Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2006

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Α             | For the 20                 | 006 calendar year, or tax year beginning APR 1, 2006 and ending  | MAR 31,   | 2007               |                                       |  |  |  |  |
|---------------|----------------------------|--|---|--------------------|---------------------------------------|--|--|--|--|
| В             | Check if applicable:       | k if cable: Please C Name of organization D Employer identification number   |   |                    |                                       |  |  |  |  |
| _             | Address                    | use IRS  |   |                    |                                       |  |  |  |  |
| Ļ             | change                     | print or American Numismatic Association, Inc.   | <u>,</u>  |                    | 063403                                |  |  |  |  |
| Ļ             | Name<br>change             | type. See Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite E 1                                  |                    |                                       |  |  |  |  |
| Ļ             | Initial<br>return<br>Final | Specific 818 North Cascade Avenue  |   |                    | ) 632-2646                            |  |  |  |  |
| <u> </u>      | return<br>□Amended         | tions.   City or town, state or country, and ZIP + 4   | F   | Accounting met     | hod: Cash X Accrual                   |  |  |  |  |
| -             | lreturn                    | Colorado Springs, CO 80903   |   | Other<br>(specify) | <u> </u>                              |  |  |  |  |
| L             | Applicati<br>pending       | must attach a completed Schedule A (Form 990 or 990-F7)  |   |                    | tion 527 organizations.               |  |  |  |  |
| _             |                            | H(a) Is  |   |                    | tes? Yes X No                         |  |  |  |  |
|               |                            |  | "Yes," enter numb                               |                    |                                       |  |  |  |  |
|               |                            |  | re all affiliates incl<br>f "No," attach a list |                    | N/A Yes No                            |  |  |  |  |
|               |                            | H(d) is  | this a senarate re                              | turn filed h       | y an or-                              |  |  |  |  |
|               |                            | a file a value a la a como de file a consultato ed   | anization covered                               |                    |                                       |  |  |  |  |
|               |                            |  | roup Exemption N                                |                    |                                       |  |  |  |  |
| 1             | Gross rece                 | 1  | neck <b>▶</b> if tr<br>ch. B (Form 990, !       |                    | tion is <b>not</b> required to attach |  |  |  |  |
|               |                            | Revenue, Expenses, and Changes in Net Assets or Fund Balances  | cii. D (1 01111 350, 1                          | 30-LZ, 01 :        | 330-77).                              |  |  |  |  |
|               |                            | Contributions, gifts, grants, and similar amounts received:  |   |                    |                                       |  |  |  |  |
|               |                            | Contributions to donor advised funds   |   |                    |                                       |  |  |  |  |
|               | b                          | Direct public support (not included on line 1a) 1b   | 497,477   | 7.                 |                                       |  |  |  |  |
|               | .                          | Indirect public support (not included on line 1a)  | <u> </u>  | -                  |                                       |  |  |  |  |
|               | d                          | Government contributions (grants) (not included on line 1a) 1d   |   | -                  |                                       |  |  |  |  |
|               | l e                        | Total (add lines 1a through 1d) (cash \$ 497,477. noncash \$   | 1e  | 497,477.           |                                       |  |  |  |  |
|               | 2                          | Program service revenue including government fees and contracts (from Part VII, line 93)   |   |                    | 1,978,384.                            |  |  |  |  |
|               | 3                          | Membership dues and assessments  | *************************                       | 3                  | 904,958.                              |  |  |  |  |
|               | 4                          | Interest on savings and temporary cash investments   |   | 4                  | 301,3301                              |  |  |  |  |
|               | 5                          | Dividends and interest from securities   |   | 5                  | 401,070.                              |  |  |  |  |
|               | 6 a                        |  | 10,476  |                    |                                       |  |  |  |  |
|               | b                          | Less: rental expenses 6b   |   |                    |                                       |  |  |  |  |
| ψ             | C                          | Net rental income or (loss). Subtract line 6b from line 6a   |   | . 6c               | 10,476.                               |  |  |  |  |
| nu.           |                            | Other investment income (describe  |   | 7                  |                                       |  |  |  |  |
| Revenue       |                            | Gross amount from sales of assets other (A) Securities   | (B) Other                                       | _                  |                                       |  |  |  |  |
| ш.            |                            | than inventory 1,050,000 · 8a  |   |                    |                                       |  |  |  |  |
|               |                            | Less: cost or other basis and sales expenses 521,655. 8b   |   |                    |                                       |  |  |  |  |
|               |                            | Gain or (loss) (attach schedule) 528,345. 8c   |   | _                  |                                       |  |  |  |  |
|               | d                          | Net gain or (loss). Combine line 8c, columns (A) and (B) Stmt 2  |   | . 8d               | 528,345.                              |  |  |  |  |
|               |                            | Special events and activities (attach schedule). If any amount is from gaming, check here  |   |                    |                                       |  |  |  |  |
|               |                            | Gross revenue (not including \$ of contributions reported on line 1b) 9a   |   |                    |                                       |  |  |  |  |
|               | b l                        | Less: direct expenses other than fundraising expenses 9b Net income or (loss) from special events. Subtract line 9b from line 9a |   |                    |                                       |  |  |  |  |
|               | 10 2                       | Gross sales of inventory, less returns and allowances 10a  | 349,288   | 9c                 |                                       |  |  |  |  |
|               | hi                         |  |   |                    |                                       |  |  |  |  |
|               | c                          | Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a                                | 193,877   | 10-                | 155,411.                              |  |  |  |  |
|               | 11 (                       | Other revenue (from Part VII, line 103)  | Scare 3   | 10c                | 1,063,707.                            |  |  |  |  |
|               | 12                         | Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  |   | 12                 | 5,539,828.                            |  |  |  |  |
|               | 13                         | Program services (from line 44, column (B))  |   | 13                 | 4,934,440.                            |  |  |  |  |
| Expenses      | 14 1                       | Management and general (from line 44, column (C))  |   | 14                 | 1,151,903.                            |  |  |  |  |
| en            | 15 F                       | Fundraising (from line 44, column (D))   | 15  | 278,390.           |                                       |  |  |  |  |
| Ĕ             | 16 F                       | Payments to affiliates (attach schedule)   | 16  | 2.07030.           |                                       |  |  |  |  |
|               | 17                         | Total expenses, Add lines 16 and 44, column (A)  |   | 17                 | 6,364,733.                            |  |  |  |  |
| ,,            | 18   1                     | Excess or (deficit) for the year. Subtract line 17 from line 12  |   | 18                 | <824,905.>                            |  |  |  |  |
| Net<br>Assets | 19 6                       | net assets or fund balances at beginning of year (from line 73, column (A))  | 19  | 17,950,691.        |                                       |  |  |  |  |
| Z SZ          | 20 (                       | Other changes in net assets or fund balances (attach explanation)  | ement 4   | 20                 | 1,950,834.                            |  |  |  |  |
| 8230          | 21 /                       | Net assets or fund balances at end of year. Combine lines 18, 19, and 20   |   | 21                 | 19,076,620.                           |  |  |  |  |
| 6230<br>01-18 | š-07 LI                    | HA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  |   |                    | Form 990 (2006)                       |  |  |  |  |

American Numismatic Association, Inc.

48-6063403

Form 990 (2006)

Form 990 (2006)

623011 01-23-07

|     |     |      |     | ~ 0    |
|-----|-----|------|-----|--------|
| 48- | 600 | b.34 | 103 | Page 3 |

Form 990 (2006) American Numismatic Association, Inc.

