efi	le G	RAPHIC prir	nt - DO NOT PROCESS				DLN: 9	3492	073000043
				Short Form				омв N	lo 1545-1150
Г ания	90	90-EZ	Return of O	ganization Exempt	From I	ncome Ta	X	-	040
			Under section 50	01(c), 527, or 4947(a)(1) of the					2012
97				black lung benefit trust or priv nor advised funds, organizations that			acilities, and		
			certain controlling organizati	ons as defined in section 512(b)(13)	must file For	m 990 (see instruc	tions)	Ope	n to Public
Depart	ment of	the Treasury	All other organizations with gross	receipts less than \$200,000 and total year may use this form	assets less tr	ian \$500,000 at tr	ie end of the		spection
		ue Service		have to use a copy of this return to sa	atisfy state re	eporting requireme	nts		
			r year, or tax year beginning (01-01-2012 , and end	ding 12-31	-2012	D. Franka a		
		applicable change	C Name of organization ILLINOIS FIREARMS MANUFACTU	RERS					ification number
	ame cl		ASSOCIATION Number and street (or P_O_box	, if mail is not delivered to street addi	ress) Room/s	aute	27-1421 E Telephor		
	nitial re		PO BOX 9292		,				
⊡т	ermina	ted					(630) 533	3-2962
_		d return	City or town, state or country, ai NAPERVILLE, IL 60567	nd ZIP + 4			F Group Ex Number	emption	
ΙA	pplicati	on pending						-	
IW	ebsite	: I <u>N/A</u>	Cash CAccrual Other				If the to attach s 90, 990-E2	Schedul	e B
J Tax	-exem	pt status (check	only one))(6) ◀(Insert no) 🔽 4947(a)(1) or	527				
norn Insti	nally i ructio	not more than s ns) But if the c	\$50,000 A Form 990-EZ or organization chooses to file a	(a)(3) supporting organization (Form 990 return is not required return, be sure to file a comple ss receipts If gross receipts a	d though F ete return	orm 990-N (e-	postcard)ı	may be	required (see
			\$500,000 or more, file Form		10 \$ 200,0			25,009	ie 11, inie 20,
Pa	irt I			es in Net Assets or Fun O to respond to any question i					
	1	Contributions	, gifts, grants, and similar am	ounts received				1	125,000
	2	Program serv	ice revenue including governi	ment fees and contracts .				2	
	3	Membership d	lues and assessments				[3	
	4	Investment in	ncome				1	4	9
	5a	Gross amount	t from sale of assets other th	an inventory		5a	ŀ		
a	h		other basis and sales expens	-		5b			
2	c			n inventory (Subtract line 5b f	rom line 5a			5c	
Revenu	6		undraising events			-,			
	a	-	-	le G if greater than \$15,000)		1 1			
	a		5 5 (5 ,	•	6a			
	b	from fundraısı	e from fundraısıng events (not ng events reported on lıne 1)	(attach Schedule G If the	contributio	ns			
		sum of such g	ross income and contributior	s exceeds \$15,000)		6b			
	С	Less directe	expenses from gaming and fur	draising events		6c			
	d	Net income or	r (loss) from gaming and fund	raising events (add lines 6a an	id 6b and s	ubtract line 6c)	6d	
	7a	Gross sales o	of inventory, less returns and	allowances		7a			
	b	Less costof	goods sold			7b			
	с	Gross profit o	r (loss) from sales of invento	ry (Subtract line 7b from line 7	a)]	7c	
	8	O ther revenue	e (describe in Schedule O)				[8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d,	7c, and 8		<u></u>	•	9	125,009
	10	Grants and si	milar amounts paid (list in Sc	hedule O)				10	
	11	Benefits paid	to or for members					11	
	12	Salaries, othe	er compensation, and employe	ee benefits			[12	
s,	13	Professional f	fees and other payments to in	dependent contractors .			[13	50,000
ens	14	Occupancy, r	ent, utilities, and maintenanc	e			[14	
Expense	15	Printing, publi	ications, postage, and shippir	ng				15	
	16	O ther expens	es (describe in Schedule O)					16	49,782
	17	Total expense	es. Add lines 10 through 16				•	17	99,782
9	18	Excess or (de	ficit) for the year (Subtract li	ne 17 from line 9) .				18	25,227
tes:	19			f year (from line 27, column (A)) (must a	gree with	ŀ		
etAssets		end-of-year fi	gure reported on prior year's	return)				19	7,921
ã	20	•	s in net assets or fund baland					20	<u> </u>
	21	Net assets or	fund balances at end of year	Combine lines 18 through 20			🕨	21	33,148
For	Paper	work Reductio	n Act Notice, see the separat	e instructions.	Cat N	o 10642I	I	orm 9	90-EZ (2012)

