ServicesDescription of servicesCompensationPO Box 310295, Des Moines, IA 50331Printing286,062.CPC Print ServicesConvention Decorator256,216.Colorado College, 902 N. Cascade Ave, Colorado Springs, CO 80946Summer SeminarColorado Springs, CO 80946Summer Seminar216,349.Colorado Springs, CO 80946Security151,653.Coloradoway, Cincinnati, OH 45202Insurance147,950.	<ol> <li>Complete this table for your five highest con the organization</li> </ol>	npensated inde	eper	nden	t co	ntra	ctor	s th	at received more than \$	100,000 of com	Ipensat	ion fror	n	
Name and business addressDescription of servicesCompensationCompensationCompensation286,062.Convention Decorator291 West Bryn Mawr, Rosemount, IL 60018Convention Decorator256,216.Colorado College, 902 N. Cascade Ave, Colorado Springs, CO 80946Summer Seminar216,349.Colorado Springs, CO 80946Summer Seminar216,349.Colorado Springs, CO 80946Security151,653.Convention I a Rd, Temecula, CA 92590Security151,653.Convention I a Rd, Temecula, CA 92590Security147,950.Convention I a Rd, Convention I and I			····					Т	(B)	r		(0)		
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Les Convention Decorator200,002.291 West Bryn Mawr, Rosemount, IL 60018Convention Decorator256,216.Colorado College, 902 N. Cascade Ave,Summer Seminar216,349.Colorado Springs, CO 80946Summer Seminar216,349.Cositive Protection, 28441 RanchoSecurity151,653.California Rd, Temecula, CA 92590Security151,653.Che Lafayette Life Inusurance CoInsurance147,950.2Total number of independent contractors (including but not limited to those listed above) who meaning mean than147,950.							_	+						
291 West Bryn Mawr, Rosemount, IL 60018Convention Decorator256,216.Colorado College, 902 N. Cascade Ave, Colorado Springs, CO 80946Summer Seminar216,349.Positive Protection, 28441 Rancho California Rd, Temecula, CA 92590Security151,653.The Lafayette Life Inusurance Co 200 Broadway, Cincinnati, OH 45202Insurance147,950.2Total number of independent contractors (including but not limited to those listed above) who machined mark that147,950.	PO Box 310295, Des Moines	, IA 50	33	1				P	rinting			286.	062	2.
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Colorado Springs, CO 80946Summer Seminar216,349.Positive Protection, 28441 RanchoSecurity151,653.Palifornia Rd, Temecula, CA 92590Security151,653.Phe Lafayette Life Inusurance CoInsurance147,950.Proadway, Cincinnati, OH 45202Insurance147,950.	Colorado College 902 N	mount,	<u>1</u> 1	6(	101	18		<u>c</u>	onvention De	corator		256,	216	5.
Cositive Protection, 28441 RanchoElectronicSalifornia Rd, Temecula, CA 92590SecurityThe Lafayette Life Inusurance Co151,653.00 Broadway, Cincinnati, OH 45202Insurance2 Total number of independent contractors (including but not limited to those listed above) who measured mere then	Colorado Springs, CO 8094	cascaue	A	ve,	,									
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Ine Lafayette Life Inusurance Co       131,055.         00 Broadway, Cincinnati, OH 45202       Insurance       147,950.         2 Total number of independent contractors (including but not limited to those listed above) who received more than       147,950.	alifornia Rd, Temecula, (	CA 92590	n n					c.	ogurit.					
2       Total number of independent contractors (including but not limited to those listed above) who received more than       147,950.	he Lafayette Life Inusura	ance Co						P	ecurrey		1	.51,	653	· •
Total number of independent contractors (including but not limited to those listed above) who received more than	00 Broadway , Cincinnati	, OH 452	202	2				<u>I</u> 1	nsurance		1	47,	950	
	<ul> <li>\$100,000 in compensation from the organization</li> </ul>	viuding but not	: limi	ted t	o th	ose 8	liste	ed a	bove) who received mor	e than				

Form 990 (2010)	American	Numismatic	Association.	Inc.	48-6063403
Part VIII St	atement of Revenue				40-0003403

						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 512 or 514
nts		l a		1a					513, or 514
gra			Membership dues	1b				and the second	
fs,		C	Fundraising events	1c					
igi Iar		d	Related organizations	1d			and the state		
, su		е	Government grants (contribut	tions) 1e		de la constante	Sec. Alter		
ario		f	All other contributions, gifts, gran	nts, and			a start and the		
tr et e			similar amounts not Included abo		<u>363,373</u> .				
Contributions, gifts, grants and other similar amounts		g	Noncash contributions included in lines				至其你是認識	a section and	- 学校、自己的主要的主要
		h	Total. Add lines 1a-1f			363,373.			
m			Bourgo and Hear		Business Code				a second and the
vic.	2	2 a	Bourse and Fees Membership Dues	Revenu	900099	2,488,727.	2,488,727		and the second se
Program Service Revenue		D	Other Service R	3	900099	948,020.		•	
m la la		С Л	Seminar Revenue		900099	654,842.			
Pare a		u	beminar Kevenue	-8	900099	336,269.	336,269		
P		f	All other program and is						
		а	All other program service reve Total. Add lines 2a-2f			4 407 050			
	3		Investment income (including	dividende inter	••••••••••••••••••••••••••••••••••••••	4,427,858.			a call a call the call
			other similar amounts)			150 166			
	4		Income from investment of tax		····· •	150,166.			150,166.
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross Rents	6,060.	(ii) Fersonal				
		b	Less: rental expenses						
			Rental income or (loss)	6,060.					
			Net rental income or (loss)		·	6,060.			6 0.00
	7		Gross amount from sales of	(i) Securities	(ii) Other	0,000.		and the second second	6,060.
			assets other than inventory						
		b	Less: cost or other basis			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
			and sales expenses						
			Gain or (loss)						
		d	Net gain or (loss)						
9	8	а	Gross income from fundraising	) events (not		in a second second		al management and a second	
venue			including \$	of					
Be			contributions reported on line	1c). See		and the second			Contraction of the
Other Re			Part IV, line 18						
₹		b	Less: direct expenses	b			7.3+ F		
			Net income or (loss) from fund		🕨				and a source second second second second second
	9		Gross income from gaming act				and the second		
			Part IV, line 19	а					
		0	Less: direct expenses			The Part of the Part of the	行行の見たる		the second state
	10	a i	Net income or (loss) from gami Gross sales of inventory, less re	ng activities	🕨				
	10	u ,	and allowances	eturns	77 051		State State		
		bi	Less: cost of goods sold	a	77,051.				A CONTRACTOR
			Net income or (loss) from sales	of inventory	20,120.	56 022	FC 022		
T			Miscellaneous Revenue			56,923.	56,923.		
F	11	al	Miscellaneous Ir	lcome	Business Code 900099	591,577.	501 577		Start Barthare
			Advertising		541800	457,401.	591,577.	157 101	·
	(		License Fee		900099	112,686.	112,686.	457,401.	
	(	-	All other revenue				,000.		
	(		Total Add Bass 11 - 11			,161,664.			
	12		Total revenue. See instructions.			5,166,044.5	189 044	457 401	156 226
32009 2-21-	10						, ,	~~,, <u>-</u> \T•	10,440.