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) orgas, and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a Conventions – Develop and produce correspondence courses, educational videos, seminars and a "Money Talks" radio program for use by membership and the general public.  (Grants and allocations \$ ) If this amount includes foreign grants, check here publication of the world.  (Grants and allocations \$ ) If this amount includes foreign grants, check here publication or Develop and produce correspondence courses, educational videos, seminars and a "Money Talks" radio program for use by membership and the general public.  (Grants and allocations \$ ) If this amount includes foreign grants, check here publication or Develop and produce correspondence courses, educational videos, seminars and a "Money Talks" radio program for use by membership and the general public.  (Grants and allocations \$ ) If this amount includes foreign grants, check here publication and encourage communication and cooperation among members.  | Wh      | What is the organization's primary exempt purpose? ▶ <u>See Statement</u> 6  |  |  |  |  |
|--|---------|--|--|--|--|--|
| educational videos, seminars and a "Money Talks" radio program for use by membership and the general public.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,305,499.  [Grants and allocations - Publication of the world's major numismatic journal which contains educational information regarding numismatic items from all over the world.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,056,217.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,056,217.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 623,490.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 623,490.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 716,882.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign grants, check here ▶ □ 1,232,352.  [Grants and allocations \$   If this amount includes foreign g | clie    | ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)                          | and (4) orgs., and<br>4947(a)(1) trusts; but |  |  |  |
| b Publications - Publication of the world's major numismatic journal which contains educational information regarding numismatic items from all over the world.  (Grants and allocations \$ ) If this amount includes foreign grants, check here  1,056,217.  c Education - Develop and produce correspondence courses, educational videos, seminars and a "Money Talks" radio program for use by membership and the general public.  (Grants and allocations \$ ) If this amount includes foreign grants, check here  623,490.  d Member Services - To advance the knowledge of numismatics and encourage communication and cooperation among members.  (Grants and allocations \$ ) If this amount includes foreign grants, check here  716,882.  e Other program services (attach schedule) See Statement 7 (Grants and allocations \$ ) If this amount includes foreign grants, check here  1,232,352.  f Total of Program Service Expenses (should equal line 44, column (B), Program services) 4,934,440.  | а       | educational videos, seminars and a "Money Talks" radio   |  |  |  |  |
| c Education - Develop and produce correspondence courses, educational videos, seminars and a "Money Talks" radio program for use by membership and the general public.  (Grants and allocations \$ ) If this amount includes foreign grants, check here  | b       | Publications - Publication of the world's major numismatic journal which contains educational information regarding                      | 1,305,499.                                   |  |  |  |
| d Member Services - To advance the knowledge of numismatics and encourage communication and cooperation among members.  (Grants and allocations \$ ) If this amount includes foreign grants, check here  716,882.  e Other program services (attach schedule) See Statement 7 (Grants and allocations \$ ) If this amount includes foreign grants, check here  1,232,352.  f Total of Program Service Expenses (should equal line 44, column (B), Program services) 4,934,440.   | c       | Education - Develop and produce correspondence courses, educational videos, seminars and a "Money Talks" radio                           | 1,056,217.                                   |  |  |  |
| e Other program services (attach schedule) See Statement 7  (Grants and allocations \$ ) If this amount includes foreign grants, check here    1,232,352.  f Total of Program Service Expenses (should equal line 44, column (B), Program services)    4,934,440.  | d       | Member Services - To advance the knowledge of numismatics  | 623,490.                                     |  |  |  |
|  | _       | Other program services (attach schedule) See Statement 7 (Grants and allocations \$ ) If this amount includes foreign grants, check here | 716,882.                                     |  |  |  |
|  | <u></u> | Total of Program Service Expenses (should equal line 44, column (B), Program services)   |  |  |  |  |

24,913,120. Form **990** (2006)

19,076,620.

(Column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

17,950,691.

23,623,206. 74

73

|              | n 990 (2006) American Numismatic A<br>int IV-A Reconciliation of Revenue per Audited Final<br>instructions.)   | ssociation,<br>ncial Statements  | Ir<br>Wit   | nc.<br>h Revenue pe   | er Re    | eturn  | l (Se                                | 03 Pa<br>e the                     |
|--------------|--|--|-------------|---|----------|--|--------------------------------------|------------------------------------|
| a            | Total revenue, gains, and other support per audited financial statemer   | nts  |             |   |          | a  | 7,                                   | 659,9                              |
| b            | Amounts included on line a but not on Part I, line 12:   |  |             |   |          |  |                                      |                                    |
| 1            | Net unrealized gains on investments  |  | b1          | 204,9   | 41.      |  |                                      |                                    |
|              | Donated services and use of facilities   |  |             | 2   |          | 1  |                                      |                                    |
|              | Recoveries of prior year grants  |  |             |   |          | 1  |                                      |                                    |
| 4            | Other (specify): See Statement 12  | ***************************************  | h4          | 1,915,2   | 20.      | 1  |                                      |                                    |
| 7            | Add lines b1 through b4  |  |             |   |          | 1  | 2                                    | 120,1                              |
|              | -  |  |             |   |          |  |                                      | 539,8                              |
| C            | Subtract line <b>b</b> from line <b>a</b> Amounts included on Part I, line 12, but not on line <b>a</b> :  |  |             |   |          |  | <i>J</i> ,                           | 33370                              |
| ď            |  |  | Las         | .   |          |  |                                      |                                    |
|              | Investment expenses not included on Part I, line 6b  |  | d2          |   |          | 1  |                                      |                                    |
| 2            | Other (specify):   |  |             | ,   |          | d l  |                                      |                                    |
|              | Add lines d1 and d2  |  |             |   | _        |  |                                      | 539,8                              |
| e            | Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina  | ancial Statements  | W           | th Evnences   | ner      | Retu   | irn                                  | 233,0                              |
|              |  |  |             |   |          |  |                                      | F24 0                              |
| a            | Total expenses and losses per audited financial statements   |  |             |   |          | a  | о,                                   | <u>534,0</u>                       |
| b            | Amounts included on line a but not on Part I, line 17:   |  | 1           | 1   |          |  |                                      |                                    |
| 1            | Donated services and use of facilities   |  | <b>b</b> 1  | I   |          | 4  |                                      |                                    |
| 2            | Prior year adjustments reported on Part I, line 20   |  | b2          | 2.  |          | 1  |                                      |                                    |
| 3            | Losses reported on Part I, line 20   |  | bâ          | 3   |          | 1  |                                      |                                    |
| 4            | Other (specify): See Statement 13  |  | b4          | 169,3   | 27.      |  |                                      |                                    |
|              | Add lines <b>b1</b> through <b>b4</b>  |  |             |   |          | b  |                                      | <u>169,3</u>                       |
| С            | Subtract line b from line a  |  |             |   |          | С  | 6,                                   | 364,7                              |
| d            | Amounts included on Part I, line 17, but not on line a:  |  |             |   |          | 1 1  |                                      |                                    |
| _            |  |  |             |   |          | 1 1  |                                      |                                    |
| 1            | Investment expenses not included on Part I, line 6b  |  | d.          | 1   |          |  |                                      |                                    |
|              | Investment expenses not included on Part I, line 6b Other (specify):   |  | ď.          |   |          |  |                                      |                                    |
|              | Other (specify):   |  | da          | 2   |          | d  |                                      |                                    |
| 2            | Other (specify): Add lines d1 and d2 Total expenses (Part I. line 17), Add lines c and d   |  | dí          | 2   | . 🕨      | е  |                                      | 364,7                              |
| 2            | Other (specify):   |  | dí          | 2   | . 🕨      | е  |                                      |                                    |
| 2            | Other (specify): Add lines d1 and d2 Total expenses (Part I. line 17), Add lines c and d   | ey Employees (Listere not compensated.)  | eac<br>(See | h person who was  | s an c   | e<br>officer.  | direc                                | ctor, truste                       |
| 2            | Other (specify):  Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A   Current Officers, Directors, Trustees, and Ke   | ey Employees (List   | eac<br>(See | h person who wa   | S an C   | e<br>officer.  | directions to                        | (E) Expe                           |
| 2            | Other (specify):  Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Or Key employee at any time during the year even if they we  | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | S an C   | e officer,   | directions to                        | (E) Expe                           |
| e<br>P:      | Other (specify):  Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address  | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Or Key employee at any time during the year even if they we  (A) Name and address   | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e <b>P</b> : | Other (specify):  Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address  | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e <b>P</b> : | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e <b>P</b> : | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
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| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e<br>P:      | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
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| e P:         | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
| e P:         | Other (specify): Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d art V-A  Ourrent Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we  (A) Name and address | ey Employees (List<br>ere not compensated.)<br>(B) Title and average ho<br>per week devoted to | eac<br>(See | h person who was<br>the instructions.)<br>(C) Compensation<br>(If not paid, enter | (D) Comp | e<br>officer,<br>ontributi<br>loyee bas & defe<br>ensation | ons to<br>enefit<br>erred<br>n plans | (E) Expe<br>account<br>other allov |
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|      | 990 (200   |   | <u>Numismatic A</u>           | <u>ssociation, I</u>         | nc.                  | <u>48-6063</u>                       | 403 | P        | age <b>6</b> |
|------|--|---|-------------------------------|------------------------------|----------------------|--------------------------------------|-----|----------|--------------|
| Pa   | rt V-A   | Current Officers, Directors             | s, Trustees, and Ke           | y Employees (continu         | red)                 |                                      |     | Yes      | No           |
| 75 a | Enter the  | e total number of officers, directors,  | and trustees permitted t      | o vote on organization bu    | siness at board      |                                      |     |          |              |
|      | meetings   | s                                       |                               |                              | >                    | 9                                    |     |          |              |
| b    | Are anv  | officers, directors, trustees, or key e | employees listed in Form      | 990. Part V-A, or highest of | compensated emp      | lovees                               |     |          |              |
| •    |  | Schedule A, Part I, or highest comp     |                               |                              |                      |                                      |     |          |              |
|      | Part II-A  | or II-B, related to each other throug   | h family or business relat    |                              |                      |                                      |     |          |              |
|      | the indiv  | iduals and explains the relationship    | (s)                           |                              |                      |                                      | 75b |          | X            |
| r.   | Do anv c   | officers, directors, trustees, or key e | mplovees listed in Form 9     | 990. Part V-A, or highest o  | ompensated empl      | ovees                                |     |          |              |
| ٠    |  | Schedule A, Part I, or highest comp     |                               |                              |                      |                                      |     |          |              |
|      |  | or II-B, receive compensation from      |                               |                              |                      |                                      |     |          |              |
|      | organization? See the instructions for the definition of "related organization." |   |                               |                              |                      |                                      |     |          |              |
|      | If "Yes,"  | attach a statement that includes th     | ne information described i    | in the instructions.         |                      |                                      |     |          |              |
| đ    | Does the   | organization have a written conflic     | t of interest policy?         | .,,,.,,,,                    |                      |                                      | 75d | Х        |              |
| Pa   | rt V-B   | Former Officers, Directors              |                               |                              |                      |                                      |     |          |              |
|      |  | Benefits (If any former officer, d      |                               |                              |                      |                                      |     |          |              |
|      |  | the year, list that person below and    | enter the amount of cor       | npensation or other benef    | (C) Compensation     |                                      |     |          |              |
|      |  | (A) Name and address                    |                               | (B) Loans and Advances       | (if not paid,        | employee benefi                      | 1 3 | E) Expe  |              |
|      |  | . ,                                     | None                          |                              | enter -0-)           | plans & deferred<br>compensation pla |     | er allow |              |
|      |  |   |                               |                              |                      |                                      |     |          |              |
|      |  |   |                               |                              |                      |                                      |     |          |              |
|      |  |   |                               |                              |                      |                                      |     |          |              |
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|      |  |   |                               |                              | 1                    |                                      |     |          |              |
|      |  |   |                               |                              |                      |                                      |     |          |              |
| Pa   | rt VI C  | Other Information (See the ins          | tructions.)                   |                              |                      |                                      |     | Yes      | No           |
| 76   | Did the  | organization make a change in its a     | ctivities or methods of co    | nducting activities? If "Ye  | s," attach a detaile | ed                                   |     |          |              |
|      | stateme  | nt of each change                       |                               |                              |                      |                                      | 76  |          | X            |
| 77   | Were an  | y changes made in the organizing o      | or governing documents t      | out not reported to the IRS  | \$?                  |                                      | 77  |          | _X           |
|      | If "Yes,"  | attach a conformed copy of the ch       | anges.                        |                              |                      |                                      |     |          |              |
| 78 a | Did the  | organization have unrelated busines     | ss gross income of \$1,000    | 0 or more during the year    | covered by this re   | turn?                                | 78a | X        | -            |
| b    | If "Yes,"  | has it filed a tax return on Form 99    | 0-T for this year?            |                              | ************         |                                      | 78b | Х        |              |
| 79   | Was the  | re a liquidation, dissolution, termina  |                               |                              |                      |                                      | 79  |          | X            |
| 80 a |  | ganization related (other than by as    |                               |                              |                      |                                      |     |          |              |
|      | member   | ship, governing bodies, trustees, of    | ficers, etc., to any other of | exempt or nonexempt orga     | anization?           |                                      | 80a |          | Х            |
| b    |  | enter the name of the organization      |                               |                              |                      |                                      |     |          |              |
|      |  |   |                               | and check whether it is      | exempt or            | nonexempt                            |     |          |              |
| 81 a | Enter dir  | ect or indirect political expenditures  | s. (See line 81 instruction   | s.)                          | 81a                  | 0.                                   |     |          |              |
| b    | Did the  | organization file Form 1120-POL for     | r this year?                  |                              |                      |                                      | 81b | <u> </u> | Х            |
|      |  | · · · · · · · · · · · · · · · · · · ·   |                               |                              |                      |                                      |     | 990      |              |

