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PUBLIC DISCLOSURE COPY

American Numismatic Association, Inc. 818 North Cascade Avenue Colorado Springs, CO 80903 Attention: Larry Shepherd

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

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American Numismatic Association, Inc. 818 North Cascade Avenue Colorado Springs, CO 80903 Attention: Larry Shepherd

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			** PUBLIC DISCLOSURE COPY	**	
	n	00	Return of Organization Exempt Fro	m Income Tax	OMB No. 1545-0047
Forn	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		2009
		of the Treasury	benefit trust or private foundation)		Open to Public
		nue Service	The organization may have to use a copy of this return to satisfy		Inspection
<u>A</u> F	or the	e 2009 calend	lar year, or tax year beginning $ m NOV1$ , $2009$ and endi	<u>ng OCT 31, 2010</u>	
<b>B</b> C	heck if oplicabl	Please CN	Name of organization	D Employer identifie	cation number
مه 	JAddre	use IRS			
	_chang	print or AT	erican Numismatic Association, Inc.		
	_chang	le <sup>(3, p.c.</sup> [	Doing Business As		063403
	Ireturn			n/suite E Telephone numbe	
	Termin ated Amen	Instruc- 81	8 North Cascade Avenue	(719	
	Jreturn Applic		City or town, state or country, and ZIP + 4	G Gross receipts \$	4,730,353.
	_tion pendi		lorado Springs, CO 80903	H(a) Is this a group re	eturn
			nd address of principal officer: Larry J Shepherd	for affiliates?	
<u> </u>			as C above <u>X</u> 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all affiliates inc	
					list. (see instructions)
			money.org X Corporation Trust Association Other ► I	H(c) Group exemptio	
Pa		Summary			State of legal dominitie. CO
	1		be the organization's mission or most significant activities: ${ m To}$ ${ m adva}$	nce the knowle	dae of
ЭС		Numisma	tics, encourage communication and co	operation amon	age or
nar		-	$x \models \Box$ if the organization discontinued its operations or disposed of		-
ver				3	9
ğ			lependent voting members of the governing body (Part VI, line 1b)		9
Activities & Governance			of employees (Part V, line 2a)		36
/itie			of volunteers (estimate if necessary)		143
ctiv			nrelated business revenue from Part VIII, column (C), line 12		520,912.
<			business taxable income from Form 990-T, line 34		-146,720.
			· · ·	Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	588,915.	158,528.
Revenue	9		ice revenue (Part VIII, line 2g)	2,467,695.	3,545,381.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	51,245.	121,348.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,144,786.	873,246.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,252,641.	4,698,503.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		
			to or for members (Part IX, column (A), line 4)		
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots\dots}$	1,221,042.	2,110,689.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>119,513.</u>		
ğ					
	17		es (Part IX, column (A), lines 11a-11d, 11f-24f)		3,177,795.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,288,484.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		-589,981.
Net Assets or Fund Balances	00	<b>-</b>		Beginning of Current Year 25, 241, 032.	End of Year 64,638,115.
<b>Sse</b> Bala			Part X, line 16)	4,209,619.	3,311,925.
let ∕ und			; (Part X, line 26)	21,031,413.	61,326,190.
∠ <u>⊥</u> Pa	22 rt II	Signatur	fund balances. Subtract line 21 from line 20		01,520,190.
14			of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my knowled	ge and belief, it is true, correct,
		and complete. De	eclaration of preparer (other than officer) is based on all information of which preparer has any kno	owledge.	-
Sigr				1	
Here		Signatur	e of officer	Date	
	0	► Thom	as Hallenbeck, President		
			print name and title		
		Preparer's	Date		er's identifying number structions)
Paid		signature	Greg Papineau, CPA 10/14/1		
	arer's	Firm's name (or yours if	BiggsKofford, P.C.		
Use	Uniy	self-employed),	630 Southpointe Court, Suite 200		
		address, and ZIP + 4	Colorado Springs, CO 80906	Phone no. <b>&gt;</b> 7	19.579.9090
May	the I	RS discuss thi	s return with the preparer shown above? (see instructions)	I	X Yes No
			For Privacy Act and Paperwork Beduction Act Notice, see the senara	te instructions.	Form <b>990</b> (2009)

D1 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

	1990 (2009)       American Numismatic Association, Inc.       48-6063403       Page 2         rt III   Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See Schedule O for Continuation
•	The American Numismatic Association was organized in 1891 and was
	chartered by an act of Congress to advance the knowledge of
	numismatics, encourage communication and cooperation among
	numismatists, acquire and disseminate information bearing upon
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,235,759. including grants of \$ ) (Revenue \$ )
чa	Conventions - Annually the Organization hosts two public conventions
	providing educational programs, Numismatic exhibits, Lectures,
	Workshops and Seminars.
	000 752
4b	(Code: ) (Expenses \$ 896,753. including grants of \$ ) (Revenue \$ )
	Publications - Publication of the world's major numismatic journal
	which contains educational information regarding numismatic items from
	all over the world.
4c	(Code: ) (Expenses \$ 356,743. including grants of \$ ) (Revenue \$ )
	Education - Develop and produce correspondence courses, educational
	videos, seminars for use by membership and the general public.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,686,580 · including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►\$ 4,175,835.
-	с — 000 (сосо)

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		8-6	063	403
Pai	T IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			1
2	Is the organization required to complete Schedule B, Schedule of Contributors?			2
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candida public office? If "Yes," complete Schedule C, Part I	ates fo	or	3
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C			4
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			5
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the righ provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedul	nt to		6
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," comp Schedule D, Part III</i>	lete		8
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or procredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Pa	ovide		9
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowmen <i>If "Yes," complete Schedule D, Part V</i>	ts?		10
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, I as applicable	X, or >	<	11
٠	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sche Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	otal		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its to assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII.</i>	otal		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>	ed in		
•	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	ses		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.			12
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?         If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			13
14a	Did the organization maintain an office, employees, or agents outside of the United States?			14a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, but	usines	s,	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>			15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to ind located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>			16
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>			17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII 1c and 8a? If "Yes," complete Schedule G, Part II			18

complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form **990** (2009)

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Page 3

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Yes

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Form	990	(2009)

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	990 (2009) American Numismatic Association, Inc. 48-6063 t IV Checklist of Required Schedules (continued)	403	P	age <b>4</b>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	054		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		<u></u>
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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Form **990** (2009)

	American Numismatic Association, Inc. 48-6063	403	F
1 4			Vee
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes
Id			
h	U.S. Information Returns. Enter -0- if not applicable1a44Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
C		4.	x
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	
Za			
h.			x
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	0-	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
b	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and		
_	Financial Accounts.	_	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_	
-	Tax Shelter Transaction?	<u>5c</u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		
	any contributions that were not tax deductible?	<u>6a</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
	were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		
	provided to the payor?	7a	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	
	to file Form 8282?	7c	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_	
_	benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		
•	at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders 11a		

	amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**b** Gross income from other sources (Do not net amounts due or paid to other sources against

Form **990** (2009)

12a

Page 5

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### American Numismatic Association, Inc. 48-6063403

/	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	o" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body	2		
b	Enter the number of voting members that are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		37	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	1
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	1
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
5	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	105		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
• •				