Page 9

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). Do not include amounts reported on lines 6b, (B) Program service expenses (A) (C) (D) Fundraising Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 1 organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 ..... Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members ..... 4 Compensation of current officers, directors, 5 trustees, and key employees 438,401. 302,804. 112,788. 22,809. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 1,353,738. 935,029. 348,279 70,430. Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) Other employee benefits 9 454,538. 251,675. 202,863. Payroll taxes 10 Fees for services (non-employees): 11 Management а 422,324. Legal b 422,324. Accounting С Lobbying d Professional fundraising services. See Part IV. line 17 е Investment management fees f Other \_\_\_\_\_ g Advertising and promotion 12 171,629. 170,907. 722. 13 Office expenses 35,501. 22,854. 12,647. 25,141. Information technology 14 25,141. 15 Royalties 16 Occupancy \_\_\_\_\_ 17 Travel 265,919. 263,303. 688. 1,928. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,258,347. 1,258,231. 116. 20 Interest -----Payments to affiliates ..... 21 267,961. Depreciation, depletion, and amortization 22 175,245. 92,716. Insurance 98,222. 23 86,265. 11,957. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Editorial and Publicati а 323,492. 322,901. 460. 131. Security b 242,092. 242,092. Postage С 221,438. 219,502. 1,936. Contract Labor h 188,467. 144,195. 43,885. 387. Exhibits 107,909. 107,909. 0 445,837. All other expenses 291,277. 85,907. 68,653. Total functional expenses. Add lines 1 through 24f 6,320,956. 25 4,819,330. 1,334,630. 166,996. Joint costs. Check here 
if following SOP 26 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

American	Numismatic	Association,	Inc.

48-6063403 Page 11

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,956.	1	13,492.
	2	Savings and temporary cash investments	619,489.	2	104,761.
	3	Pledges and grants receivable, net	10,433,477.	3	13,450,542.
	4	Accounts receivable, net	92,912.	4	703,952.
	5	Receivables from current and former officers, directors, trustees, key		10.77	
		employees, and highest compensated employees. Complete Part II		111	
		of Schedule L		5	and a second
	6	Receivables from other disqualified persons (as defined under section		State.	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instructions)		6	
Assets		Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	55,994.	8	61,886.
	9	Prepaid expenses and deferred charges	214,873.	9	179,101.
	lua	Land, buildings, and equipment: cost or other			
	L .	basis. Complete Part VI of Schedule D 10a 6,859,721.	0.050.000		
	11	Less: accumulated depreciation 10b 4,690,029.	2,352,986.		2,169,692.
	12	Investments - publicly traded securities	7,242,368.	11	6,997,718.
	13	Investments - other securities. See Part IV, line 11	7,638,675.	12	8,164,506.
	14	Investments - program-related. See Part IV, line 11		13	
	15	0	25 002 205	14	25 000 110
	16	Other assets. See Part IV, line 11	35,983,385.	15	35,990,410.
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	64,638,115. 781,964.	16	67,836,060.
	18	Grants payable and accided expenses	/01,904.	17	813,093.
	19	Grants payable Deferred revenue	706,123.	18	410 010
	20		700,123.	19	418,810.
ŝ	21	Escrow or custodial account liability Complete David W. ( O. ).		20	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		21	
abil		highest compensated employees, and disqualified persons. Complete Part II			
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	1,823,838.	25	2,116,712.
	26	Total liabilities. Add lines 17 through 25	3,311,925.	26	3,348,615.
		Organizations that follow SFAS 117, check here  X and complete			
ses		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	13,444,873.	27	13,842,948.
Bal	28	Temporarily restricted net assets	47,830,266.	28	50,593,446.
nd		Permanently restricted net assets	51,051.	29	51,051.
Fu		Organizations that do not follow SFAS 117, check here  and and		-	an and the second second
sor		complete lines 30 through 34.	All a series and a series	1 ml ( -) -	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	61,326,190.	33	64,487,445.
	34	Total liabilities and net assets/fund balances	64,638,115.	34	67,836,060.

Form 990 (2010)

# Form 990 (2010) American Part X Balance Sheet

	American Numismatic Association, Inc.	48-6	063403	Pa	ae 12
Pa	rt XI Reconciliation of Net Assets		000100	<u> </u>	ge 12
	Check if Schedule O contains a response to any question in this Part XI				X
			<u></u>		لحما
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,16	6.0	44.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,32		
3	Revenue less expenses. Subtract line 2 from line 1	3	-15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,32		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,31		
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	64,48		
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	200	Parti	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	in Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
4	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
u	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	i on a		1	
	separate basis, consolidated basis, or both:				198 ju
39					
Ua	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
h	Act and OMB Circular A-133?		<u>3a</u>		X
5	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>			
			Form S	<b>)90</b> (;	2010)