Part II	Balance Sheets (see the instructions for Part II)							
	Check if the organization used Schedule O to respond to any question in this Part II						 .Г	
								_

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	. 7,921	22 33,148
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	. 7,921	25 33,148
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	. 7,921	27 33,148
			· · · · ·

Part III Statement of		Expenses					
Check if the orga	· ·	equired for section 501					
What is the organization's pri	mary exempt purpose?	1	(3) and 501(c)(4)				
THE ILLINOIS FIREARMS M	ANUFACTURERS ASSOCIATION IS A NON-PROFIT LOBBYING	organizations and section					
	N 2009 TO PROTECT, PRESERVE, AND PROMOTE ILLINOIS FIREARMS	4947(a)(1) trusts, optional for others)					
MANUFACTURERS ITS JOB	, ITS RIGHT, AND ITS ECONOMIC VALUE IN THE STATE OF ILLINOIS		lonarior others)				
Describe the organization's p measured by expenses In a benefited, and other relevant							
28 TO PROMOTE, PRESERV	E, AND PROTECT ILLINOIS FIREARM MANUFACTURERS						
(Grants \$)	If this amount includes foreign grants, check here 🛛 🚺 🕨 🦵	28a					
29							
(Grants \$)	If this amount includes foreign grants, check here 🏾 . 🔹 🕨 🦵	29a					
30							
(Grants \$)	If this amount includes foreign grants, check here 🏾 . 🔹 🕨 🦵	30a					
31 Other program services (c	lescribe in Schedule O)						
(Grants \$)	If this amount includes foreign grants, check here 🛛 . 🛛 . 🕨 🦵	31a					
32 Total program service exp	enses (add lines 28a through 31a) 🛛 🕨	32					
-	Directors, Trustees, and Key Employees List each one even if not compensated (see the instranization used Schedule O to respond to any question in this Part IV.		· _				

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Addıtıonal Data Table				

Form	990-EZ (2012)			Page 3
Ра	rt V Other Information (Note the Schedule A and personal benefit contract statement requiren	nents	in the	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	ν	<u></u>	<u></u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			
	of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule (35b		
с	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 😨	35c	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions F 37a 85,000			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 🕨, section 4912 🕨, section 4955 🕨			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		
с	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 JAY A KELLER	► <u>(6</u> :	80)533	-2962
	Located at 🕨 520 S WASHINGTON NAPERVILLE, IL ZIP + 4	▶ 6	0540	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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.			
с	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶□
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed			No
	Instead of Form 990-EZ			No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Form **990-EZ** (2012)

Form	990-EZ (2012)			Page 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 📆	46	Yes	
Ра	rt VI Section 501(c)(3) organizations only			

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

	Check in the organization used Schedule O to respond to any question in this Part VI				
			Yes	No	
47	Dıd the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47			
48	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a			
b	If "Yes," was the related organization a section 527 organization?	49b			

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
f Total number of other employees pa	ıd over \$100,000 .			•

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3 nonexempt charitable trusts must attach a completed Schedule A .