18	Section 6104 requires an organization to make it	s Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
	public inspection. Indicate how you make these	available. Check all that apply.
	X Own website Another's website	X Upon request

19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	statements available to the public.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	Carol Shuman - (719) 632-2646
	818 North Cascade Avenue, Colorado Springs, CO 80903

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average			Pos	ition	ı		Reportable	Reportable	Estimated		
	hours	(cl	heck	k all t	that	app	ly)	compensation	compensation	amount of		
	per week	ctor						from the	from related	other		
	week	or dire				ted		organization	organizations (W-2/1099-MISC)	compensation from the		
		stee c	rustee			oensa		(W-2/1099-MISC)	(11 2/ 1000 11100)	organization		
		ual tru	ional t		ploye	t com		, , ,		and related		
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
Joseph E. Boling		-	-		-		-					
Governor	10.00	x						0.	0.	0.		
Alan Herbert												
Governor	10.00	Х						0.	0.	0.		
Jeff C. Garrett												
Governor	10.00	Х						0.	0.	0.		
Walter A. Ostromecki												
Governor	10.00	X						0.	0.	0.		
J.P. Martin												
Governor	10.00	Х						0.	0.	0.		
Scott T. Rottinghaus												
Governor	10.00	X						0.	0.	0.		
Wendell Wolka										-		
Governor	10.00	х						1,620.	0.	0.		
Clifford Mishler												
President	25.00			Х				0.	0.	0.		
Tom Hallenbeck												
Vice President	20.00			X				0.	0.	0.		
Larry Shepherd	40.00							0.00.014		10 244		
Executive Director	40.00			X				269,214.	0.	19,341.		
Austin Sheehan	10.00									0		
Treasurer	10.00			X				0.	0.	0.		
Ron Sirna	1 00			x				104 507	0	0		
General Counsel	1.00			X				124,567.	0.	0.		
			-	-	<u> </u>					·		
				-	<u> </u>							
			·	L		-	-	•		- 000		

American	Numismatic	Association,	Inc.
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48-6063403 Page 8

	Numisma	at	ĹС	As	sso	oci	la	tion, Inc.	48-60	)634	03	P	age <b>8</b>
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	nplo	oyee	s, a	nd l	High	est	Compensated Emplo	yees (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Est	imate	эd
	hours	(cl	heck	all	that	app	ly)	compensation	compensatio			ount	
	per	ctor						from	from related			other	
	week	r direc				eq		the	organizations (W-2/1099-MIS		comp	oensa om th	
		stee o	ustee			ensat		organization (W-2/1099-MISC)	(00-2/1099-1013	0)		anizat	
		al tru:	onal tr		loyee	co mp					•	l relat	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
		Ē	Ë	0f	Å	Ξē	Fo						
						_							
						-				$\rightarrow$			
						-				$\rightarrow$			
										_	-17	<u> </u>	41
1b Total			<u></u>	<u></u>						0.		1,3	41.
	not limited to tr	lose	liste	ed al	bove	e) wr	10 r	received more than \$10	0,000 in reportable	Э			2
											<u> </u>	Yes	No
3 Did the organization list any former officer	director or tru	etoo	ko	, or		voo	ort	highest componented o	mployoo on		-	100	
			, key						Inployee on		3		x
····- · -·· , , ,									the organization		-		
									the organization		4	Х	
• •									vices rendered to		<u> </u>		
	-				,	,					5		х
Section B. Independent Contractors											t		
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more thar	\$100,000 of com	pensat	tion fr	rom	
the organization.													
(A)								(B)		~	(C)		
	address						_	Description of	services	Co	mpen	Isatio	n
	~ T	۰ c ر	21					Dwinting			22	1 2	0.4
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶         3       Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such individual         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of comp the organization.         (A)       (B)         Name and business address       Description of services         PO Box 310295, Des Moines, IA 50331       Printing         GES Convention Decorator       7050 Lindell Ave, Las Vegas, NV 89118       Convention Decorator         Hugh Woods Inc       55 Broadway , New York, NY 10006       Insurance         St. Joseph Postmaster       Shi											324	±, 4	94.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶         3       Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of comp the organization.         (A)       (B)         Name and business address       Description of services         PO Box 310295, Des Moines, IA 50331       Printing         GES Convention Decorator       To Soute Indevide I Ave, Las Vegas, NV 89118         Convention Decorator       Insurance         55 Broadway , New York, NY 10006       Insurance         St. Joseph Postmaster       Shipping and											21:	2 6	00
	yas, nv	0	9 I J	10			_		ecorator		513	5,0	99.
	NY 1000	5						Insurance			184	1 1	14.
	10000	-							[			-,-	<u> </u>
	, MI 49	908	35					~	-		15	3.2	60.
							-					., .	
								Security			130	),4	05.
			mite	d to	tho	se lis		_	nore than				
\$100,000 in compensation from the organ						7							

\$100,000 in compensation from the organization

Other Revenue

Contributions, gifts, grants and other similar amounts

Program Service Revenue

е

3

4

5

f All other contributions, gifts, grants, and similar amounts not included above

g Noncash contributions included in lines 1a-1f: \$

d Other Service Revenue

f All other program service revenue

Investment income (including dividends, interest, and

other similar amounts)

Income from investment of tax-exempt bond proceeds

h Total. Add lines 1a-1f

2 a Auctioneer Fees

b Bourse Revenue

g Total. Add lines 2a-2f

c Membership Dues

Seminar Revenues

Royalties .....

6 a Gross Rents b Less: rental expenses

c Rental income or (loss) .....

d Net rental income or (loss) .

assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)

d Net gain or (loss) .....

8 a Gross income from fundraising events (not

contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses

c Net income or (loss) from fundraising events

Part IV, line 19 a b Less: direct expenses

9 a Gross income from gaming activities. See

c Net income or (loss) from gaming activities

b Less: cost of goods sold

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

b Miscellaneous Income

d All other revenue

and allowances

10 a Gross sales of inventory, less returns

Advertising

including \$

**7 a** Gross amount from sales of

	е	Total. Add lines 11a-11d	
	12	Total revenue. See instructions.	
9320 02-04	09 I-10		

11 a

С

		(	· ·	Nu	mismatic	A	ssociation	, Inc.	48-606
Pa	rt \	/111	Statement of Revenue						
							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue
nts its	1	а	Federated campaigns	1a					
ourai		b	Membership dues	1b					
am, S		с	Fundraising events	1c					
ns, gifts, grants milar amounts		d	Related organizations	1d					
s, E		е	Government grants (contributions)	1e					

158,528.

Business Code

900099 900099

900099

900099

900099

(ii) Personal

(ii) Other

►

►

►

►

►

►

►

►

►

►

86,722.

31,850.

Business Code 541800

900099

158,528.

917,883.

875,421.

467,133.

267,606.

3,545,381.

121,348.

6,728.

54,872.

520,912.

290,734.

811,646.

54,872.

290,734.

520,912.

017,338.1,017,338.

917,883.

875,421.

467,133.

267,606.

1f

(i) Real

6,728.

6,728.

(i) Securities

of

b

h

а

b

3403 Page 9

> (D) Revenue excluded from tax under sections 512, 513, or 514

121,348.

6,728.