SCHEDULE A		blic Charity (	Statur		<b>D.</b> . I. IP	•	_	1	OMB No	. 1545-0	047
(Form 990 or 990-E2		blic Charity S							20	)1(	1
Department of the Treasury Internal Revenue Service		lete if the organization 4947(a)(1) Attach to Form 990 or 1	nonexem	pt charita	ble trust.				Open		olic
Name of the organization	ition							Employer	a for the state		
Part   Reason	Americ for Public Cha	an Numismati	C Ass	ociat	ion,	Inc.			8-606:		
The organization is not	a private foundatio	arity Status (All organ n because it is: (For line	s 1 through	hust comp	lete this p	art.) See ir	struction	s			
A church, c	onvention of church	es, or association of ch	urches des	scribed in	K ONLY ONE	9 DOX.) 70(6)(1)(A)	<i>/</i> i/				
	escribed in section 1	170(b)(1)(A)(ii). (Attach S	Schedule E	E.)			<b>(</b> 1).				
3 A hospital c	or a cooperative hos	pital service organization	n describe	d in sectio	on 170(b)(	1)(A)(iii).					
city, and sta	ate:	operated in conjunctio	n with a ho	ospital des	cribed in s	section 17	′0(b)(1)(A	)(iii). Enter 1	the hospita	l's nar	ne,
	the second se	e benefit of a college or	university	owned or							
section 17	0(b)(1)(A)(iv). (Comp	plete Part II.)	aniversity	Owned OF	operated	oy a gover	nmental u	unit describ	ed in		
6 A federal, st	ate, or local govern:	ment or governmental u	nit describ	ed in sect	ion 170(b)	)(1)(A)(v).					
An organiza	ition that normally re	ceives a substantial par	rt of its sup	port from	a governn	nental unit	or from t	he general i	public desc	ribed	in
		iele Farl II.)						•			
9 X An organiza	tion that normally re	section 170(b)(1)(A)(vi)	). (Complet	te Part II.)							
activities rel	ated to its exempt fu	ceives: (1) more than 33 unctions - subject to cer	tain excen	ts support	from cont	tributions,	members	hip fees, ar	nd gross re	ceipts	from
	anciated business	razable income (less se	ction 511 t	tax) from b	usinesses	acquired	by the or	its support	from gross		tment
		le Fall III.)						gamzation		50, 19	75.
10 An organiza	tion organized and o	operated exclusively to t	est for put	olic safety.	. See <b>sect</b> i	ion 509(a)	(4).				
	V Supported organize	operated exclusively for	the benefit	t of, to per	form the fi	unctions o	f, or to ca	rry out the	purposes o	of one	or
describes th	e type of supporting	ations described in sec organization and comp	uon 509(a) Diete lines	(1) Or sect	lon 509(a) ab 115	(2). See se	ection 50	9(a)(3). Che	ck the box	that	
a L Type	l bL	Type II		pe III · Fun	nctionally in	ntegrated		d 🗔	Turnelli	<b>NH</b>	
e By checking	this box, I certify th	at the organization is no	ot controlle	d directly	or indirecti	ly by one d	or more di		Type III - ( persons off		n
realidation	hanagers and other	unan one or more public	ly support	ed organiz	zations des	scribed in	section 5	09(a)(1) or s	section 509	(a)(2).	
	zation received a wri organization, check t	bie how	the IRS th	nat it is a T	ype I, Typ	e II, or Typ	e III				
		organization accepted a	ny gift or a							·····	
(i) A perso	on who alrectly or inc	directly controls, either a	alone or too	aether witł	h persons	described	in (ii) and	(iii) below		Y	
u le gov	erning body of the s	upported organization?							11g(i)	Yes	No
(••) / •••	member of a perso	n described in (i) above	2								
()	of a official of a	r beison geschned (II (I)	or (III) abov	/eː/					11g(iii)		
	onowing information	about the supported of	rganization	n(s).							
(i) Name of supported	(ii) EIN	(iii) Type of	(iv) Is the	ornanization	n (v) Did yo	u notify the	(vi)	s the			
organization		organization (described on lines 1-9	in col. (i) li	isted in vou	r organiza	tion in col.	Torganizat	ion in col. zed in the	(vii) Am supp		1
		above or IRC section		document?	(i) of you	r support?	U.	S.?	suhh	UL	
		(see instructions))	Yes	No	Yes	No	Yes	No			
			<u> </u>		<u> </u>		<u> </u>	╉───┤-			
				[							
								+-+			
					ĺ						
								┼──┼─			
Total						No the					
Total			24343					1.1.2			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

#### Schedule A (Form 990 or 990-EZ) 2010

~ - 41 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and					(6) 2010	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
3	The value of services or facilities		12 - 14				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a		Contraction of the				
	governmental unit or publicly						
	supported organization) included		and the second		The second second	a the second and a second	
	on line 1 that exceeds 2% of the	A State of the second					
	amount shown on line 11,					Sec. Sec.	
	oolumn /A						
•	***************************************						
	Public support. Subtract line 5 from line 4.		1.				
			T				
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				1		
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			Respective Sciences	Contraction of the		
12	Gross receipts from related activities,	etc. (see instructi	ons)			40	
13	First five years. If the Form 990 is for	the organization'	s first second thi	d fourth or fifth t	·····	12	
	organization, check this box and stop	here					· []
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2010 (li	ne 6. column (f) d	ivided by line 11	column (ft)			
15	Public support percentage from 2009	Schedule A. Part	li line 14			14	%
16a	33 1/3% support test - 2010. If the or	ganization did no	t check the box or	lino 12 and line t		15	%
	stop here. The organization qualifies a	as a publicly supp	orted organization		14 IS 33 1/3% OF I	nore, check this box	and
b	stop here. The organization qualifies a 33 1/3% support test - 2009.If the or	ganization did not	check a boy or "	no 12 c= 10= 1			
	and stop here. The organization qualit	fies as a publicly		ne is or loa, and	iine 15 is 33 1/3%	or more, check this	s box
17a	and stop here. The organization qualit 10% -facts-and-circumstances test	- 2010 if the area	piported organiz		5.5		
	10% -facts-and-circumstances test and if the organization meets the "fact		unzauon did not c	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the "fact meets the "facts and circumstances" t	ont The annumitan	ces" test, check th	box and stop h	ere. Explain in Pa	rt IV how the organi	zation
h	meets the "facts-and-circumstances" t	est. The organiza	uon qualifies as a	publicly supported	organization	······	
	10% -lacts-and-circumstances test	- 2009.If the orga	inization did not cl	neck a box on line	13, 16a, 16b, or 1	7a and line 15 is 10	0% or
	more, and if the organization meets the	e racts-and-circu	mstances" test, cł	neck this box and a	stop here. Explair	n in Part IV how the	
10	organization meets the "facts-and-circu Private foundation of the ensure of the	umstances" test.	The organization of	ualifies as a public	cly supported orga	anization	
10	Private foundation. If the organization	did not check a	<u>50x on line 13, 16</u>	a, 16b, 17a, or 17b	, check this box a	ind see instructions	