| 2 a b 3 a b 4 a b         | Did the organization receive donated services or the use of materials, equipment, or facilitie less than fair rental value?  If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)  Did the organization comply with the public inspection requirements for returns and exemp Did the organization comply with the disclosure requirements relating to quid pro quo control to the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such tax deductible?  501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members' | 82b  <br>tion application<br>ibutions? | N/A                    | 82a<br>83a   | Yes     | _  |  |  |
|---------------------------|--|--|------------------------|--------------|---------|----|--|--|
| b<br>3 a<br>b<br>4 a<br>b | less than fair rental value?  If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)  Did the organization comply with the public inspection requirements for returns and exemp Did the organization comply with the disclosure requirements relating to quid pro quo control to the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such tax deductible?   | 82b  <br>tion application<br>ibutions? | N/A                    | 83a          |         | Ŀ  |  |  |
| b<br>3 a<br>b<br>4 a<br>b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)  Did the organization comply with the public inspection requirements for returns and exemp Did the organization comply with the disclosure requirements relating to quid pro quo controld the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such tax deductible?   | tion application ibutions?             | N/A                    | 83a          |         | ۲  |  |  |
| 3 a b 4 a b               | (See instructions in Part III.)  Did the organization comply with the public inspection requirements for returns and exemp  Did the organization comply with the disclosure requirements relating to quid pro quo contr  Did the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such  tax deductible?   | tion application ibutions?             | ons?                   |              |         |    |  |  |
| 3 a b 4 a b               | (See instructions in Part III.)  Did the organization comply with the public inspection requirements for returns and exemp  Did the organization comply with the disclosure requirements relating to quid pro quo contr  Did the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such  tax deductible?   | tion application ibutions?             | ons?                   |              |         | 1  |  |  |
| 3 a<br>b<br>4 a<br>b      | Did the organization comply with the public inspection requirements for returns and exemp<br>Did the organization comply with the disclosure requirements relating to quid pro quo contr<br>Did the organization solicit any contributions or gifts that were not tax deductible?  | tion application ibutions?             | ons?                   |              |         |    |  |  |
| b<br>4 a<br>b             | Did the organization comply with the disclosure requirements relating to quid pro quo contr<br>Did the organization solicit any contributions or gifts that were not tax deductible?<br>If "Yes," did the organization include with every solicitation an express statement that such<br>tax deductible?   | ibutions?                              |                        |              | Х       |    |  |  |
| 4 a<br>b<br>5             | Did the organization solicit any contributions or gifts that were not tax deductible?  |  |                        | 83b          | X       | Г  |  |  |
| 5<br>b                    | If "Yes," did the organization include with every solicitation an express statement that such<br>tax deductible?   |  |                        | 84a          |         |    |  |  |
| 5<br>b                    |  |  |                        |              |         | Γ  |  |  |
| b                         | 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members'  |  | N/A                    | 84b          |         | l  |  |  |
| b                         |  |  |                        | 85a          |         | Г  |  |  |
|                           | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |  |                        | 85b          |         | Г  |  |  |
|                           | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless   |  |                        |              |         | Γ  |  |  |
|                           | waiver for proxy tax owed for the prior year.  |  |                        |              |         | l  |  |  |
|                           | Dues, assessments, and similar amounts from members  |  | N/A                    |              |         |    |  |  |
| d                         | Section 162(e) lobbying and political expenditures   | 85d                                    | N/A                    |              |         | l  |  |  |
|                           | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   |  | N/A                    |              |         |    |  |  |
| f                         | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f                                    | N/A                    |              |         |    |  |  |
| g                         | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  |  | N/A                    | 85g          |         |    |  |  |
| h                         | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amo  | unt on line 85                         | ōf                     |              |         | Г  |  |  |
|                           | to its reasonable estimate of dues allocable to nondeductible lobbying and political expend  | itures for the                         |                        |              |         |    |  |  |
|                           | following tax year?  |  | N/A                    | 85h          |         |    |  |  |
|                           | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on  |  |                        |              |         |    |  |  |
|                           | line 12  | 86a                                    | N/A                    | }            |         |    |  |  |
| b                         | Gross receipts, included on line 12, for public use of club facilities   | 86b                                    | N/A                    |              |         |    |  |  |
| 7                         | 501(c)(12) organizations. Enter: a Gross income from members or shareholders   | 87a                                    | N/A                    |              |         |    |  |  |
|                           | Gross income from other sources. (Do not net amounts due or paid to other sources  |  |                        |              |         |    |  |  |
|                           | against amounts due or received from them.) 87b N/A  |  |                        |              |         |    |  |  |
| 8 a                       | At any time during the year, did the organization own a 50% or greater interest in a taxable   | corporation c                          | r partnership,         |              |         |    |  |  |
|                           | or an entity disregarded as separate from the organization under Regulations sections 301.   |  |                        |              |         | ŀ  |  |  |
|                           | If "Yes," complete Part IX   |  |                        | 88a          | <u></u> |    |  |  |
| b.                        | At any time during the year, did the organization, directly or indirectly, own a controlled ent  | ity within the                         | meaning of             |              |         |    |  |  |
|                           | section 512(b)(13)? If "Yes," complete Part XI   |  | <b>&gt;</b>            | - 88b        |         |    |  |  |
|                           | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year u  |  |                        |              |         |    |  |  |
| :                         | section 4911 ▶ 0 .; section 4912 ▶ 0 .; section  | 4955 ▶                                 | 0.                     | İ            |         |    |  |  |
| b ·                       | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce  | ss benefit                             |                        |              |         |    |  |  |
|                           | transaction during the year or did it become aware of an excess benefit transaction from a   | •                                      |                        |              |         |    |  |  |
|                           | If "Yes," attach a statement explaining each transaction   |  |                        | 89b          |         | L  |  |  |
|                           | Enter: Amount of tax imposed on the organization managers or disqualified persons during   | •                                      |                        |              |         | ı  |  |  |
|                           | sections 4912, 4955, and 4958  |  |                        |              | -       | İ  |  |  |
|                           | Enter: Amount of tax on line 89c, above, reimbursed by the organization  |  |                        |              |         |    |  |  |
|                           | All organizations. At any time during the tax year, was the organization a party to a prohibite  |  |                        | 89e          |         |    |  |  |
| f ,                       | All organizations. Did the organization acquire a direct or indirect interest in any applicable i  | nsurance con                           | tract?                 | 89f          |         | L  |  |  |
|                           | For supporting organizations and sponsoring organizations maintaining donor advised funds  |  |                        |              |         |    |  |  |
|                           | or a fund maintained by a sponsoring organization, have excess business holdings at any ti   | me during the                          | e year?                | 89g          |         | L  |  |  |
|                           | List the states with which a copy of this return is filed ►CO  |  |                        |              |         |    |  |  |
|                           | Number of employees employed in the pay period that includes March 12, 2006  |  | 90b                    |              |         | _  |  |  |
|                           | The books are in care of The Organization  |  | ne no. ► <u>〈719</u> 〉 |              |         | 4  |  |  |
|                           | Located at   818 North Cascade Avenue, Colorado Spr  |  |                        | <u> 3090</u> |         | _  |  |  |
|                           | At any time during the calendar year, did the organization have an interest in or a signature  |  |                        |              | Yes     | _! |  |  |
|                           | a financial account in a foreign country (such as a bank account, securities account, or other   | er financial ac                        | count)?                | 91b          |         |    |  |  |
|                           | If "Yes," enter the name of the foreign country  N/A   |  |                        |              |         |    |  |  |
|                           | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of<br>and Financial Accounts.  | of Foreign Bar                         | nk                     |              |         |    |  |  |