#### 4,698,503.3,890,987. 520,912. 128,076.

Do r	All other organizations must compl not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	415,622.	233,174.	117,285.	65,163
	Compensation not included above, to disqualified	110,0110	20072720		00,200
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,268,109.	988,693.	259,289.	20,127
	Pension plan contributions (include section 401(k)		- ,	,	- /
-	and section 403(b) employer contributions)				
9	Other employee benefits	426,958.	315,623.	103,386.	7,949
0	Payroll taxes				-
1	Fees for services (non-employees):				
а	Management				
	Legal	289,749.		289,749.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
	Advertising and promotion	71,996.	68,769.		3,227,
3	Office expenses	41,673.	30,702.	10,783.	188.
4	Information technology	18,566.	18,566.		
5	Royalties				
6	Occupancy	115,076.	115,076.		
7	Travel	116,371.	111,900.	2,543.	1,928.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	0.4.0 1.6.1	164 446	04 515	
2	Depreciation, depletion, and amortization	249,161.	164,446.	84,715.	
3	Insurance	112,797.	99,828.	12,969.	
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Printing and Publicatio	313,223.	312,863.	360.	
a b	Seminars	216,070.	216,070.		
с С	Postage	211,266.	210,929.		337
с d	General Service Contrac	208,252.	208,252.		557
u e	Security	157,959.	157,959.		
-	All other expenses	1,055,636.	922,985.	112,057.	20,594
5	Total functional expenses. Add lines 1 through 24f	5,288,484.	4,175,835.	993,136.	119,513
. <u>5</u> 26	Joint costs. Check here  if following	· · · · · · · · · · · · · · · · · · ·			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

48-6063403 Page 11

Form 990 (2009)	American	Numismatic	Association,	Inc.
Part X Balance	Sheet			

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	440.	1	3,956.
	2	Savings and temporary cash investments	3,962,600.	2	619,489.
	3	Pledges and grants receivable, net	8,024,797.	3	10,433,477.
	4	Accounts receivable, net	135,084.	4	92,912.
	5	Receivables from current and former officers, directors, trustees, key			- / -
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		•	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	77,091.	8	55,994.
As	9	Prepaid expenses and deferred charges	165,003.	9	214,873.
		Land, buildings, and equipment: cost or other		•	
		basis. Complete Part VI of Schedule D 10a 6,840,831.			
	h	Less: accumulated depreciation	2,576,737.	10c	2,352,986.
	11	Investments - publicly traded securities	4,048,906.	11	7,242,368.
	12	Investments - other securities. See Part IV, line 11	6,250,374.	12	7,638,675.
	13	Investments - program-related. See Part IV, line 11		13	.,,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	35,983,385.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,241,032.	16	64,638,115.
	17	Accounts payable and accrued expenses	879,041.	17	781,964.
	18	Grants payable	,	18	
	19	Deferred revenue	1,983,363.	19	706,123.
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	1,347,215.	25	1,823,838.
	26	Total liabilities. Add lines 17 through 25	4,209,619.	26	3,311,925.
		Organizations that follow SFAS 117, check here 🕨 🐰 and complete			
es		lines 27 through 29, and lines 33 and 34.			
лс	27	Unrestricted net assets	6,987,974.	27	13,444,873.
3ala	28	Temporarily restricted net assets	13,992,388.	28	47,830,266.
Ыd	29	Permanently restricted net assets	51,051.	29	51,051.
Fur		Organizations that do not follow SFAS 117, check here 🕨 🗌 and			
ç		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	21,031,413.	33	61,326,190.
	34	Total liabilities and net assets/fund balances	25,241,032.	34	64,638,115.
					Form <b>990</b> (2009)

Form 990 (2009)

Form 990 (2009)			Association,	Inc.
Part XI Financial Sta	atements and R	eporting		

# 48-6063403 Page 12

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			~~~~	

Form **990** (2009)

orm	9	9	0	(;	2009)	

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SCHED	DULE A			OMB No. 1545-0047											
(Form 99	90 or 990-EZ)	Pub	Public Charity Status and Public Support												
		Comple	te if the organization is	a section	1 501(c)(3)	organiza	tion or a s	ection		20	UJ	/			
Department of Internal Reven	of the Treasury nue Service	► At	4947(a)(1) no tach to Form 990 or Fo				instructio	ons.	_	Open to Inspe		ic			
Name of t	the organizati	on						E	mployer id	dentificati	on nui	mber			
		America	n Numismatic	Asso	ciati	on, I	nc.		48	-6063	403				
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st comple	te this par	t.) See inst	ructions.							
The organ	•		because it is: (For lines 1												
1 🗂		-	s, or association of chur	-		-	-	-							
2			0(b)(1)(A)(ii). (Attach Sc												
3			tal service organization of		in section	170(b)(1)	(A)(iii).								
4			operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospital	's nam	ie,			
	city, and stat											-			
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or o	perated by	a governr	nental un	it describe	d in					
	-	(b)(1)(A)(iv). (Comple	-				•								
6			ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).								
7			eives a substantial part of					or from the	e general p	ublic desc	ribed i	n			
		b)(1)(A)(vi). (Comple				3			- 3						
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)										
9 X			eives: (1) more than 33 1			rom contri	butions. m	nembersh	ip fees, and	d aross rea	eipts	from			
_			nctions - subject to certa												
			axable income (less sect												
		509(a)(2). (Complete						,			-,				
10			perated exclusively to te	st for publ	ic safety.	See <b>sectio</b>	n 509(a)(4	H).							
11	-	•	perated exclusively for th	-	•			-	rv out the r	ourposes o	f one i	or			
	-	•	ations described in section						•	-		51			
			organization and comple				.). 000 000				critat				
	a Type I	· ·				tionally int	earated		р	Type III - C	)ther				
e 🗌	• •		t the organization is not	• •		•	-	r more dis				n			
•			han one or more publicly												
f			ten determination from t						0(4)(1) 01 0	000011000	(u)( <i>L</i> ).				
•		rganization, check th	in how												
a		•	organization accepted ar												
g	-		irectly controls, either al			-		• •			Yes	No			
										11g(i)	103				
	-		described in (i) above?							11g(ii)					
			person described in (i) a												
h			about the supported or												
				gamzation	(0).										
(1) Nomo	ofourported		(iii) Type of	(iv) is the o	rnanization	(v) Did you	i notify the	(vi) l organizati	s the	(vii) Am	ount o				
	of supported anization	(ii) EIN	organization		sted in your		ion in col.	organizáti	on in col.	(VII) All Supj		1			
orgi			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organi U.S	S.?	oup	5011				
			(see instructions))	Yes	No	Yes	No	Yes	No						
									+						
									+						
		1	1	1	1	1		1	1						