Schedule A (Form 990 or 990-EZ) 2010

# Schedule A (Form 990 or 990 EZ) 2010 American Numismatic Association, Inc. 48-6063403 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(-) 0000			1
	Gifts, grants, contributions, and	(a) 2000	( <b>D</b> ) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	1402435.	140000	141000			
2		1402433.	1423268.	1417987.	1033949.	1311393.	6589032
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2466689.	3377897.	2945059.	3568328.	4718553.	17076526
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
	***************************************						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities	·······					
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3869124.	4801165.	4363046.	4602277.	6029946.	22665550
7a	Amounts included on lines 1, 2, and				10022110	0047340.	43003558
	3 received from disqualified persons	45,091.	32,625.	31,618.			100 224
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						109,334
	amount on line 13 for the year	25,000.	50,891.	29,213.		38,138.	143,242
С	Add lines 7a and 7b	70,091.	83,516.	60,831.		38,138.	252,576
8	Public support (Subtract line 7c from line 6.)	Cale Standard State					232,370
Sec	tion B. Total Support						23412982
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(a) 2008	(.1) 0000		
	Amounts from line 6	3869124.	4801165.	(c) 2008 4363046.	(d) 2009 4602277.	(e) 2010	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties				4002277.	6029946.	23005558
	and income from similar sources	1670810.	1511419.	215.657.	128,076.	156,226.	3682188
b	Unrelated business taxable income				120,070.	130,220.	2002100
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1670810.	1511419.	215 657	100 000	156 000	
11 .	Net income from unrelated business activities not included in line 10b, whether or not the business is	10/0010.	1311419.	215,057.	128,076.	156,226.	3682188
2	regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)	5539934.	6212504	4580800	150055		
			6312584.	4578703.	4730353.	6186172.2	27347746
	First five years. If the Form 990 is for t	the organization's	first, second, third	, fourth, or fifth tax	vear as a section	501(c)(3) organiza	ition,
	check this box and stop here						
	tion C. Computation of Public	s Support Per	centage				
о і с і	Public support percentage for 2010 (lir	ie 8, column (f) div	ided by line 13, co	iumn (f))		5	85.61 %
0 1	Public support percentage from 2009 s	Schedule A. Part II	II. line 15	<u></u>		6	79.78 9
eci	tion D. Computation of Invest	tment Income	Percentage			·····	
7	nvestment income percentage for 201	0 (line 10c, colum	n (f) divided by line	13, column (f))		7	13.46 %
0 1	nvestment income percentage from 20	<b>)09</b> Schedule A, P	art III, line 17		-	8	19.04
9a 3	33 1/3% support tests - 2010. If the o	rganization did no	t check the box or	line 14, and line <sup>-</sup>	5 is more than 33	1/3% and line 17	la nat
	note than 33 1/3%, check this box and	d stop here. The c	organization qualifi	es as a publicly su	pported organizat	ion	N X
b3	5 1/5% support tests - 2009. If the 0	rganization did no	t check a box on li	ne 14 or line 19a	and line 16 is more	than 22 1/20/	a d
						- unan 33 1/3%, af	IU
	ne 18 is not more than 33 1/3%, chec <b>Private foundation.</b> If the organization	k this box and <b>sto</b>	p here. The organ	ization qualifies as	a publicly support	tod organization	

Schedule A (Form 990 or 990-EZ) 2010

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization	tion	Employer identification number
<b></b>	American Numismatic Association, Inc.	48-6063403
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

. .....

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%
of the amount on (i) Form 000 Dort VIII II. due to a contract of the your, a contraction of the greater of (1) \$5,000 of (2) 2%
of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of or	orm 990, 990-EZ, or 990-PF) (2010) ganization	Em	Page 1 of 2 of Part ployer identification number
Ameri	can Numismatic Association, Inc.		48-6063403
Part I	Contributors (see instructions)		40-0003403
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
1		\$8,396	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$5,000	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Part I	Contributors (see instructions)		48-6063403
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Is Type of contribution
7		\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
8		\$5,000	Person X     Payroll      Noncash      (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
9		\$100,000	Person X     Payroll      Noncash      (Complete Part II if there     is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
10		\$5,000	Person X Payroli Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 2 of 2 of Part I

Employer identification number

Name of or	ganization		Page of of Part II Employer identification number
Amori	Cap Numi amphia Bassal III		embioder incumication untilinet
Part II	can Numismatic Association, Inc.		48-6063403
(MERLINATE DAMA)	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·			
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of or						of Part III			
	3				Employer identification	n number			
Ameri	<u>can Numismatic Associa</u>	tion Ind				-			
Part III	EXClusively religious charitable etc.	individual contaits of	to section 501	(a)(7) (9) an (40)	48-606340				
	more than \$1,000 for the year. Comple Part III, enter the total of exclusively reliv	ete columns (a) through (	e) and the follow	ving line entry. For	organizations aggregations complete	ating			
	Part III, enter the total of exclusively relig \$1,000 or less for the year. (Enter this i	gious, charitable, etc., cor	ntributions of	0		ing ing			
(a) No.		inormation once. See inst	ructions.) > \$	1					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is	heid			
		·							
					maniference and and a second a				
		(e) Trans	fer of gift						
			ici ol giit						
	Transferee's name, address,	and ZIP + 4		Palationship of tra	nsferor to transferee				
				relationship of tra	insieror to transferee				
(a) No. from	(b) Purpose of gift	(0) 11-0-06				· · · · · · · · · · · · · · · · · · ·			
Part I	(b) Purpose of gift (c) Use of gift			(d) Desc	(d) Description of how gift is held				
ŀ						······································			
	(e) Transfer of gift								
F	Transferee's name, address, a	lelationship of tra	nsferor to transferee						
			······						
(a) No.				r					
from Part i	(b) Purpose of gift	(c) Use of g	jift	(d) Desci	ription of how gift is h	held			
				······		<u> </u>			
		(e) Transf	er of aift						
F	Transferee's name, address, a	ind ZIP + 4	R	elationship of tran	sferor to transferee				
						<u> </u>			
(a) No.									
(a) No. from	(b) Purpose of gift	(c) Use of g	ift		indian address idea a				
Part I		(0) 000 01 g		(u) Descr	iption of how gift is h	eld			
-		L							
		(e) Transfe	er of gift						
	Transferee's name, address, a			-					
F	in shore e s hame, auuress, a	<u>uu zir + 4</u>	Re	elationship of trans	sferor to transferee				

S	С	Η	Ē	D	U	L	E	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, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.