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign Here		**** Inature of officer Y KELLER EXECUTIVE DIRECTOR pe or print name and title				
Paid		Print/Type preparer's name	Preparer's signature CHRISTINA KLEIN			
Prepare	r	Firm's name 🕨 KLEIN HALL CPAS				
Use Onl		Firm's address Þ 3973 75TH STREET				
		AURORA, IL 605047914				
May the IRS discuss this return with the preparer shown above? See instruction						

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934920730000								
SCHEDULE C		Political Campaign and	Lobbying	Activities	OMBNo 1545-0047			
(Form 990 or 990-EZ)	For Organiz	zations Exempt From Income Ta			⁷ 2012			
Department of the Treasury	Complete	if the organization is described belo		orm 990 or Form 990-EZ.				
Internal Revenue Service		► See separate i	instructions.		Open to Public Inspection			
If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Actional Campaign Act								
	0	Complete Parts I-A and B Do not comp 501(c)(3)) organizations Complete P		low. Do not complete Part I	D			
 Section 501(c) (official section 527 organization) 				ow Do not complete Part P				
If the organization an	swered "Yes	s" to Form 990, Part IV, Line 4, or I						
	•	at have filed Form 5768 (election unde at have NOT filed Form 5768 (election		•	•			
	-	s" to Form 990, Part IV, Line 5 (Pro			•			
 Section 501(c)(4), ((5), or (6) orgai	nizations Complete Part III						
Name of the organiza ILLINOIS FIREARMS MANU				Employer iden	tification number			
ASSOCIATION				27-1421291				
Part I-A Comple	te if the or <u>c</u>	ganization is exempt under s	section 501(c	c) or is a section 527	organization.			
1 Provide a descrip	ption of the org	anızatıon's dırect and ındırect politic	al campaıgn actı	vities in Part IV				
2 Political expendi	tures			►	\$85,000			
3 Volunteer hours								
Part I-B Comple	te if the org	ganization is exempt under s	section 501(c	:)(3).				
1 Enter the amount	t of any excise	tax incurred by the organization unc	ler section 4955	•	\$			
2 Enter the amount	t of any excise	tax incurred by organization manage	ers under section	4955 🕨	\$			
3 If the organization	on incurred a se	ection 4955 tax, did it file Form 472	0 for this year?		🗌 Yes 🗌 No			
4a Was a correction	made?				🗌 Yes 🗌 No			
b If "Yes," describ								
		ganization is exempt under s						
		nded by the filing organization for se			\$85,000			
2 Enter the amount exempt function	-	rganızatıon's funds contributed to otl	her organızatıons	for section 527	\$			
3 Total exempt fun	iction expendit	ures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b 🕨 🕨	\$85,000			
4 Did the filing orga	anızatıon file F e	orm 1120-POL for this year?			∏Yes 🔽 No			
organization mad amount of politic	le payments F al contribution	d employer identification number (EI or each organization listed, enter the s received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered f	m the filing organization's to a separate political orga	funds Also enter the nization, such as a			
(a) Name	2	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
See Additional Data T	able							
For Paperwork Reduction	n Act Notice, se	e the instructions for Form 990 or 990	<u> </u> - ЕZ. с	at No 50084S Schedule C (Form 990 or 990-EZ) 2012			

Sc	hedule C (Form 990 or 990-EZ) 2012			Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	
A	Check F if the filing organization belongs to expenses, and share of excess lobb		ted group member's nam	e, address, EIN,
B	Check Frithe filing organization checked bo			
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)		
с	Total lobbying expenditures (add lines 1a and 1	b)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 47	20 reporting	└ Yes └ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
C	Total lobbying expenditures						
d	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)		
activ		Yes	No		Amour	ſt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		I İ			
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ĺ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		I İ			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	501(c)(5), o	r s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
5	Taxable amount of lobbying and political expenditures (see instructions)		
Pa	art IV Supplemental Information		

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
	SCHEDULE C, PART I-A, LINE 1	CAMPAIGN DONATIONS TO PROMOTE CANDIDATES THAT WILL PRESERVE AND PROTECT ILLINOIS FIREARM RIGHTS
		FRIENDS FOR SAVIANO 36-4278040 2,500 0 P 0 BOX 657, ADDISON, IL 60101 CITIZENS TO ELECT DARLENE SENGER 35-2337662 500 0 P 0 BOX 4078, NAPERVILLE, IL 60540 FRIENDS FOR VERSCHOORE 81-0607901 500 0 4600 46TH AVENUE, ROCK ISLAND, IL 61201 FRIENDS FOR JERRY COSTELLO II 80-0745190 500 0 P 0 BOX 186, SMITHTON, IL 62285 COMMITTEE TO ELECT JAY HOFFMAN 37- 1228017 500 0 P 0 BOX 134, COLLINSVILLE, IL 62234 CITIZENS FOR LINDA HOLMES 34-8580126 1,000 0 P 0 BOX 6374, AURORA, IL 60598 FRIENDS OF MIKE JACOBS 20-3673356 5,000 0 409 25TH AVENUE CT, EAST MOLINE, IL 61244 COMMITTE TO ELECT JENNIFER BERTINO 45- 4899592 1,000 0 900 PLAINFIELD RD, JOLIET, IL 60435 CITIZENS FOR JOHN CULLERTON 36-3091417 10,000 0 29 S LASALLE ST SUITE 936, CHICAGO, IL 60603