 Total
 Image: Construction of the sector of the sector

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009	Organization	o Doooribad ir	Sections 17	$\Omega(h)(1)(\Lambda)(h)$	d 170/b/(1)/(0)/0	Page 2
Pa	ITT II Support Schedule for (Complete only if you checke	-			U(D)(T)(A)(IV) ar	10 170(D)(1)(A)(	VI)
Sa	ction A. Public Support		5, 7, 01 8 01 Fait 1.	)			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(b) 2000	(0) 2007	(u) 2008	(e) 2009	
•	membership fees received. (Do not						
	include any "unusual grants.")						
0	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	en en en ele el en ite le ele elf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
_	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	() 0007	(1) 0000	() 000-	( 1) 0000	( ) 0000	(0
	endar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$		-		_		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc. (see instruc	tions)			12	
13	First five years. If the Form 990 is for	•					
0-	organization, check this box and stor	here					<b>&gt;</b> L_
	ction C. Computation of Publ						
	Public support percentage for 2009 (						ç
	Public support percentage from 2008						
16a	<b>33 1/3% support test - 2009.</b> If the o						
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2008.</b> If the o						
47.	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
L	meets the "facts-and-circumstances"						
Ľ	10% -facts-and-circumstances tes more and if the organization mosts the second seco						
	more, and if the organization meets the organization meets the "facts-and-cire						
12	<b>-</b> • • • • • • • • •						
18	rivate iounuation. It the organizatio	IT UIU HUL CHECK à		Ja, 100, 17a, 0f 17		and see instruction	IS I

Schedule A (Form 990 or 990-EZ) 2009

### Schedule A (Form 990 or 990-EZ) 2009 American Numismatic Association, Inc. 48-6063403 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support	-		• •		5	,
Cal	endar year (or fiscal year beginning in)▶	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1292278.	1402435.	1423268.	1417987.	1033949.	6569917.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1975042.	2466689.	3377897.	2945059.	3568328.	14333015.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	2267220	2000124	4001165	4262046	4600000	20002022
	Total. Add lines 1 through 5	3267320.	3869124.	4801165.	4363046.	4602277.	20902932.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons	90,223.	45,091.	32,625.	31,618.		199,557.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		25,000.	50,891.	20 212		105 104
	amount on line 13 for the year	90,223.	70,091.	83,516.	29,213. 60,831.		105,104.
	Add lines 7a and 7b	90,223.	70,091.	85,510.	00,031.		20598271.
	Public support (Subtract line 7c from line 6.) ction B. Total Support						20390271.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 2009	(a) 2000	(f) Total
	Amounts from line 6	(a) 2005 3267320.	(b) 2006 3869124.	(c)2007 4801165.	(d) 2008 4363046.	(e) 2009 4602277.	(f) Total 20902932.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1390994.	1670810.				
ł	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1390994.	1670810.	1511419.	215,657.	128,076.	4916956.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)	4658314.	5539934.	6312584.			25819888.
14	First five years. If the Form 990 is for	the organization's	first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
<u></u>	check this box and stop here						
	ction C. Computation of Publ						79.78 %
	Public support percentage for 2009 (					15	<b>F</b> C 00
<u>16</u>	Public support percentage from 2008 ction D. Computation of Inves			<u></u>		16	76.82 %
	•		•			17	19.04 %
	Investment income percentage for 20						
18 10:	Investment income percentage from 2 a 33 1/3% support tests - 2009. If the					18	, -
196	more than 33 1/3%, check this box a	-					► V
ł	<b>33 1/3% support tests - 2008.</b> If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
00	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	structions	

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2009

#### Name of the organization

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

LHA	For Privacy Act and Paperwork R	eduction Act Notice,	see the Instruct	tions
	for Form 990, 990-EZ, or 990-PF.			

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

(c)

Aggregate contributions

\$

(a)

No.

Name of or	ganization	Em
Ameri	can Numismatic Association, Inc.	
Part I	Contributors (see instructions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution
1		\$10,452
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution
2		\$7,075
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution
3		\$7,500
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution
4		\$26,096
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution

(b)

Name, address, and ZIP + 4

Page mployer identification number

48-6063403

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll Noncash

Person Payroll Noncash

1 of 1 of Part I

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

X

X

X

X

No.	

Part II

923453 02-01-10

	Noncash Froperty (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

American Numismatic Association, Inc.

Noncash Property (see instructions)

48-6063403

Page

of Part II of Employer identification number

Employer	identification	nu

Exclusively religious, charitable, etc., ir	ndividual contributions to section	48-6063403 on 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing			
Part III, enter the total of exclusively religion	ous, charitable, etc., contributions	s of			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gif				
Transferee's name, address, a		Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complet: Part III, enter the total of <i>exclusively</i> religio \$1,000 or less for the year. (Enter this inf (b) Purpose of gift (b) Purpose of gift	(b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use (c) Us			

Schedule D	)

#### (Form 990)

### Department of the Treasury

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 g **Open to Public** Inspection

interna	a Revenue Service		mepeetien
Nam	e of the organization American Numismati	c Association, Inc.	Employer identification number $48-6063403$
Pa	rt I Organizations Maintaining Donor Advise		
	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Da	impermissible private benefit?           rt II         Conservation Easements.         Complete if the or		
			Part IV, Ille 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic st	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	ne organization during the tax
	year 🕨	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
6 7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
•			
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Ра	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
<b>1</b> a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	ce, provide the following amounts relating to
	these items: (i) Revenues included in Form 990 Part VIII line 1		► ¢
	<ul> <li>(i) Revenues included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>		
2	If the organization received or held works of art, historical tre		
~	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1	-	• \$

Schedule D (Form 990) 2009

-	· · · · · · · · · · · · · · · · · · ·	n Numismat								8 Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	<u>or Oth</u>	er Simil	ar Asse	<b>ts</b> (contii	nued)
3	Using the organization's acquisition, accessi (check all that apply):				C C		significant	use of its	collectior	n items
а	X Public exhibition	C			hange progra					
b	X Scholarly research	e		Other						
С	X Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIV.	
5	During the year, did the organization solicit o								-	
	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arran		ete if org	ganization ar	nswered "Ye	s" to Fo	rm 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod								-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						<b>1</b> f		-	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	└── No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" to Fo	· · · ·					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
с	Term endowment	%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for	the organi:	zation		
	by:								Г	Yes No
	(i) unrelated organizations								3a(i)	
	(***) · · · · · · · · · · · · · · · · · ·								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building				, Part X, line	10.				
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumulate	ed	(d) Book	value
1a	Land							_		
	Buildings			4,36	5,321.	2,	676,0	74.	1,689	),247.
с	Leasehold improvements									
d	Equipment			2,47	5,510.	1,	811,7	71.	663	3,739.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c).)				2,352	2,986.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009
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#### American Numismatic Association, Inc. Part VII Investments - Other Securities, See Form 990 Part X line 12

	CT 0111 000, T att X, II			
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	C	(c) Method of valua Cost or end-of-year mai	
Financial derivatives				
Closely-held equity interests				
Other				
Donated Corporate Stock	7,638,6	75. End-of-	Year Market	Value
<b>_</b>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	7,638,6	75		
Part VIII Investments - Program Related. Se				
Tart vin investments - Program Related. Se	ee Form 990, Part X,		(c) Method of valua	tion:
(a) Description of investment type	(b) Book value		Cost or end-of-year mai	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
	Description			(b) Book value
Numismatic Collections				35,983,385.
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)			35,983,385.
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount		
Federal income taxes				
Deferred Compensation		33,255	•	
Accrued Pension Liability		428,061		
Accrued Postretirement Benefi	ts	61,722		
Deferred Life Membership Fees		1,300,800		
		,,		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	1,823,838		
		-, ,	-	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