Name of the organization

D	American Numismatic	Association, Inc.	Employer identification number 48-6063403
Гс	organizations maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
	<b>-</b> • • • • • • •	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	funds
~	are the organization's property, subject to the organization's ex	xclusive legal control?	
6	and donor advantees, donors, and donor adv	VISORS in writing that grant funds can be use	ad anti-
	for charitable purposes and not for the benefit of the donor or (	donor advisor, or for any other purpose cor	nferring
Da			
	Complete if the organized and	nization answered "Yes" to Form 990 Part	IV, line 7.
1	Fulpose(s) of conservation easements held by the organization	(check all that apply)	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier day of the tay year	d conservation contribution in the form of a	COnservation easement on the last
	day of the tax year.		concertation casement on the last
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	rotal acreage restricted by conservation easements		0
C	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic structure	
	isted in the National Register		2d
3	relea	used, extinguished, or terminated by the ord	anization during the tax
4	Number of states where property subject to conservation easer	ment is located 🕨	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it he	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enf	forcing conservation easements during the	voor h
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170/b)//	
_			
9	are view, describe now the organization reports conservation	easements in its revenue and evolution at a	fomont and balance should be a
	include, in applicable, the text of the footnote to the organization	n's financial statements that describes the o	organization's accounting for
Do	conservation easements.		
ra		rt, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990	0, Part IV, line 8.	
та	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue statement	and balance sheet works of art
	instantial reasones, or other similar assets held for public exhibit	tion, education, or research in furtherance of	of public service, provide, in Part XIV
	the text of the foothole to its infancial statements that describes	s these items.	
D	If the organization elected, as permitted under SFAS 116 (ASC s treasures or other similar assets held for public sublictions	958), to report in its revenue statement and	balance sheet works of art, historical
	education, of other similar assets held for public exhibition, educ	ation, or research in furtherance of public s	ervice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$7,025.
~	(ii) Absolution in Form 990, Part X		► ¢ 35 990 410
2	if the organization received or held works of art, historical treasu	res, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (	ASC 958) relating to these items:	
a ,	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		\$

	dule D (Form 990) 2010 America	n Numismat	ic As	socia	ation,	Inc.	er Simil	<u>48-60</u>	6340	3 Page	2
3	Using the organization's acquisition, access	ion, and other record	ds check	any of the	following th	at aro o	ect Until	di Mase	as (cont	nuea)	
	(check all that apply):						synncan	use of its	COllectio	nitems	
а	X Public exhibition	c	• 🗖 •	an or ove	change prog						
b	X Scholarly research	6		ther	mange prog	rams					
c	X Preservation for future generations	t	;0	iner				·			
4											
5	Provide a description of the organization's o	collections and explai	in how the	y further t	the organiza	tion's exe	empt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit	or receive donations	of art, hist	orical trea	asures, or ot	her simila	ar assets		-		
Da	to be sold to raise funds rather than to be m	aintained as part of	the organi	zation's c	ollection?			<u>L</u>	Yes		D
	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	igements. Compl	ete if the c	organizatio	on answered	"Yes" to	o Form 990	), Part IV,	line 9, or		
	reported an amount of Form 990, Fa	art A, Ime 21.									
Ia	Is the organization an agent, trustee, custor	lian or other intermed	diary for co	ontribution	ns or other a	ssets no	t included				
	on Form 990, Part X?								Yes		D
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ble:							
									Amount		-
С	Beginning balance						1c				-
d	Additions during the year					••••••	1d				
е	Distributions during the year		••••••	•••••••	••••••	••••••	1u 1e				
f	Ending balance		••••••	•••••	•••••	••••••	<u>16</u> 1f				_
2a	Did the organization include an amount on F	orm 990. Part X line	212		•••••	•••••				1 1.	
b	If "Yes," explain the arrangement in Part XIV	/.		•••••	******			L	Yes	L No	)
Pa	t V Endowment Funds. Complete	if the organization ar	swered "	/es" to Eo	m 000 Der		10				_
L		(a) Current year									
1a	Beginning of year balance	(a) Current year	(b) Pric	or year	(c) Two yea	ITS DACK	(d) Inree y	/ears back	(e) Four	years back	_
b	Contributions						1.	122-527	T. anne		
									2.2.20		12
C L	Net investment earnings, gains, and losses						Stand Star	的汉王主义	The Contraction		1
	Grants or scholarships								E. State		
e	Other expenditures for facilities										R.
	and programs							1993 - 1994 1995 - 1996	-		
	Administrative expenses						14 1 1 Con	a state	Set of	Christian	
g	End of year balance						1. 1. 1. 1. 1.	States and	a hand		5
2	Provide the estimated percentage of the year	r end balance held a	IS:		*****						-
а	Board designated or quasi-endowment 🕨		%								
b	Permanent endowment	%									
С		%									
	Are there endowment funds not in the posse	ession of the organize	ation that :	aro hold a	nd administ	arad for t	ha avaani-				
	by:						ne organiz	ation	5		-
	(i) unrelated organizations									Yes No	-
								·····	<u>3a(i)</u>		_
h	If "Yes" to 3a(ii), are the related organization:				••••••		•••••	·····	3a(ii)		_
4	Describe in Part XIV the intended uses of the	s ilsted as required o	n Schedu	ен?		·····	••••••	•••••			_
Par	t VI   Land, Buildings, and Equipm	organization's endo	wment fui	nds.							_
											_
	Description of investment	(a) Cost or of		(b) Cost		•••	ccumulate	d	(d) Book	value	
		basis (investm	nent)	basis (	(other)	dep	oreciation				
1a	Land							できた			-
b	Buildings			4,36	7,698.	2,5	796,19	95.	L,571	,503.	<u>-</u>
С	Leasehold improvements										-
d	Equipment			2,49	2,023.	1,8	393,83	34.	598	,189.	-
e	Other										-
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column	(B), line 1	0(c).)				2.169	,692.	-
									,	,	_

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See (a) Description of security or category	Form 990, Part X, line	12.		-6063403 Pag
(including name of security)	(b) Book value	(c) M Cost or e	Aethod of valu end-of-year ma	ation: rket value
1) Financial derivatives				
2) Closely-held equity interests 3) Other			· · · · · · · · · · · · · · · · · · ·	
(A) Donated Corporate Stock	8,164,506	• End-of-Year	Market	Value
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 10.)	9 164 500			
Part VIII Investments - Program Related. See	8,164,506			
intestinents - Program Related. See	Form 990, Part X, line			
(a) Description of investment type	(b) Book value	(c) M	lethod of valua	tion:
(1)		Cost or e	nd-of-year mar	ket value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	·····			
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 15			中的合理力	
Fait A, line To	escription	-		
(1) Numismatic Collections				(b) Book value
(2)				35,990,410
(3)				
(4)				
(5)				
(6)	·····			
(7)				
(8)				
(9)				
10)				
tal. (Column (b) must equal Form 990, Part X, col (B) line 15	<u>.</u>			
art X Other Liabilities. See Form 990, Part X, line	<u></u> 25			35,990,410
(a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) Deferred Compensation		29 140		
(3) Accrued Pension Liability		28,149. 852,046.		
(4) Accrued Postretirement Bene	fite	59 110	Cherry Carlins	
(5) Deferred Life Membership Fe	es	58,112. 1,178,405.		
(6)		±, ±/0, 403.		
(7)				
(8)				
(9)				
10)				
0) 11) al. (Column (b) must equal Form 990, Part X, col (B) line 25, FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the C FIN 48 (ASC 740).		2,116,712.		