| Form 990 (2006)     |  |                                       | <u>ısmatı</u>   | c Associatio                          | n, I          | nc. 48-                       | 6063403           |                     |
|---------------------|--|---------------------------------------|-----------------|---------------------------------------|---------------|-------------------------------|-------------------|---------------------|
| L                   | er Information (c                                  |                                       |                 | · · · · · · · · · · · · · · · · · · · |               |                               |                   | Yes No              |
|                     |  |                                       |                 | ntain an office outside of            | the Uni       | ted States?                   | 91c               | X                   |
|                     | r the name of the for                              | •                                     |                 | N/A                                   |               |                               |                   | _                   |
|                     |  |                                       |                 |                                       | heck he       | re                            | _                 | . 🏲 📖               |
|                     |  |                                       |                 | ed during the tax year                |               | ▶ 92                          | N/                | <u>A</u>            |
| L                   |  |                                       |                 | (See the instructions.)               | 1             |                               |                   |                     |
|                     | amounts unless othe                                | rwise                                 | (A)             | ted business income                   | (C)           | d by section 512, 513, or 514 | (E)               |                     |
| indicated.          |  |                                       | Business        | (B)<br>Amount                         | Exclu-        | (D)<br>Amount                 | Related or        |                     |
| 93 Program service  |  |                                       | code            | 7 1110 2111                           | sion<br>code  |                               | function          |                     |
| a <u>Bourse</u>     |  |                                       |                 |                                       |               |                               |                   | 4,819.              |
|                     | eer Fees   |                                       |                 |                                       |               |                               |                   | 3,185.              |
|                     | Revenues   |                                       |                 |                                       |               |                               |                   | 3,696.              |
| d Tour Re           |  |                                       |                 |                                       |               |                               |                   | 5,179.              |
|                     | .cation Fee  |                                       |                 | ·                                     |               |                               |                   | 1,505.              |
|                     | icaid payments                                     |                                       |                 |                                       |               |                               |                   |                     |
| •                   | racts from governme                                | -                                     |                 |                                       |               |                               |                   |                     |
|                     | ues and assessment                                 |                                       |                 |                                       | ļ             |                               | 90                | 4,958.              |
|                     | gs and temporary cash                              |                                       |                 |                                       | -             | 101 000                       |                   |                     |
|                     | interest from securit                              |                                       |                 |                                       | 14            | 401,070.                      |                   |                     |
|                     | me or (loss) from rea                              |                                       |                 |                                       | <del>  </del> |                               |                   |                     |
|                     | property   |                                       |                 |                                       | 1             | 40 406                        |                   |                     |
|                     | ced property                                       |                                       |                 |                                       | 16            | 10,476.                       |                   |                     |
|                     | me or (loss) from per                              |                                       |                 |                                       | +             |                               |                   |                     |
|                     | ent income   |                                       |                 |                                       | -             |                               | <u> </u>          |                     |
|                     | rom sales of assets                                |                                       |                 |                                       | 1             | F00 34F                       |                   |                     |
|                     | entory   |                                       |                 |                                       | 18            | 528,345.                      |                   |                     |
|                     | (loss) from special e                              |                                       |                 |                                       |               |                               | 4                 |                     |
| •                   | (loss) from sales of i                             | nventory                              |                 |                                       | -             |                               | 15                | 55,411.             |
| 103 Other revenue   |  |                                       |                 |                                       |               | 000 500                       |                   | 0.050               |
|                     | <u>Statement</u>                                   | . 15                                  |                 | 740,087.                              | -             | 230,761.                      | 9                 | <u>12,859.</u>      |
| b                   |  |                                       |                 | <u> </u>                              | -             |                               |                   |                     |
| c                   |  |                                       |                 |                                       |               |                               |                   |                     |
| d                   |  |                                       |                 |                                       | -             |                               |                   |                     |
| e                   |  | <del> </del>                          |                 | 540 005                               |               | 4 450 650                     | 2 12              |                     |
|                     | columns (B), (D), and                              |                                       |                 | 740,087.                              |               | 1,170,652.                    |                   | 1,612.              |
|                     | 104, columns (B), (E                               |                                       |                 |                                       |               | <b>&gt;</b>                   | 5,04              | 2,351.              |
|                     | line 1e, Part I, shoul                             |                                       |                 |                                       | + Dur         | OSES (See the instructi       | \                 |                     |
|                     |  |                                       |                 |                                       |               |                               |                   |                     |
|                     | now each activity for wi<br>purposes (other than b |                                       |                 |                                       | ımporta       | intly to the accomplishment   | of the organizati | ion's               |
|                     |  | · · · · · · · · · · · · · · · · · · · | or such purpe   | 1303).                                |               |                               |                   |                     |
| See                 | Statement  | 10                                    |                 |                                       |               |                               |                   |                     |
|                     |  |                                       |                 |                                       |               |                               |                   |                     |
|                     |  |                                       |                 |                                       | <del></del>   |                               |                   |                     |
| Part IX Info        | rmation Recard                                     | ing Taxable                           | Subsidia        | ries and Disregard                    | ed Fn         | tities (See the instruction   | nne l             |                     |
| (                   | A)   | (B)                                   | T               | (C)                                   |               | (D)                           | ////<br>  (E      | .)                  |
| Name, address, an   | A)<br>d EIN of corporation,<br>disregarded entity  | Percentage of ownership interes       | et i            | Nature of activities                  |               | Total income                  | End-of            | f-year              |
| partitoralip, or    | disregarded entity                                 |                                       | %               |                                       |               |                               | assi              | 318                 |
|                     | 1/A  |                                       | %               |                                       | $\rightarrow$ |                               |                   |                     |
|                     | V &  | <del> </del>                          | %               |                                       | $\rightarrow$ |                               |                   |                     |
| W                   |  | <del></del>                           | %               |                                       | -+            |                               |                   |                     |
| Part X Info         | rmation Regard                                     |                                       | 1               | ited with Personal                    | Bene          | fit Contracts (See the        | e instructions    | )                   |
|                     | <del></del>  |                                       |                 |                                       |               | nal benefit contract?         |                   | X No                |
| (b) Did the organiz | ation, during the year, p                          | oay premiums, dire                    | ctly or indirec | tly, on a personal benefit co         |               | iai beneni contract?          |                   | X No                |
| Note: If "Yes" to   | b), file Form 8870 an                              | id Form 4720 (se                      | e instructior   | ns).                                  |               |                               |                   |                     |
|                     |  |                                       |                 |                                       |               |                               | Form              | 1 <b>990</b> (2006) |