_	dule D (Form 990) 2009 American Numismatic Associa					6063403	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to A				emen		<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		4,698	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		5,288	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-589	
4	Net unrealized gains (losses) on investments			4		50	,238.
5	Donated services and use of facilities			5			
6	Investment expenses			6		26 642	<b>F</b> 4 4
7	Prior period adjustments			7		36,643	
8	Other (Describe in Part XIV.)			8		40,884	
9	Total adjustments (net). Add lines 4 through 8			9 10		40,884	
10 Dar	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement	9 Ite W	ith Rovor		Poturi		, / / / •
1	· · · · · · · · · · · · · · · · · · ·			-	1	13,895	828.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••			-	13,055	,020.
ے a	Net unrealized gains on investments	2a	3	8,238			
b	Donated services and use of facilities	2a 2b		0,200	-		
c	Recoveries of prior year grants	20 2c			-		
d	Other (Describe in Part XIV.)	20 2d	9.15	9,087	1		
e	Add lines <b>2a</b> through <b>2d</b>			-	2e	9,197	325.
3	Subtract line 2e from line 1				3	4,698	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			-		
	Add lines 4a and 4b				4c		0.
5					5	4,698	
	t XIII Reconciliation of Expenses per Audited Financial Stateme				r Retu		
1	Total expenses and losses per audited financial statements				1	8,774	,176.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIV.)	2d	3,48	5,692	•		
е	Add lines 2a through 2d				2e	3,485,	
3	Subtract line 2e from line 1				3	5,288	,484.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	4b					
с	Add lines <b>4a</b> and <b>4b</b>				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	5,288	,484.
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Pa	rt IV, lines	1b and	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
Par	t III, line 4: The Association maintains a	nu	mismat	1C CO.	Llec	tion of	
					-		
ove	er 300,000 items, many of which have signif	ıca	nt val	ue to	COT	lectors	•
Man	of these items are an display in the Wes		£	h.a1	.1.4 ~	+ <b>:</b>	_
Mai	ny of these items are on display in the Mus	eum	lor t	ne pui	DITC	to view	v •
900	curity measures are taken to safeguard this	<b>a a b</b>	1100+i	on [	□ho	collect	lon
bec	curry measures are taken to sareguard this	00	TTECCT	011.	liie	COTTECT.	
พลจ	s initially recorded on the statement of fi	nan	cial r	ositi	א חכ	t the	
			<u> b</u>		u		
est	imated fair value of the items in accordan	ce v	with U	S GAAI	2.		

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

American Numismatic Association, Inc. 48-6063403 Page 5 Schedule D (Form 990) 2009 Part XIV Supplemental Information (continued) other objects and documents. They are catalogued, preserved, and cared for, and activities verifying their existence and assessing their conditions are performed. The Association's collection, acquired through purchases and contributions, is recognized as an asset on the statement of financial position. Purchases of collection items are recorded in the year in which the items are acquired as decreases in unrestricted, temporarily restricted or permanently restricted net assets based on the restrictions placed by donors on assets used to purchase the items. Contributed collection items are reflected in the financial statements at the estimated fair value of the items at the date of contribution. Proceeds from deaccessions, which are reflected as an increase in the appropriate net asset class, are used to acquire other items for the collection.

Part XI - Line 7 represents the addition of the numismatic collection held by the Organization in the prior period Statement of Financial Position. Line 8 includes the change in value of split-interest agreements \$2,395,354, a decrease in pension liability \$50,305, an increase in Ben Keith Stock \$2,444,439, short year Net Income previously reported \$783,297, and Net Asset change from short period return \$-1,470,419.

Part XII - Line 2d includes the change in value of split-interets agreements \$2,395,354, Cost of Goods Sold \$31,849, an increase in Ben Keith Stock \$2,444,439, and short year Net Income previously reported \$783,297.

Part VIII - Line 2d includes Cost of Goods Sold \$31,849, a decrease in pension liability of -\$50,305, and expenses previously reported on short Schedule D (Form 990) 2009 02-01-10

Schedul	e D (Form 990) (IV Supple	2009 mental Infor	American mation (continue	Numismatic	Association,	Inc.	48-6063403	Page <b>5</b>
		\$3,504,						
year	1004111	<u> </u>	1100					

SCHEDULE J	Compensation Information	I	OMB No.	1545-00	47		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ΠΟ			
	Compensated Employees		20	UJ	,		
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.		Open to	Publ	ic		
Internal Revenue Service	Attach to Form 990. See separate instructions.		Inspe				
Name of the organiz			identification num				
	American Numismatic Association, Inc.	48-60	6340	3			
Part I Questic	ns Regarding Compensation						
				Yes	No		
	priate box(es) if the organization provided any of the following to or for a person listed in Form	990,					
	A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel						
	Travel for companions						
	fication and gross-up payments Health or social club dues or initiation fees						
Discretional	y spending account	hef)					
<b>b</b> If any of the bay	a an line to are checked, did the organization follow a written policy regarding payment or						
•	es on line 1a are checked, did the organization follow a written policy regarding payment or r provision of all of the expenses described above? If "No," complete Part III to explain		1b		х		
	ion require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire						
trustees, and the	CEO/Executive Director, regarding the items checked in line 1a?		2		X		
•	any, of the following the organization uses to establish the compensation of the organization's	3					
	irector. Check all that apply.						
	X     Compensation committee       X     Written employment contract						
	X       Independent compensation consultant       X       Compensation survey or study						
Form 990 o	Form 990 of other organizations						
<b>4</b> During the year.	did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	related organization:						
•	nce payment or change-of-control payment?		4a		х		
	receive payment from, a supplemental nonqualified retirement plan?				X		
	receive payment from, an equity-based compensation arrangement?				x		
	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	I(c)(3) and 501(c)(4) organizations must complete lines 5-9.						
•	d in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
contingent on the					37		
	?				X		
	nization?		. 5b		X		
	or 5b, describe in Part III.						
	d in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
•	e net earnings of:				v		
	?				X X		
	nization?		. 6b				
	or 6b, describe in Part III.						
	d in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		_	v			
	lines 5 and 6? If "Yes," describe in Part III		. 7	Х			
	ts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				v		
	ception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		x		
	did the organization also follow the rebuttable presumption procedure described in						
	on 53.4958-6(c)?		9	00001			
LHA For Privacy Ac	and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	∋J(Form	1 990)	2009		

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	<b>(C)</b> Retirement and	<b>(D)</b> Nontaxable	<b>(E)</b> Total of columns	<b>(F)</b> Compensation	
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	246,414.	0.	22,800.	0.	19,341.	288,555.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

### Part I, Line 1a: Housing allowance provided as part of a written employment

contract with the Executive Director which was approved by the Board of

Governors.

Part I, Line 1b: Part of a written employment contract with the Executive

Director which was approved by the Board of Governors.

Part I, Line 7: Ron Sirna is the Organizations general counsel. The By-Laws

of the Organization stipulate that the Organizations legal counsel is an

Officer of the Organization. Amounts paid to Mr. Sirna are based on

billings from his law practice and are approved for payment by Executive

Director and President of the Organization. Amount reported as paid to Mr.

Sirna is based on the 2009 Form 1099-MISC issued to his law firm.