Sch Pa	edule D (Form 990) 2010 American Numismatic Association	1, Inc	•	<b>4</b> 8-	-6063403	Page 4
1	art XI Reconciliation of Change in Net Assets from Form 990 to Audite	ed Finance	cial Sta	teme	nts	
2	(Form revenue (Form 990, Part VIII, column (A), line 12)		1		6,166	044
	rotal expenses (Form 990, Part IX, column (A), line 25)		2		6,320	
3	Excess of (dencil) for the year. Subtract line 2 from line 1		3		-154	
4	Not unrealized gallis (IOSSES) On Investments	F	4			,913.
5			5		-20	,913.
6			6			
7						
8			7		2 242	
9	Total adjustments (net). Add lines 4 through 8	·····  -	8	-	3,343,	080.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	··········  -	9	·	3,316,	167.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements Wit	h Poyon	10	B	3,161,	255.
1				Ketur		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		1	9,926,	324.
а	Net unrealized gains on investments					
b	Donated services and use of facilities	709	,761	•		
с	Donated services and use of facilities		-			
d	Recoveries of prior year grants     2b       Other (Describe in Part YIV)     2c					
e	Other (Describe in Part XIV.)     2c       Add lines 2a through 2d     2d	3,050	,519			
3	Add lines 2a through 2d	Section of the section of the		2e	3,760,	280.
4				3	6,166,	044.
a L	Investment expenses not included on Form 990, Part VIII, line 7b			the states of		
b	4b					
				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••••••••••	•••••	-	6,166,	
Par	t All Reconciliation of Expenses per Audited Financial Statements Wit	h Expen	SAS DAI	Botu	0,100,	044.
1	rotal expenses and losses per audited financial statements					0.00-
2	and a second of the bolt not of thomas and a second s	•••••••		1	6,765,	069.
а	Donated services and use of facilities					
b	i nor year adjustillerits			1.53		
С				Sec. 2		
d	Other (Describe in Part XIV.)	A _ A	440			
е	Add lines 2a through 2d	444	,113.			
		••••••		2e	444,2	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••••••••••••••••		3	6,320,9	956.
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)					
	Add lines 4a and 4b					
				4c		0.
Par	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.)</i>			5	6,320,9	
Comp			and the second se	and the second se	the local day is a first the second day of the second day is the	
Vine	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. At	nd 4; Part I	V. lines 1t	and 2	h. Part V line 4.	Dort
∧, ⊪ie Dar	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part III, line 4: The Association maintains	rt to provid	anv add	litional i	information	Fait
<u>- u</u>	t III, line 4: The Association maintains a numi	smatic	col	lect	ion of	
ove	r 275,000 items, many of which have significant	value	to	roll	ectors	
¥				-011	ectors.	
Man	y of these items are on display in the Museum fo	or the	nub	lia	to mine	
<b>a</b> .			pub.		to view.	
Sec	urity measures are taken to safeguard this colle	ection	ጠነ		o11	
					ollectio	n
was	initially recorded on the statement of financia	al nor	· + ·	+	<b>-h</b> -	
		T DOR	TCTOL	i at	тпе	
<u>est</u> :	imated fair value of the items in accordance wit	h me	~~~			
		211 02	GAAP.			

The collection consists primarily of coins, medals, paper currency and

American Numismatic Association, Inc. 48-6063403 Page 5 Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) other objects and documents. They are catalogued, preserved, and cared for, and activities verifying their existence and assessing their conditions are performed. The Association's collection, acquired through purchases and contributions, is recognized as an asset on the statement of financial position. Purchases of collection items are recorded in the year in which the items are acquired as decreases in unrestricted, temporarily restricted or permanently restricted net assets based on the restrictions placed by donors on assets used to purchase the items. Contributed collection items are reflected in the financial statements at the estimated fair value of the items at the date of contribution. Proceeds from deaccessions, which are reflected as an increase in the appropriate net asset class, are used to acquire other items for the collection.

Part XI - Line 8 represents the change in value of split-interest agreements \$3,030,391, a decrease in pension liability \$423,985, and an unrealized gain on donated corporate stock of \$736,674.

Part XII - Line 2d includes the change in value of split-interets agreements \$3,030,391, Cost of Goods Sold \$20,128, and an unrealized gain on donated corporate stock of \$736,674.

Part VIII - Line 2d includes Cost of Goods Sold \$20,128, and a decrease in pension liability of \$423,985.