| Form 990           |  | ociation,                  | Inc. 48-606                                     |                        | age 9       |
|--------------------|--|----------------------------|---|------------------------|-------------|
| Part X             |  | Controlled Entition        | es. Complete only if the organiz                | zation is a            |             |
|                    | controlling organization as defined in section 512(b)(13).   | N/A                        |   |                        |             |
|                    |  |                            |   | Yes                    | No          |
|                    | I the reporting organization make any transfers to a controlled entity a   | as defined in section      | 512(b)(13) of the Code? If "Yes,                | ,"                     |             |
| cor                | nplete the schedule below for each controlled entity.  | ,,                         |   |                        | <u></u>     |
|                    | (A)  | (B)                        | (C)   | (D)                    |             |
|                    | Name, address, of each   | Employer<br>Identification | Description of                                  | Amount                 |             |
|                    | controlled entity  | Number                     | transfer  | transfe                | r           |
|                    |  |                            |   |                        |             |
| a                  |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
| b                  |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
| с                  |  |                            |   |                        |             |
|                    | · · · · · · · · · · · · · · · · · · ·  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
|                    | Totals   |                            |   |                        |             |
|                    |  |                            |   | Yes                    | No          |
| 107 Did            | I the reporting organization receive any transfers from a controlled er  | ntity as defined in sec    | ction 512(b)(13) of the Code? If                | "Yes,"                 |             |
| cor                | mplete the schedule below for each controlled entity.  |                            |   |                        | <u> </u>    |
|                    | (A)  | (B)                        | (C)   | (D)                    |             |
|                    | Name, address, of each   | Employer<br>Identification | Description of                                  | Amount                 |             |
|                    | controlled entity  | Number                     | transfer  | transfe                | r           |
|                    |  |                            |   |                        |             |
| a                  |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
| ь                  |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
| c                  |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
|                    |  |                            |   |                        |             |
|                    | Totals   |                            |   |                        |             |
|                    |  |                            |   | Yes                    | No          |
| 108 Dic            | the organization have a binding written contract in effect on August   | 17, 2006, covering th      | ne interest, rents, royalties, and              |                        |             |
| anı                | nuities described in question 107 above?   |                            |   | <u> </u>               |             |
|                    | Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is passed on all information of who | ying schedules and stateme | nts, and to the best of my knowledge and lidde. | belief, it is true, co | rrect,      |
| DI                 | 1/ pl 0 1/0/ 1   | <b>,</b>                   |   |                        |             |
| Please             | Laureth K. Hellertick  |                            | Date 3  | 2007                   |             |
| Sign               | Signature of officer   | k                          | - Date 7  | ·                      |             |
| Here               | KENNETH L. HALLENBECK  | ACTIN                      | EXECUTIVE DIRECT                                | rok                    |             |
|                    | Type or print name and title   |                            |   |                        |             |
| Daid               | Preparer's   | Date                       | Check if Preparer's SSI                         | N or PTIN (See Ger     | ı. Inst. X) |
| Paid<br>Preparer's | signature Greg Papineau, CPA   | 09/17/07                   | employed >                                      |                        |             |
| Use Only           | yours if BiggsKollord, P.C.  |                            | EIN ▶   |                        |             |
| Jac Only           | self-employed), 630 Southpointe Court, Su  |                            |   |                        |             |
|                    | ZIP+4 Colorado Springs, CO 8090  | 16                         | Phone no. ➤ 719 .                               |                        |             |
|                    |  |                            |   | Form <b>990</b>        | (2006)      |

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

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2006

OMB No. 1545-0047

Department of the Treasury Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number American Numismatic Association, Inc. 48 6063403 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to position (e) Expense account and other allowances (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation more than \$50,000 Lane Brunner Director Dep. Exec. 818 North Cascade Ave., Colorado Spri 40.00 122,967. 13,788. Sheryl Von Blucher COO (Former) 818 North Cascade Ave., Colorado Spr 0. 40.00 70,560. 13,929 Douglas Mudd Curator of Exhibits 818 North Cascade Ave., 40.00 0. Colorado Spr 66,000. 10,665 Kim Kiick Member Operations 818 North Cascade Ave., Colorado Spri 40.00 <u>61,5</u>00. 9,908 0. Carol Shuman Controller 40.00 61,200. 818 North Cascade Ave., Colorado Spr. 9,472. 0. Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Davis Graham & Stubbs LLP 1550 Seventeenth Street, Ste 500, Denver, CO 8020 Legal Services Suddes Group For Impact LLC Fund Raising 304,316. 6665 Eagle Creek Lane, Ostrander, Consultants 75,695. Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation IPC Print Services 9122 Eagle Way, Chicago, IL 60678 Printing 467,958. Colorado College 14 E. Cache La Poudre, Colorado Springs, CO 80903Summer Seminar 188,387. Freeman Decorating Services 4993 Florence Street, Denver, CO 80238 Decorating 116,313. Susie Scott 48455 E. Ashton Avenue, Castle Rock, CO 80104 Advertising 81,984. Positive Protection 504 East Alvarado St, #205, Fallbrook, CA 92028 Security 60,393. Total number of other contractors receiving over \$50,000 for other services

| Pai        | Tt III Statements About Activities (See page 2 of the instructions.)   |      | Yes      | No |
|------------|--|------|----------|----|
| p          | ouring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the  |      |          |    |
| le         | bbbying activities \( \) \\$ \( \) \\$ \( \) |      |          |    |
|            | inciofPartVI-B.) VI-B, line i  | 1_   | X        |    |
| C          | organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations  |      |          | ĺ  |
| C          | rhecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.  |      |          | ĺ  |
| t          | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, rustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such lesson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," lettach a detailed statement explaining the transactions.)   |      |          | -  |
|            | Sale, exchange, or leasing of property?  | 2a   |          | X  |
| b L        | ending of money or other extension of credit?  | 2b   |          | X  |
| c F        | urnishing of goods, services, or facilities?   | 2c   | ļ        | X  |
| d F        | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990   | 2d   | X        | Ĺ  |
| еT         | ransfer of any part of its income or assets?   | 2e   |          | X  |
|            | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how   |      |          |    |
| t          | he organization determines that recipients qualify to receive payments.) See Statement 17  | 3a   | Х        |    |
|            | Od the organization have a section 403(b) annuity plan for its employees?  | 3b   | X        |    |
| c E        | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,  |      |          |    |
| t          | he environment, historic land areas or historic structures? If "Yes," attach a detailed statement  | 3c   |          | X  |
| d E        | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  | 3d   | <u> </u> | X  |
|            | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f<br>and 4g  | _4a_ |          | X  |
| <b>b</b> [ | Did the organization make any taxable distributions under section 4966?  | 4b   |          | X  |
|            | Did the organization make a distribution to a donor, donor advisor, or related person?   |      |          | X  |
|            | Enter the total number of donor advised funds owned at the end of the tax year   |      |          | (  |
|            | enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year   |      |          | 0. |
|            | Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on   |      | -        |    |
|            | ine 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts   |      |          | 0. |
| a F        | Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year  |      |          | 0. |