Compensation and benefits reported as paid to Mr. Shepherd is based on the

2009 Form W-2 issued to him by the Organization.

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

## **Transactions With Interested Persons**

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the o	rganization
---------------	-------------

				Associ				4	18–60				
Part I Excess Benefit													
Complete if the organ	nization answ	vered "Yes	s" on Form	990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	)b.			
1 (a) Name of disc	qualified pers	son			(b) Description of transaction					(c) Correct			
									Yes	No			
												<u> </u>	
2 Enter the amount of tax imposection 4958		•	Ũ	-		•			▶ \$				
3 Enter the amount of tax, if an													
Part II   Loans to and/or	· From Int	erested	Person	S.									
Complete if the organ					line 26, or l	Form 990-E	Z, Part \	/, line 3					
(a) Name of interested person and purpose	(b) Loan t the organ	to or from nization?		inal principal mount			by boa		(e) In (f) Approve			Nritten ement?	
	То	From				Yes		No	Yes	No	Yes	No	
												<b> </b>	
Total				> \$									
Part III Grants or Assist		•											
Complete if the organ (a) Name of interested p		vered "Yes		ionship betwe		ted person	and		(c) Am	ount and	d type o	f	
.,			( )		ganization	•				assistan			
								_					
								_					
Part IV Business Transa	actions In	volving	Interest	ed Person	s.								
Complete if the organ											(e) Sha	aring of	
(a) Name of interested p	Derson	(b)		elationship between inte erson and the organizati		(c) Amo transa			Descript transact		organiz	zation's nues?	
Ed Rochette		Fo	rmer	Exec Di	recto	25	.735	.Pat	ment	s fr	Yes	No X	
Wendell Wolka		Go	verno	r	Exec Directo 25,735		.Aut	hor	paym		X		
Fom Hallenbeck		Vi	Vice President 360.Pu		•Pur	rchas	e of		X				
								+				<u> </u>	
_HA For Privacy Act and Paper Instructions for Form 990 (		tion Act N	lotice, see	the			ę	Schedu	le L (For	m 990 o	r 990-E	Z) 2009	

OMB No. 1545-0047

O

**Open To Public** 

I

Inspection

LHA

# Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Name of the organization

Department of the Treasury

Internal Revenue Service

Pa	rt I Types of Property							
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Revenues reported on	(d) Method of de	termin	ina	
		applicable	contributions	Form 990, Part VIII, line 1g	revenu		ing	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		0.				
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16								
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( Coins and Num )	X	200	0.				
26	Other ( )							
27	Other ( )							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Jonee Acknowled	gment 29			V.	
20-	During the year did the exception receive h	v oontributio		aartad in Dart I. Jinaa 1 00 th	t it must hald far		Yes	No
30a	During the year, did the organization receive b at least three years from the date of the initial							
						30a		х
h	the entire holding period?					30a		
31	Does the organization have a gift acceptance	policy that re	ouires the review	of any non-standard contribution	itions?	31		х
	Does the organization hire or use third parties							
o≟d	contributions?		•	· •		32a		x
h	If "Yes," describe in Part II.					020		
33	If the organization did not report revenues in c	olumn (c) for	a type of propert	v for which column (a) is che	cked.			
	describe in Part II			, (a) 10 0110				

### For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009



Employer identification number

48-6063403

SCHEDULE M
(Form 990)

American Numismatic Association, Inc.

Schedule M (Form 990) 2009       American Numismatic Association, Inc.       48-6063403       Page 2         Part II       Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.
Schedule M, Line 33: As described in Schedule D, any donations of
numismatic items to the Organization's collection are recorded as an
increase to the collection asset as well as an increase to the net
assets of the Organization.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Complete to	provide information for respo orm 990 or to provide any add Attach to Form	nses to s itional info	pecific questions on		OMB No. 1545-0047
Name of the organizatio		Numismatic Assoc	iatio	n, Inc.		identification number 063403
Form 990, Pa		Description of			sion:	
Numismatists	, aquire and (	disseminate info	ormati	on bearing	upon	
Numismatists	and promote j	popular interest	in t	he science	of	
Numismatolog	<i>.</i>					
Form 990, Pa	rt III, Line I	1, Description c	of Org	anization M	ission	:
numismatists	and promote j	popular interest	in t	he science	of	
numismatolog	y. The Associa	ation is conside	ered t	o be the la	rgest	
numismatic o	rganization o	f its kind.				
Form 990, Pa	rt III, Line -	4d, Other Progra	m Ser	vices:		
Member Servi	ces - To adva	nce the knowledg	re of	numismatics	and e	ncourage
communicatio	n and cooperat	tion among membe	ers.			
Expenses \$ 4	55704. inclu	uding grants of	\$ 0.	Revenue \$	0.	
Museum						
Expenses \$ 5	55235. inclu	uding grants of	\$ 0.	Revenue \$	0.	
Library						
Expenses \$ 2	25022. inclu	uding grants of	\$ 0.	Revenue \$	0.	
Enterprise						

Expenses \$ 57. including grants of \$ 0. Revenue \$ 0.

Summer Conferences

Expenses \$ 440562. including grants of \$ 0. Revenue \$ 0.

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

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



Department of the Treasury Internal Revenue Service Name of the organization

American Numismatic Association, Inc.

Employer identification number 48-6063403

Form 990, Part VI, Section A, line 2: Vice President Tom Hallenbeck and

Assistant Treasurer Ken Hallenbeck are son and father, respectively.

Form 990, Part VI, Section A, line 6: The American Numismatic Association has more than 31,000 members of all ages, beginner and expert coin collecters who join the ANA to become more knowledgeable and confident coin collectors. Membership in the ANA includes a subscription to the members-only monthly magazine "The Numismatist". In publication since 1888, The Numismatist is a full-color magazine filled with articles written by leading numismatic experts and hobbyists covering coins, tokens, medals and paper money. More than 100 pages each month are filled with illustrated articles, hobby events, coinage issues from across the globe, and advertising by respected coin dealers. Members have the choice of receiving our award-winning publication either by postal mail (regular membership) or delivered to their e-mail inbox (basic membership).

Form 990, Part VI, Section A, line 7a: The President, in the November issue of the Numismatist immediately proceeding each election year (that is, for example, 1991 and each odd-numbered year thereafter), shall issue a call for nominations of officers to be elected during said year. Nominations shall be submitted in writing to the Executive Director by any member entitled to vote, not earlier than December 1 immediately preceding said election year and not later than March 31 of said election year. Club nominations must bear the signatures of at least two officers of the nominating club. A nominee must be a member who is entitled to hold office UHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 Part VI, Section 2009 SCHEDULE O

(Form 990)

#### Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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



Name of the organization Employer identification number American Numismatic Association, Inc. 48-6063403 under Article I, Section 2 hereof and must have been a member in good standing for not less than three (3) consecutive years immediately prior to nomination. In order to be a candidate for office, a member must receive at least five (5) nominations from member clubs in good standing and at least five (5) nominations from individual members in good standing. No member may nominate himself/herself or nominate a number of candidates for any office in excess of the number to be elected therefor. The Executive Director shall promptly write to each nominee by certified mail, return receipt requested, notifying the nominee of his/her nomination and requesting a written acceptance or refusal thereof. No nominee may accept a nomination for more than one elective office in any one election. In order to be eligible as a candidate for election, a nominee must transmit his/her written acceptance to the Executive Director in sufficient time to be received by him/her on or before April 7 of said election year.

Form 990, Part VI, Section A, line 7b: The Bylaws of the Organization state that the Board needs the approval of the members for certain decisions.