SCHEDULE J Form 990 <u>)</u>	For certain Officers, Dir	ensation Information rectors, Trustees, Key Employees, and Highest compensated Employees	ОМВ	No. 1545	5-0047 <b>N</b>
epartment of the Treasury	Complete if the or	ganization answered "Yes" to Form 990, Part IV, line 23.			
ternal Revenue Service	Attach to For	m 990. See separate instructions.		n to Pu specti	
ame of the organization	ר ה		Employer identifie	WE ANY DESCRIPTION	
Part I Question	American Numisma	atic Association, Inc.	48-6063		numbe
	s Regarding Compensation			100	
a Check the appropri				Ye	s No
Part VII. Section A	line 1a. Complete Part III to and it	any of the following to or for a person listed in Fo	rm 990,	the second	18 28 3
First-class or c	harter travel	relevant information regarding these items.			
Travel for com		X Housing allowance or residence for pe	rsonal use	2.90.2	
	ation and gross-up payments	Payments for business use of persona	I residence		
	pending account	Health or social club dues or initiation	iees		
Line Districtionary s	pending account	Personal services (e.g., maid, chauffeu	r, chef)		
b If any of the boxes of	on line 1a are checked, did the organiza	tion follow a written policy regarding payment or			
reimbursement or p	rovision of all of the exponence describe	tion follow a written policy regarding payment or	1	22 23	
Did the organization	require substantiation prior to rejust	d above? If "No," complete Part III to explain		b	X
trustees, and the CF	O/Executive Director recording the	sing or allowing expenses incurred by all officers,	directors,		
	Lor Executive Director, regarding the ite	ms checked in line 1a?		2	X
Indicate which, if an	V. Of the following the organization used				
CEO/Executive Direct	ctor. Check all that apply.	to establish the compensation of the organizatio	ın's		
X Compensation	committee	<b>V</b>	1	The start	
X Independent of	ompensation consultant	Written employment contract	192		
Form 990 of ot	ner organizations	Compensation survey or study			
	ler organizations	X Approval by the board or compensation	n committee		10 10 10 10 10 10 10 10 10 10 10 10 10 1
During the year did	any person listed in Form 000, Dout Mu				
organization or a rela	any person listed in Form 990, Part VII,	Section A, line 1a, with respect to the filing			a Star
Receive a severance	Dayment or obence of sectors				
Participate in, or rec	bayment of change-of-control paymen	t from the organization or a related organization?	4	1	X
				,	X
	sine payment nom, an equity-based cor	NDENSation arrangement?	40	; ]	X
in res to any or mile	is 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
Only section 501(c)	(3) and 501(c)(4) organizations must c		1.0		
For persons listed in	Form 990 Part VII Section A line de	complete lines 5-9.	18		
contingent on the rev	enues of:	lid the organization pay or accrue any compensat	ion		
The organization?					
Any related organizat	tion?				X
	5b, describe in Part III.				X
					12.6
contingent on the net	t earnings of	id the organization pay or accrue any compensat	ion		
The organization?	eanings of:				
Any related organization					X
	ib, describe in Part III.		6b		X
					1990
not described in lines	5 and 62 If Was I at a	d the organization provide any non-fixed paymen	ts		
	Janu or II Yes," describe in Part III			X	
Were any amounts to	NULLEU IN FORM 440 Part VII paid or ag			1-	
		paredulate to a contract that was subject to		1	
initial contract except	ion described in Regulations section 53	4958-4(a)(3)? If "Ves " departing in Deut III	8		x
initial contract except If "Yes" to line 8, did t	ion described in Regulations section 53 he organization also follow the rebuttat	6.4958-4(a)(3)? If "Yes," describe in Part III			x

48-606340	
Inc.	
Association,	
Numismatic	
American	
le J (Form 990) 2010	

Page 2

Schedule J (Form 990) 2010 American Numismatic Association, Inc. 48–6063403 Pert Schedel Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i).

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W	W-2 and/or 1099-M	<sup>1-2</sup> and/or 1099-MISC compensation	(C)	(a)	(E)	(E)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-57
Enclord was to	8	263,61		•0	.0	9,865.	273.482.	
1 LALLY SUEDNELD		0.			.0	0		
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Ş	Ξ							
0-	<u>(ii)</u>							
;	Ξ							
						_		
12	8							
13	26							
14	2							
	Ξ							
15	(ii)						_	1.351.4
	ε							
91	8							
032112 12-21-10							Schedule J	Schedule J (Form 990) 2010
								•

Schedule J (Form 990) 2010 American Numismatic Association, Inc. Part III Supplemental Information	48-6063403 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	part for any additional information.
Part I, Line la: Housing allowance provided as part of a written	
employment contract with the Executive Director.	
Part I, Line 7: Ron Sirna is the Organizations general counsel. The	
<u>By-Laws of the Organization stipulate that the Organizations legal counsel</u>	
billings from his law practice and are approved for payment by Executive	
Director and President of the Organization. Amount reported as paid to Mr.	
Sirna is based on the 2010 Form 1099-MISC issued to his law firm.	
Compensation and benefits reported as paid to Mr. Shepherd is based on the	
2010 Form W-2 issued to him by the Organization.	
	Schedule J (Form 990) 2010

032113 12-21-10

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.



OMB No. 1545-0047

Name of the organization

American Numismatic	Association.	Inc.
---------------------	--------------	------

48-6063403

# Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	(a) Name of disqualified person	(b) Description of transaction	(c) Cor	rected?
			Yes	No
			1	
2	Enter the amount of tax imposed on the organization manager section 4958	s or disqualified persons during the year under		

..... 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \_\_\_\_\_ \$

▶ \$

#### Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan the orga	to or from inization?	(c) Original principal amount	(d) Balance due		) In ault?	(f) App by bo	proved ard or hittee?	(g) W agree	/ritten ment'
	То	From			Yes	No	Yes	No	Yes	No
						[				
	1									_
	+									
t III   Grants or Assis	·	I	▶ \$		de la const	Concerna.	el a contra	CALCERS.		

#### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Nome of interests of a sur		
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount and type of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Page 2

### Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
Ed Rochette Wendell Wolka Tom Hallenbeck	Former Exec Directo Governor Vice President	835.	Payments fr Author paym Purchase of		No X X X

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Ed Rochette

(b) Relationship Between Interested Person and Organization:

Former Exec Director & Governor

(d) Description of Transaction: Payments from NQ deferred compensation

plan and author payments

(a) Name of Person: Wendell Wolka

(d) Description of Transaction: Author payments

(a) Name of Person: Tom Hallenbeck

(d) Description of Transaction: Purchase of merchandise from company

owned by interested person.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Inspection Employer identification number 48-6063403

E

Part I

#### American Numismatic Association, Inc. **Types of Property**

		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution	Method of deter	mining	
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution	n amou	ints
1	Art - Works of art			i onn ooo, i art vin, inte ig			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy					<u> </u>	
22	Historical artifacts					-	
23	Scientific specimens						
24	Archeological artifacts						
25	Other (Coins and Num)	x	362				
26	Other ()			0.			
27	Other ► (						
28	Other ► (						
29	Number of Forms 8283 received by the organiz	ation during	the territory (	<u> </u>			
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledge	ement 29			
20-						Yes	No
JUa	During the year, did the organization receive by at least three years from the date of the initial a	contribution	any property repo	orted in Part I, lines 1-28 that	it must hold for		
	at loade three years north the date of the initial c	ontribution	and which is not ro	cuired to be used to			
<b>F</b>	the entire holding period?		•••••••••••••••••••••••		30a	1 STATES	x

b	If "Yes," describe the arrangement in Part II.	30a		X	
31 32a	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	x	31625	
b	If "Yes," describe in Part II.	32a		X	
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				
HA	For Paperwork Reduction Act Nation on the task of the second	2 Section 2	123	2	ļ

L erwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

Schedule M (Form 990) (2010)       American Numismatic Association, Inc.       48-6063403       Page 2         Part II       Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.         Also complete this part for any additional information.
Schedule M, Line 33: As described in Schedule D, any donations of
numismatic items to the Organization's collection are recorded as an
increase to the collection asset as well as an increase to the net
assets of the Organization.