Schedule A (Form 990 or 990-EZ) 2006

| Sched                  | lule A (I  | Form 990 or 990-EZ) 2006 American Numi   | smatic Asso   | ociation, In  | ıc.  | 48-60          | 63403 Page 3                |  |  |
|------------------------|--|--|---|---|--|----------------|-----------------------------|--|--|
| Par                    | t IV   | Reason for Non-Private Foundation S  | Status (See pages 4   | through 7 of the instruction  | ns.)   |                |                             |  |  |
| 5<br>6<br>7<br>8<br>9  | fy that t  | the organization is not a private foundation because it is: ( A church, convention of churches, or association of ch A school. Section 170(b)(1)(A)(ii). (Also complete Parl A hospital or a cooperative hospital service organizatio A federal, state, or local government or governmental i A medical research organization operated in conjunctionand state | urches. Section 170(b)(t V.) n. Section 170(b)(1)(A) unit. Section 170(b)(1)(A) un with a hospital. Section | 1)(A)(i).<br>(iii).<br>A)(v).<br>In 170(b)(1)(A)(iii). Enter                    |  |                |                             |  |  |
| 10<br>11a<br>11b<br>12 | Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)   |  |   |   |  |                |                             |  |  |
| 13                     | An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  Type II Type III-Functionally Integrated  Type III-Other |  |   |   |  |                |                             |  |  |
|                        |  | Provide the following information al   | out the supported orga  | nizations. (See page 7 of   | the instruction  | ons.)          |                             |  |  |
|                        |  | (a) Name(s) of supported organization(s)   | (b)<br>Employer<br>identification<br>number (EIN)   | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? |                | (e)<br>Amount of<br>support |  |  |
|                        |  |  |   |   | Yes  | No             |                             |  |  |
|                        |  |  |   |   |  |                |                             |  |  |
|                        |  |  |   |   |  |                |                             |  |  |
|                        |  |  |   |   |  |                |                             |  |  |
| Total                  | 1112341  |  |   |   |  |                |                             |  |  |
| 14                     |  | An organization organized and operated to test for pub   | lic safety. Section 509(a   | )(4). (See page 7 of the in   |  | hedule A (Form | 990 or 990-EZ) 2006         |  |  |

None

623131 01-18-07

| Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing  |     | Yes          | No       |
|--|-----|--------------|----------|
| instrument, or in a resolution of its governing body?  | 29  | <b>—</b>     |          |
| Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,   |     |              |          |
| and other written communications with the public dealing with student admissions, programs, and scholarships?  | 30  |              |          |
| Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of  |     |              |          |
| solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known   |     |              |          |
| to all parts of the general community it serves?   | 31  |              |          |
| If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)   |     |              |          |
|  |     |              |          |
| Does the organization maintain the following:  |     |              |          |
| a Records indicating the racial composition of the student body, faculty, and administrative staff?  |     | <del> </del> | $\vdash$ |
| <ul> <li>Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</li> <li>Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student</li> </ul> | 32b | +            | +        |
|  | 00- |              |          |
| admissions, programs, and scholarships?  | 32c | +            | -        |
| d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)   | 32d |              | ⊢        |
|  |     |              |          |
| Does the organization discriminate by race in any way with respect to:   |     |              | 1        |
| a Students' rights or privileges?  |     | <b>├</b> ─   |          |
| b Admissions policies?   |     |              |          |
| c Employment of faculty or administrative staff?   | 33c |              |          |
| d Scholarships or other financial assistance?  |     | -            | ₩        |
| e Educational policies?  | 1   |              |          |
| f Use of facilities?   |     |              | -        |
| g Athletic programs?   | 33g |              | ₩        |
| h Other extracurricular activities?  | 33h |              | ₩        |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  |     |              |          |
| Does the organization receive any financial aid or assistance from a governmental agency?  | 34a |              |          |
| b Has the organization's right to such aid ever been revoked or suspended?   | 34b |              |          |
| If you answered "Yes" to either 34a or b, please explain using an attached statement.  |     |              |          |
|  | 1   |              | 1        |
| Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation  |     |              | 1        |

Schedule A (Form 990 or 990-EZ) 2006

| P          | art VI-A Lobbying E<br>(To be complete   | Expenditures by Ele             | cting Public Chari                         | t <b>ies</b> (See pa | ge 10 of 1                              | the instructions.       | .)     | <del></del> | -6063403 Page 6<br>N/A      |
|------------|--|---------------------------------|--|----------------------|---|-------------------------|--------|-------------|-----------------------------|
| Che        |  | ation belongs to an affiliated  | ···  |                      | you chec                                | ked <b>"a"</b> and "lim | ited c | ontrol"     | provisions apply.           |
|            |  | mits on Lobbying E              | · •  |                      |   | (a)<br>Affiliated g     |        |             | (b) To be completed for all |
|            | (The terr  | m "expenditures" means amo      | unts paid or incurred.)                    |                      |   | totals                  |        |             | electing organizations      |
|            |  |                                 |  |                      |   | N/A                     |        |             |                             |
|            | Total lobbying expenditures to   |                                 |  |                      | 36                                      |                         |        |             |                             |
|            | Total lobbying expenditures to   |                                 |  |                      | 37                                      |                         |        |             |                             |
| 38         | Total lobbying expenditures (  | add lines 36 and 37)            |  |                      | 38                                      |                         |        |             |                             |
|            | Other exempt purpose expend  |                                 |  |                      | 39                                      |                         |        |             |                             |
|            |  |                                 |  |                      | 40                                      |                         |        |             |                             |
| 41         | Lobbying nontaxable amount<br>If the amount on line 40 is -                    |                                 | rollowing table - g nontaxable amount is - |                      |   |                         |        |             |                             |
|            |  | •                               | •  | _                    |   |                         |        |             |                             |
|            | Not over \$500,000   |                                 |  |                      |   |                         |        |             |                             |
|            |  |                                 |  |                      | 41                                      |                         |        |             |                             |
|            | Over \$1,000,000 but not over \$1,500<br>Over \$1,500,000 but not over \$17,00 |                                 |  |                      | 41                                      |                         |        |             |                             |
|            | Over \$17,000,000  |                                 |  | <b>I</b>             |   |                         |        |             |                             |
| 42         | Grassroots nontaxable amour  |                                 |  |                      | 42                                      |                         |        |             |                             |
| 43         | Subtract line 42 from line 36.   | Enter -0- if line 42 is more th | an line 36                                 |                      | 43                                      |                         |        |             |                             |
|            | Subtract line 41 from line 38.   |                                 |  |                      | 44                                      |                         |        | - "         |                             |
| 77         | Outract into 41 from into oo.  | Enter o mine moneti             | ian inc 00                                 |                      | 77                                      |                         |        |             |                             |
|            | Caution: If there is an amo  | unt on either line 43 or lin    | ne 44. vou must file Form                  | 4720.                | l. 1                                    |                         |        |             |                             |
|            | endar year (or   | (a)                             | Lobbying Expe                              | . (c)                | -                                       | (                       | d)     |             | N/A<br>(e)                  |
| _          | Lobbying nontaxable  | 2006                            | 2005                                       | 2004                 | 1                                       | 20                      | 003    |             | Total                       |
|            | amount   |                                 |  |                      |   |                         |        |             | 0.                          |
| 46         | Lobbying ceiling amount  |                                 |  |                      |   |                         |        |             |                             |
|            | (150% of line 45(e))   |                                 |  |                      |   |                         |        |             | 0.                          |
| 47         | Total lobbying   |                                 |  |                      |   |                         |        |             |                             |
|            | expenditures   |                                 |  |                      |   |                         |        |             | 0.                          |
| 48         | Grassroots nontaxable amount   |                                 |  |                      |   |                         |        |             | 0.                          |
| 49         | Grassroots ceiling amount  |                                 |  |                      |   | -                       |        |             | - 0.                        |
| -          | (150% of line 48(e))   |                                 |  |                      |   | 1                       |        |             | 0.                          |
| 50         | Grassroots lobbying  |                                 |  |                      |   |                         |        |             |                             |
| _          | expenditures   |                                 |  |                      |   |                         |        |             | 0.                          |
| P          | art VI-B Lobbying A  |                                 |  |                      |   |                         |        |             |                             |
| _          | <del></del>  | nly by organizations that did   | · ' · · · · · · · · · · · · · · · · · ·    |                      |   |                         |        | - 1         |                             |
|            | ring the year, did the organization  |                                 |  | including any        | attempt i                               | 10                      | /es    | No          | Amount                      |
| 11111      | uence public opinion on a legis  |                                 | =  |                      |   |                         | Х      |             |                             |
| b          | Paid staff or management (Inc  | clude companyation in avoar     | nese reported on lines a thro              | uah h )              |   |                         | X      |             |                             |
|            | Media advertisements   |                                 |  |                      |   |                         | Λ.     | х           |                             |
| q          | Mailings to members, legislate   | ors or the public               |  |                      |   |                         | X      | V           | 300.                        |
| e          | Publications, or published or  | hroadcast statements            |  | ••••                 |   |                         | X      |             | 500.                        |
| f          |  | for lobbying purposes           |  |                      |   |                         |        | Х           | 300.                        |
| g          | Direct contact with legislators,   | , their staffs, government off  | icials, or a legislative hody              |                      |   |                         | Х      |             | 22,378.                     |
|            | Railies, demonstrations, semi  | nars, conventions, sneeches     | lectures, or any other mean                | ns                   | • | ····                    |        | х           | 44,310.                     |
| i          | Total lobbying expenditures (A   | Add lines c through h.)         | , so, or any ornor thou                    |                      |   | ·····-                  |        |             | 23,178.                     |
|            | ii Yes to any of the above, at   | so attach a statement giving    | a detailed description of the              | lobbying activ       | rities.                                 | L                       |        | See         | Statement 18                |
| 623<br>01- | 15 1<br>18-07  |                                 |  |                      |   |                         |        |             | (Form 990 or 990-EZ) 2006   |