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

Form 990, Part VI, Section B, Line 12c: New board members are advised of

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No. 1545-0047

Name of the organization

American Numismatic Association, Inc.

Employer identification number 48-6063403

When potential conflicts of interest arise, the Board members are reminded

of the conflicts of interest policy and confidentiality statement.

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

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

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

Form 1023 is available for viewing at the Organization's office and mailed

SCHEDULE O

Department of the Treasury

Internal Revenue Service

### (Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No. 1545-0047

Name of the organization

American Numismatic Association, Inc.

Employer identification number 48-6063403

### financial statements are posted on the Organization's website.

Form 990, Part XI; Question 2c

Audit Committee

The American Numismatic Association has a Board of Governors. The Board

of Governors are responsible for the selection of the Association's

auditors.

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

(a) Name of Person: Ed Rochette

(b) Relationship Between Interested Person and Organization:

Former Exec Director & Governor

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

plan and author payments

(a) Name of Person: Wendell Wolka

(d) Description of Transaction: Author payments

(a) Name of Person: Tom Hallenbeck

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

owned by interested person.

	990-T	E	xempt Organization Bus (and proxy tax und	sine: ler se	ss Income T	ax Return		OMB No. 1545-0687
Depar Interna	tment of the Treasury al Revenue Service (77)	For ca	alendar year 2009 or other tax year beginning $\operatorname{NOV}$ 1			ст 31, 20	10	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check box if name c				DEmplo (Emplo	yer identification number byees' trust, see instructions ick D on page 9.)
B Ex	empt under section	Print	American Numismatic As	soc	iation, Inc	•	48	8-6063403
Х	] 501( <b>c</b> )( <b>3</b> )	or Tyrno	Number, street, and room or suite no. If a P.O. bo	x, see p	age 8 of instructions.			ted business activity codes structions for Block E
	]408(e) 220(e)	Туре	818 North Cascade Aven	nue			on pag	
	408A 530(a)		City or town, state, and ZIP code					
	529(a)		Colorado Springs, CO	809	03		5418	800
			exemption number (See instructions for Block F.)					
		G Check	corganization type 🕨 🛛 🗶 501(c) corporatio	n L	501(c) trust	401(a) trust		Other trust
	,638,115.			1	Ototomont 1			
					Statement 1		Va	s X No
			oration a subsidiary in an affiliated group or a pare ifying number of the parent corporation. ►	nt-subs	idiary controlled group?	P L	Yes	
			Carol Shuman		Telenh	one number 🕨 🕻	719	) 632-2646
			le or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale				()	(_)		(0)
	Less returns and allo		c Balance	1c				
2			A, line 7)	2				
3	Gross profit. Subtract			3				
4 a			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			its	4c				
5			ips and S corporations (attach statement)	5				
6	Rent income (Schedu	ule C)		6				
7	Unrelated debt-finance	ced incor	ne (Schedule E)	7				
8	Interest, annuities, ro	yalties, a	nd rents from controlled organizations (Sch. F) $_{\cdots}$	8				
9	Investment income of	f a sectio	n 501(c)(7), (9), or (17) organization					
				9				
10			me (Schedule I)	10				
11			J)	11	522,296.	669,0	16.	-146,720.
12			s; attach schedule.)	12	500.000			116 800
13			gh 12	13	522,296.	669,0	16.	-146,720.
Ра			ot Taken Elsewhere (See instructions for utions, deductions must be directly connecte		,	incomo)		
			· ·			-		
14 15			rectors, and trustees (Schedule K)				14 15	
15 16							15	
17							17	
18							18	
19							19	
20	Charitable contributi	ions (See	e instructions for limitation rules.)				20	
21								
22			Schedule A and elsewhere on return				22b	
23							23	
24	Contributions to def	erred co	mpensation plans				24	
25							25	
26	Excess exempt expe	enses (So	chedule I)				26	
27	Excess readership c	osts (Sc	hedule J)				27	
28			edule)				28	
29	Total deductions	. Add lin	es 14 through 28				29	0.
30			ncome before net operating loss deduction. Subtrac				30	-146,720.
31			(limited to the amount on line 30)				31	0.
32			ncome before specific deduction. Subtract line 31 fr				32	-146,720.
33			/ \$1,000, but see instructions for exceptions.)				33	1,000.
34			able income. Subtract line 33 from line 32. If line	-				-146,720.
92370			and Denomical Production Ast Nation and instrum				34	-140,/20.

			mis	matic Associ	atior	n, Inc.		48-60	63403
		I Tax Computation							
	35	Organizations Taxable as Corpora	tions. S	See instructions for tax com	putation.				
		Controlled group members (sectio	ns 1561	and 1563) check here 🕨	See	e instructions an	d:		
	a	Enter your share of the \$50,000, \$	25,000,	and \$9,925,000 taxable inc	ome brack	ets (in that orde	r):		
		(1) \$	(2)	\$	(3)	\$			
	b	Enter organization's share of: (1)							
		(2) Additional 3% tax (not more th	an \$100	,000)		\$			
	C	Income tax on the amount on line						┣	35c
		Trusts Taxable at Trust Rates. Se							
		Tax rate schedule or	Schedu	le D (Form 1041)				▶	36
	37	Proxy tax. See instructions							37
	38								38
	39	Total. Add lines 37 and 38 to line 3							39
Pa		I Tax and Payments							•
	40 a	Foreign tax credit (corporations att	ach For	n 1118; trusts attach Form	1116)		40a		
							40b		
		General business credit. Attach For					40c		1
	d	Credit for prior year minimum tax (	attach F						1
		Total credits. Add lines 40a throug							40e
		Subtract line 40e from line 39							41
	42	Other taxes. Check if from: E	orm 425	5 🗌 Form 8611 🗌	Form 8697	7 🔲 Form 88	66	Other (attach schedule)	42
	43								43
	44 a	Payments: A 2008 overpayment c					44a		
		2009 estimated tax payments					44b		
		Tax deposited with Form 8868					44c		
		Foreign organizations: Tax paid or					44d		
		Backup withholding (see instructio					44e		
	f	Other credits and payments:		Form 2439					
	•	Form 4136		Other		Total 🕨	44f		
	45	Total payments. Add lines 44a three	511ah 44			-			45
	46	Estimated tax penalty (see instruct	ions) C	' leck if Form 2220 is attache	_ ▲ he				46
	47	<b>Tax due.</b> If line 45 is less than the f							47
	48	Overpayment. If line 45 is larger th							48
	49	Enter the amount of line 48 you wa						Refunded	49
_	rt \					r Informati	on (Se		
		time during the 2009 calendar ye	-						
•		k, securities, or other) in a foreign		•		•		•	
								ricport of Foreign Bank	and
2	Duri	ncial Accounts. If YES, enter the na g the tax year, did the organization receiv S, see page 5 of the instructions for other	e a distri	oution from, or was it the grantoi	r of, or transt	teror to, a foreign tru	ist?		
3		r the amount of tax-exempt interes							
		ule A - Cost of Goods S			-				
001	icu				y valuatio	N/A			
1	Inve	ntory at beginning of year	1	I	6 Inven	tory at end of yea			6
1			2					ing 6	
2		hases	2			of goods sold. Si ing 5. Epter barg			7
3		tional agentian 262A agenta	<u> </u>			ine 5. Enter here			
		tional section 263A costs	4a			e rules of section			
		r costs (attach schedule)	4b					l for resale) apply to	
5	10ta	I. Add lines 1 through 4b	5		ine or	yanızalion?			