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Comp F	lete to provide information form 990 or 990-EZ or to p	tion to Forr for responses to s provide any addition form 990 or 990-EZ	pecific questions of	3	2010 Open to Public Inspection
Name of the organization		an Numismatic	Associatio	n, Inc.	Employer	identification numbe
Form 990, Par		1, Descriptio				
		nd disseminate				
		te popular int			the second s	
Numismatology						and a state of the
Form 990, Par	t III, Li	ne 1, Descript	ion of Org	anization 1	Mission	:
numismatists	and promo	te popular inte	erest in t	he science	of	
numismatology	. The Ass	ociation is con	nsidered t	be the la	argest	
numismatic or	ganizatio	n of its kind.				
Form 990, Par	t III, Lir	ne 4d, Other Pi	rogram Serv	vices:		
Member Servic	es - To ad	lvance the know	wledge of r	umismatics	and er	lcourage
		eration among n				
Expenses \$ 44	<u>6,525. i</u>	ncluding grant	s of \$ 0.	Revenue	\$ 0.	
Museum						
Expenses \$ 673	L,345. i	ncluding grant	s of \$ 0.	Revenue	\$ 0.	
library						
Expenses \$ 224	1,280. i	ncluding grant	s of \$ 0.	Revenue	\$ 0.	
Interprise				· · · · · · · · · · · · · · · · · · ·		
xpenses \$ 14,	433. in	cluding grants	of \$ 0.	Revenue \$	0.	
ummer Confere	nce					

American Numismatic Association, Inc.

Form 990, Part VI, Section A, line 2: Vice President Tom Hallenbeck and Assistant Treasurer Ken Hallenbeck are son and father, respectively.

Form 990, Part VI, Section A, line 4: Complete Bylaws updated was voted by the membership in the fiscal that

this 990 pertains to.

Form 990, Part VI, Section A, line 6: The American Numismatic Association has 27,464 members of all ages, beginner and expert coin collecters who join the ANA to become more knowledgeable and confident coin collectors. Membership in the ANA includes a subscription to the members-only monthly magazine "The Numismatist". In publication since 1888, The Numismatist is a full-color magazine filled with articles written by leading numismatic experts and hobbyists covering coins, tokens, medals and paper money. More than 100 pages each month are filled with illustrated articles, hobby events, coinage issues from across the globe, and advertising by respected coin dealers. Members have the choice of receiving our award-winning publication either by postal mail (regular membership) or delivered to their e-mail inbox (basic membership).

Form 990, Part VI, Section A, line 7a: a) In the November issue of The Numismatist, immediately preceding each election year, the President shall issue a call for nominations of Officers and Governors(Elected Officials) to be elected during said year. Nominations must be submitted in writing to an independent tabulating firm acting on behalf of the Executive Director or to the Executive Director, as directed by the Board of Governors, by any Member entitled to vote, not earlier than December 1 immediately preceding 01-24-11 Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	Page 2
American Numismatic Association, Inc.	Employer identification number 48-6063403
said election year and not later than March 1 of said ele	
nominations must bear the signatures of at least two curr	ent officers of
the nominating club. b) A nominee must be a member who is	entitled to hold
office under Article VI hereof. In order to be a candidate	e for office, a
member must receive at least 25 nominations from any comb	ination of member
clubs in good standing or individual members in good stand	ling. No member
may nominate himself or herself or nominate a number of ca	andidates for any
office in excess of the number to be elected therefor. c)	The Executive
Director shall promptly write to each nominee by certified	l mail, return
receipt requested, notifying the nominee of his or her nomi	nation and
requesting a written acceptance or refusal thereof. No nom	linee may accept a
nomination for more than one elective office in any one el	ection. In order
to be eligible as a candidate for election, a nominee must	transmit his or
her written acceptance to the Executive Director in suffic	ient time to be
received by him or her on or before March 31 of said elect	ion year.

Form 990, Part VI, Section A, line 7b: The Bylaws of the Organization state that the Board needs the approval of the members for changes affecting the voting rights of the members, eligibility for office or structure of Board of Governors.

Form 990, Part VI, Section B, line 11: The Executive Director and the Controller review the 990 first, for accuracy, then it is forwarded to the Treasurer of the Organization, a CPA, for review. The Board of Governors then reviews and approves the Form 990 prior to filing.

Form 990, Part VI, Section B, Line 12c: New board members are advised of the Organization's conflicts of interest policy during executive meetings. 01-24-11 Schedule O (Form 990 or 990-EZ) (2010) American Numismatic Association, Inc. When potential conflicts of interest arise, the Board members are reminded of the conflicts of interest policy and confidentiality statement.

Form 990, Part VI, Section B, Line 15: The Executive Directors compensation is determined by the Executive Compensation Committee which is made up of 4 Board members and the Association's legal counsel. The Committee Chair utilized a computer program that searched 50-60 nonprofit organizations for pay and comparable data. Organizations with similar demographics such as number of employees, size and gross revenues were used. The information was then presented to the Association's Board of Governors for discussion. The Board of Governors then established the compensation of the Executive Director based on the Committee's report and recommendations.

For Key Employees, the Association has job descriptions and pay grades which are based on salary surveys performed of comparable positions in the local and national markets.

Form 990, Part VI, Section C, Line 19: A PDF version of Form 990 is posted on the web page for the public to view. It is also distributed at public meetings and during conventions. The Organization also has a copy available for inspection to those who walk in and request it. Form 990-T is available upon request at the Organization's office, and is also mailed out upon request.

Form 1023 is available for viewing at the Organization's office and mailed upon request. In addition, the Organization's By-Laws and audited financial statements are used.

financial statements are posted on the Organization's website.

Name of the organization American Numismatic Association, Inc.	Employer identification number 48-6063403
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized losses on investments:	-26,91
Change in Value of Split Interest Agreements	3,030,39
Decrease in Pension Liability	-423,98
Unrealized gain on donated corporate stock	736,674
Total to Form 990, Part XI, Line 5	3,316,167
Form 990, Part XI; Question 2c	
Audit Committee	
The American Numismatic Association has a Board of Gover	nors The Beerd
of Governors are responsible for the selection of the As	nors. The Board
auditors.	sociation's