01-18-07

| Exempt Organizations (See page 13 of the instructions.)  51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  Transfers from the reporting organization to a noncharitable exempt organization of:  (i) Cash |           |        |       |
|---|-----------|--------|-------|
| 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  Transfers from the reporting organization to a noncharitable exempt organization of:  (i) Cash   |           |        |       |
| Transfers from the reporting organization to a noncharitable exempt organization of:     (i) Cash   |           |        |       |
| (i) Cash  |           | Yes    | No    |
| 17  | 51a(i)    | _      | X     |
| (ii) Other assets   |           |        | X     |
| b Other transactions:   | 1         |        |       |
| (i) Sales or exchanges of assets with a noncharitable exempt organization   | b(i)      |        | X     |
| (ii) Purchases of assets from a noncharitable exempt organization   | b(ii)     |        | Х     |
| (iii) Rental of facilities, equipment, or other assets  | b(iii)    |        | X     |
| (iv) Reimbursement arrangements   | b(iv)     |        | X     |
| (v) Loans or loan guarantees  | b(v)      |        | X     |
| (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  |           |        | X     |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the   | . [       |        |       |
| goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any   |           |        |       |
| transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:  |           | N/A    |       |
| (a) (b) (c) (d) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and s  |           |        |       |
| Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and s  | haring ar | rangen | nents |
|   |           |        |       |
|   |           |        |       |
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|   |           |        |       |
|   |           |        |       |
|   |           |        |       |
|   |           |        |       |
| 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the   |           |        |       |
| Code (other than section 501(c)(3)) or in section 527?  | Yes       | X      | ] No  |
| b If "Yes," complete the following schedule: N/A  |           |        |       |
| (a) (b) (c) Name of organization Type of organization Description of relationsh   | in        |        |       |
| reaction of galization Type of organization Description of relationship   | ıh        |        |       |
|   |           |        |       |
|   |           |        |       |
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|   |           |        |       |
| 623152  |           |        |       |

Schedule A (Form 990 or 990-EZ) 2006

| Form 990  | Rental Incom         | е                      |                    | Statement 1            |
|---|----------------------|------------------------|--------------------|------------------------|
| Kind and Location of Property                           |                      | I                      | Activity<br>Number | Gross<br>Rental Income |
| Warehouse and Parking Lot<br>Conference Room Facilities |                      | _                      | 1 2                | 8,976.<br>1,500.       |
| Total to Form 990, Part I, lin                          | ne 6a                |                        | -                  | 10,476.                |
| Form 990 Gain (Loss) F:                                 | rom Publicly T       | raded Securit          | ies                | Statement 2            |
| Description   | Gross<br>Sales Price | Cost or<br>Other Basis | Expense of Sale    | Net Gain<br>or (Loss)  |
| Misc. Securities  | 1,050,000.           | 521,655.               | 0                  | . 528,345.             |
| To Form 990, Part I, line 8                             | 1,050,000.           | 521,655.               | 0                  | . 528,345.             |

| Form 990   | Income and Cost of Goods Sold<br>Included on Part I, Line 10 |                    | Statement 3 |
|--|--|--------------------|-------------|
| Income   |  |                    |             |
| 2. Returns and allowar   |  | 349,288            | 349,288     |
|  | (line 13)  | 193,877            | 155,411     |
| Cost of Goods Sold   |  |                    |             |
| 7. Merchandise purchas 8. Cost of labor 9. Materials and suppl 10. Other costs | <u> </u>   | 120,919<br>173,271 | 294,190     |
| 12. Inventory at end of  |  | 100,313            | 193,877     |

| Form 990 Other         | Changes in Net A | ssets or Fund  | l Balances        | Statement | 4   |
|------------------------|------------------|----------------|-------------------|-----------|-----|
| Description            |                  |                |                   | Amount    |     |
| Unrealized Gains on In | vestments.       |                | -                 | 204,9     | 41. |
| Change in Value of Spl | it Interest Agre | ements         |                   | 1,721,3   |     |
| Decrease in Pension Li |                  |                |                   | 24,5      |     |
| Total to Form 990, Par | t I, line 20     |                | ·                 | 1,950,8   | 34. |
| Form 990               | Other            | Expenses       |                   | Statement | 5   |
| *****                  | V-4              | <u> </u>       |                   | -<br>-    |     |
|                        | (A)              | (B)<br>Program | (C)<br>Management | (D)       |     |
| Description            | Total            | Services       | and General       | Fundraisi | ng  |
| Advertising and        |                  |                |                   |           |     |
| Promotion              | 244,368.         | 243,111.       | 787.              | . 4'      | 70. |
| Bad Debts              | 701.             | 701.           |                   |           |     |
| Bank and Investment    |                  |                |                   |           |     |
| Fees                   | 153,641.         | 79,601.        | 71,592.           | 2,4       | 48. |
| Bass Gallery           |                  |                |                   |           |     |
| (Museum)               | 52,307.          | 52,307.        |                   |           |     |
| Computer Service       | 24,157.          | 23,114.        | 948.              | :         | 95. |
| Committee and          |                  |                |                   |           |     |
| Volunteers             | 18,073.          | 18,073.        |                   |           |     |
| Contract Labor         | 263,326.         | 296,724.       | <37,147.>         | 3,7       | 49. |
| Employee Search        | 1,632.           |                | 1,632.            |           |     |
| Fund Development       | 41,753.          |                |                   | 41,7      | 53. |
| Insurance              | 66,475.          | 450 461        | 66,475.           |           |     |
| Miscellaneous          | 154,937.         | 152,464.       | 2,473.            |           |     |
| Professional           |                  |                |                   |           |     |
| Development            | 9,368.           | 4,218.         | 5,150.            |           |     |
| Taxes                  | 5,587.           |                | 5,587.            |           |     |
| Utilities              | 54,967.          | 38,475.        | 16,492.           |           |     |

| ***      |           |    |               |    |         | <del></del> |         |           |   |
|----------|-----------|----|---------------|----|---------|-------------|---------|-----------|---|
| Form 990 | Statement | of | Organization' | s  | Primary | Exempt      | Purpose | Statement | 6 |
|          |           |    | Part          | ΙI | I       |             |         |           |   |

1,091,292.

908,788.

## Explanation

Total to Fm 990, ln 43

To advance the knowledge of Numismatics, encourage communication and cooperation among Numismatists, aquire and disseminate information bearing upon Numismatists and promote popular interest in the science of Numismatology.

48,515.