Sign	Under penalties of perjury, I declare that I have examined this return, including according correct, and complete. Declaration of preparer (other than taxpayer) is based on all		ny knowledge and belief, it is true,
Here	<b>`</b>		May the IRS discuss this return with
nere		President	the preparer shown below (see
	Signature of officer Date	Title	instructions)? X Yes No
	Preparer's	Date Check if	Preparer's SSN or PTIN
Paid Preparer's	<sup>signature</sup> Greg Papineau, CPA	10/14/11 self-employed	P00294662
Use Only	vours if self- BiggsKottord, P.C.	EIN	84-0884124
-	employed), 630 Southpointe Court,		no.
	ZIP code Colorado Springs, CO 8	30906	719.579.9090

Page **2** 

0.

\_\_\_\_

0.

0.

0.

No X

Х

No

Х

Yes

Yes

0.

Form 990-T (2009)	American	Numismatic	Association,	Inc.	48-6063403	Page 3
Schedule C	- Rent Income	e (From Real Prop	perty and Personal	Property	Leased With Real Property)(see instr. of	on pg 18)

1.	Description	of	property	
----	-------------	----	----------	--

(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ved or accrued						
(a) From personal property (if the rent for personal property is n 10% but not more than 5	nore than	of rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50% o	entage or if	<b>3(a)</b> Deductions dire columns 2(a	ectly co a) and 2	onnected with the income in 2(b) (attach schedule)
_(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of colum					0.	(b) Total deductions Enter here and on page	1, .	0
here and on page 1, Part I, line 6, colu Schedule E - Unrelated D			·			Part I, line 6, column (B)	🕨	• 0.
Schedule E - Unrelated D	ept-Financet	a income (See	Instructions o	n page 19)	)	<b>3.</b> Deductions directly		ated with as allocable
			2. Gross in	come from		to debt-fin		
1. Description of deb	ot-financed property		or allocabl financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)						_		-
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
_(1)				%	,			
_(2)				%				
_(3)				%				
(4)				%				
			1		Enter he	ere and on page 1, ne 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals							Ο.	0.
Total dividends-received deduction	s included in colum	n 8				• •	.►	0.
Schedule F - Interest, An	nuities, Roya				-	nizations (See i	nstru	ctions on page 20)
			ot Controlled C			i		
1. Name of controlled organization	2 Employer id num	entification Net ur	<b>3.</b> nrelated income see instructions)	Total o	<b>4.</b> of specified ents made	5. Part of column 4 included in the con- organization's gross	uoming	connected with income
(1)								
(2)								
<u>(3)</u> (4)								
Nonexempt Controlled Organizati	ons							
	8. Net unrelated incom		tal of specified pay	mente	10 Part of	column 9 that is included	11	. Deductions directly connected
	(see instructions		made	menta	in the con	rolling organization's ross income	''.	with income in column 10
(1)								
(2)								
(3)								
(4)								
				E	Add columns Enter here an ine 8, colum	d on page 1, Part I,	Enter	columns 6 and 11. r here and on page 1, Part I, 3, column (B).
Totals						0.		0.

Page 4

Ο.

0.

0.

0.

Ο.

0.

5. Total deductions and set-asides (col. 3 plus col. 4)

Enter here and on page 1, Part I, line 9, column (B).

7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Enter here and on page 1, Part II, line 26.

7. Excess readership costs (column 6 minus column 5, but not more than column 4).

7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Enter here and on page 1, Part II, line 27.

Form 990-T (2009) Americ Schedule G - Investme	an Numismat					48-6063	3403
	ructions on page 20)	ection 5		), (9), 01 (17) 01	gamzation		
<b>1</b> . Desc	ription of income			2. Amount of income	<b>3.</b> Deductions directly connected (attach schedule)	4. Set-asid (attach scher	
(1)					. ,		
(2)							
(3)							
(4)							
			F	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on Part I, line 9, colu
Schedule I - Exploited	<b>Exempt Activity</b>	Income,	Other	0 . Than Advertisir	ng Income		
(see instru	uctions on page 21)			·		1	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connective with product of unrelate business inc	ected tion ed	<b>4.</b> Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5.</b> Gross income from activity that is not unrelated business income	<b>6.</b> Expens attributable column 5	to 6 minus colum
(1)							
(2)	<u> </u>						
(2) (3)							
(4)							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	rt I,			1	Enter here a on page 1 Part II, line 2
Totals ►	0.		0.				
Schedule J - Advertisi	ng Income (see in	structions o	n page 2	21)			
Part I Income From	Periodicals Repo	orted on a	a Cons	olidated Basis			
1. Name of periodical	<b>2.</b> Gross advertising income		lirect ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	<b>6.</b> Readershi costs	ip 7. Excess reader costs (column 6 m column 5, but not than column 4
(1) (2)				-			
(2)				-			_
(3) (4) Statement	2			-			_
	4						
Totals (carry to Part II, line (5))	▶ 522,296	669	016				
Part II Income From	Periodicals Repo	orted on a	a Sepa	rate Basis (For each	'I ach periodical liste	I d in Part II fill	in
	7 on a line-by-line bas					a in r arc n, ni	
	2. Gross			4. Advertising gain	_		7. Excess reader
1. Name of periodical	advertising income		virect ng costs	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readershi costs	ip costs (column 6 n column 5, but not than column 4
(1)							
(2) (3) (4)							
(3)							
(5) Totals from Part I	522,296		,016.	<u>,</u>			
	Enter here and on page 1, Part I, line 11, col. (A).	page 1 line 11,	col. (B).				Enter here an on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 522,296		,016.				
Schedule K - Compen	sation of Officers	s, Directo	ors, an	d Trustees (see i		at at	
1. ►	Name			2. Title	3. Perce time devo busine	ted to ess	Compensation attributable to unrelated business
						%	
						%	
						%	
Total. Enter here and on page 1, F	Part II, line 14				I	70	
						····· F	Form <b>990-T</b>
923731 01-08-10							

American Numismatic Association, Inc.

Form 990-T	Description of	f Organization'	s Primary	Unrelated	Statement	1
		Business Activ	ity			

Advertising income related to the sale of the American Numismatic Association publications.

To Form 990-T, Page 1

Form 990-T Schedule J - Income from Periodicals Reported Statement 2 on a Consolidated Basis Gross Adv Direct Adv Circulation Readership

Name of Periodical	Gross Adv Income	Direct Adv Costs	Circulation Income	Readership Costs
The Numismatist Convention Program Educational Journal Editorial	468,163. 53,040. 0. 1,093.	634,844. 34,172. 0. 0.		
To Fm 990-T, Sch J, Part I	522,296.	669,016.		

				Page 2	
xtension.	complete only Part II and check this b	ох		► X	
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		8a	\$	0.	
	refundable credits and estimated				
	refundable credits and estimated a credit and any amount paid			0	
allowed as a	a credit and any amount paid	8b	\$	0.	
allowed as a		8b 8c	\$	0.	
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it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨 President

Date 🕨

Form 8868 (Rev. 1-2011)