133,989.

| Form 990 Ot                     | her Program Services Sta | atement 7  |
|---------------------------------|--------------------------|------------|
| Description of Other Program Se | Grants and Allocations   | Expenses   |
| Museum                          | 0.                       | 692,421.   |
| Library                         | 0.                       | 237,385.   |
| Enterprise                      | 0.                       | 302,546.   |
| Total to Form 990, Part III, li | ne e                     | 1,232,352. |

| Form 990          |   | Other No             | tes and L | oans Pay       | able                    | Statement                   |            |
|-------------------|---|----------------------|-----------|----------------|-------------------------|-----------------------------|------------|
| Lender's          | Name  | Term                 | s of Repa | yment          |                         |                             |            |
| First Con         | mmunity Bank                                      | Due                  | on Demand |                |                         |                             |            |
| Date of<br>Note   | Maturity<br>Date                                  | Origina<br>Loan Amou |           | terest<br>Rate |                         |                             |            |
| 05/16/05          | 10/ /07   | 1,000,               | 000.      | 8.00%          |                         |                             |            |
| Security          | Provided by                                       | Borrower             | Purpose   | of Loan        |                         |                             |            |
| Unsecured         | i   |                      | Working   | Capital        | •                       |                             |            |
| Relations         | ship of Lende                                     | er                   |           |                |                         |                             |            |
| None<br>Descripti | ion of Consid                                     | leration             |           |                | FMV of<br>Consideration | Balance Du                  | e          |
| None              |   |                      |           |                | 0.                      | 925,0                       | 00.        |
| Total ind         | cluded on For                                     | m 990, Par           | t IV, lin | e 64, Co       | lumn B                  | 925,0                       | 00.        |
| Form 990          |   | Ot1                  | her Liabi | lities         |                         | Statement                   | 9          |
| Descripti         | ion   |                      |           |                |                         | Amount                      |            |
| Deferred          | <br>Compensation<br>Life Members<br>Pension Liabi | hip Fees             |           |                |                         | 133,4<br>1,069,3<br>1,209,6 | 67.<br>96. |
|                   | Postretiremen                                     | t Benefits           |           |                |                         | 65,0                        | 00.        |

| Form 990 O   | ther Securiti       | es                 |   | Statement                      | 10       |
|--|---------------------|--------------------|---|--------------------------------|----------|
| Security Description                                       |                     |                    | Cost/FMV                                  | Other<br>Securities            | <b>,</b> |
| Money Market Accounts Donated Corporate Stock              |                     |                    | FMV<br>FMV                                | 261,74<br>4,741,19             |          |
| To Form 990, line 54b, Col B                               |                     |                    | -<br>-                                    | 5,002,94                       | .3.      |
| Form 990 Non-  | Government Se       | curities           |   | Statement                      | 11       |
| Security Description Cost/FMV                              | Corporate<br>Stocks | Corporate<br>Bonds | Other<br>Publicly<br>Traded<br>Securities | Total<br>Non-Gov'<br>Securitie |          |
| Equities FMV<br>Bonds and Bond Funds FMV                   | 3,928,521.          |                    | 2,662,908.                                | 3,928,52<br>2,662,90           |          |
| To Form 990, line 54a, Col B                               | 3,928,521.          |                    | 2,662,908.                                | 6,591,42                       | 9.       |
| Form 990 Other Reve  | nue Not Incl        | ıded on Form       | n 990                                     | Statement                      | 12       |
| Description  |                     |                    |   | Amount                         |          |
| Change in Value of Spilt Inte                              | rest Agreemer       | nts                | _   | 1,721,34<br>193,87             |          |
| Total to Form 990, Part IV-A                               |                     |                    | _   | 1,915,22                       | 0.       |
| Form 990 Other Expe  | nses Not Incl       | luded on For       | rm 990                                    | Statement                      | 13       |
| Description  |                     |                    |   | Amount                         |          |
| Cost of Goods Sold (Included Decrease in Pension Liability |                     |                    | _   | 193,87<br><24,55               |          |
| Total to Form 990, Part IV-B                               |                     |                    | -   | 169,32                         |          |

Form 990 Part V-A - List of Current Officers, Directors, Statement 14
Trustees and Key Employees

| Name and Address  | Title and<br>Avrg Hrs/Wk | Compen-<br>sation | Employee<br>Ben Plan<br>Contrib |         |
|---|--------------------------|-------------------|---------------------------------|---------|
| William H. Horton Jr.<br>P.O. Box 175<br>Keyport, NJ 07735                      | President<br>0.00        | 0.                | 0.                              | 0.      |
| Barry Stuppler<br>5855 Topanga Canyon Blvd, #330<br>Woodland Hills, CA 91367    | Vice President<br>0.00   | 0.                | 0.                              | 0.      |
| M. Remy Bourne<br>4138 Thornhill Lane<br>Vadnais Heights, MN 55127              | Governor<br>0.00         | 0.                | 0.                              | 0.      |
| Brian E. Fanton<br>P.O. Box 81<br>Hiawatha, IA 52233                            | Governor<br>0.00         | 0.                | 0.                              | 0.      |
| Michael S. Fey<br>P.O. Box 9157<br>Morris Plains, NJ 07950                      | Governor<br>0.00         | 0.                | 0.                              | 0.      |
| Patricia Jagger-Finner<br>P.O. Box 296<br>Iola, WI 54945                        | Governor<br>0.00         | 0.                | 0.                              | 0.      |
| Prue Morgan Fitts<br>P.O. Box 644<br>Framingham, MA 01704                       | Governor<br>0.00         | 0.                | 0.                              | 0.      |
| Alan Herbert<br>1010 Yuma Street<br>Belle Fourche, SD 57717                     | Governor<br>0.00         | 0.                | 0.                              | 0.      |
| Donald H. Kagin<br>98 Main Street, #201<br>Tiburon, CA 94920                    | Governor<br>0.00         | 0.                | 0.                              | 0.      |
| Christopher Cipoletti<br>818 North Cascade Avenue<br>Colorado Springs, CO 80903 | Executive Dire 40.00     |                   | 43,325.                         | 10,582. |
| Adna G. Wilde Jr.<br>29 Friendship Lane<br>Colorado Springs, CO 80904           | Treasurer<br>10.00       | 0.                | 0.                              | 0.      |
| Totals Included on Form 990, Part   | V-A                      | 284,227.          | 43,325.                         | 10,582. |

| Form   | 990   | 0                     | ther Revenue                     |                    |                              | Statement 15   |
|--|---|-----------------------|----------------------------------|--------------------|------------------------------|--|
| Descr  | iption  | Bus<br>Code           | Unrelated<br>Business Inc        | Excl<br>Code       | Excluded<br>Amount           | Related or<br>Exempt Func-<br>tion Income              |
| Licene<br>Postag<br>Reseat<br>Book l<br>Museum<br>Subsct | tising tising tee Fees ge Reimbursement rch Fees Replacement Fees m Catalog Revenues ription Revenues | 541800                | 740,087.                         | 15                 | 230,761.                     | 34,358.<br>865.<br>200.<br>1,932.<br>5,052.<br>50,452. |
| To Fo  | rm 990, Part VII, lir   | ne 103                | 740,087.                         | ·                  | 230,761.                     | 92,859.  |
| Form   | 990 Part VIII -   |                       | ionship of Act                   |                    |                              | Statement 16   |
| 93A<br>93B   | Revenue from conver knowledge of Numism lines.  Revenue from auction                                  | natics a              | long education during the co     | nal, hi            | storical and<br>ons held ann | scientific   |
| 93C  | Revenue from the fe purpose of educating  | e people<br>es char   | in the Numism<br>ges for educat  | atic c             | ommunity.<br>minars provi    | ded for the  |
| 93D  | Revenue generated f<br>and promote the coi<br>use and preservation                                    | rom tou               | rs at the conv<br>irculation, co | rention<br>ollecti | s to educate<br>on, sales, e | people in  |
| 93E  | Revenue generated f<br>major Numismatic jo<br>the science of Numi                                     | urnal p               | ublished to ed                   |                    |                              |  |
| 93F  | Fees charged for the assisting in bringing bills and medals.  | ne certi:<br>.ng abou | fication of co<br>t the preserva | ins for            | r the purpos<br>f and use of | e of<br>all coins,                                     |
| 94   | Dues received from  | members               | of Associatio                    | n.                 |                              |  |
| 102  | Gift shop sales and sales to further ed   |                       |                                  |                    | instructiona                 | l video  |
| 103D   | Reimbursement of poorganization's exem  |                       |                                  | in act             | ivities rela                 | ted to the   |

103E Miscellaneous income generated in relation to the organization's exempt purpose.

Schedule A Explanation of Qualifications to Receive Payments Statement 17
Part III, Line 3a

The organization provides scholarships for its Summer Seminar program. Scholarships are provided based on the financial needs and the students and their educational aptitude for numismatics.

Schedule A Statement of Lobbying Activities - Part VI-B Statement 18

Engaged in a grass roots efforts to get membership to weigh in on Federal and State issues that involve numismatics. In addition, the Organization engaged in grass roots efforts to get a commemorative coin minted.