Schedule C (Form 990 or 990EZ) 2012

Software ID:Software Version:EIN:27-1421291Name:ILLINOIS FIREARMS MANUFACTURERS
ASSOCIATION

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
J ALEXANDER HUNT INC	PO BOX 9292 NAPERVILLE,IL 60567	363643307	50000	
COMMITTEE TO ELECT MIKE BOST	PO BOX 553 CARBONDALE,IL 62903	371347116	1000	
CITIZENS TO ELECT TOM CROSS	24047 WLOCKPORT ST SUITE 201 PLAINFIELD,IL 60544	363794919	10000	
CITIZENS FOR KAREN MCCONNAUGHAY	902 S RANDALL RD 295 ST CHARLES,IL 60174	202061347	1000	
FRIENDS OF SUE REZIN	PO BOX 932 MORRIS,IL 60450	274592726	1000	
CITIZENS TO ELECT RON SANDACK	1202N 75TH STREEET 113 DOWNERS GROVE,IL 60516	339685265	500	
FRIENDS FOR SAVIANO	PO BOX 657 ADDISON,IL 60101	364278040	2500	
CITIZENS TO ELECT DARLENE SENGER	PO BOX 4078 NAPERVILLE,IL 60540	352337662	500	
FRIENDS FOR VERSCHOORE	4600 46TH AVENUE ROCK ISLAND,IL 61201	810607901	500	
FRIENDS FOR JERRY COSTELLO II	PO BOX 186 SMITHTON,IL 62285	800745190	500	
COMMITTEE TO ELECT JAY HOFFMAN	PO BOX 134 COLLINSVILLE,IL 62234	371228017	500	
CITIZENS FOR LINDA HOLMES	PO BOX 6374 AURORA,IL 60598	348580126	1000	
FRIENDS OF MIKE JACOBS	409 25TH AVENUE CT EAST MOLINE,IL 61244	203673356	5000	
COMMITTE TO ELECT JENNIFER BERTINO	900 PLAINFIELD RD JOLIET,IL 60435	454899592	1000	
CITIZENS FOR JOHN CULLERTON	29 S LASALLE ST SUITE 936 CHICAGO,IL 60603	363091417	10000	

efile GRAPHIC print - SCHEDULE O (Form 990 or 990-EZ)		As Filed Data -	o Form 990 or 990-EZ	DLN: 93492073000043 OMB No 1545-0047 2012
Department of the Treasury Internal Revenue Service		ide information for res 90 or to provide any ad ▶ Attach to Form 990	Open to Public Inspection	
Name of the organization ILLINOIS FIREARMS MANUFACTURERS ASSOCIATION				

ldentifier	Return Reference	Explanation
		EXPENSES TRAVEL 3,985 MEALS AND ENTERTAINMENT 10,138 BANK CHARGES 359 REGULATION FEES 300 POLITICAL CONTRIBUTIONS 35,000 TOTAL 49,782
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE ILLINOIS FIREARMS MANUFACTURERS ASSOCIATION IS A NON-PROFIT LOBBY ING ORGANIZATION FORMED IN 2009 TO PROTECT, PRESERVE, AND PROMOTE ILLINOIS FIREARMS MANUFACTURERS ITS JOB, ITS RIGHT, AND ITS ECONOMIC VALUE IN THE STATE OF ILLINOIS

efile GRAPHIC print - DO NOT PROCESS A	As Filed Data -	DLN: 93492073000043
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TY 2012 Compensation Explanation

Name: ILLINOIS FIREARMS MANUFACTURERS ASSOCIATION EIN: 27-1421291

Person Name	Explanation
DENNIS REESE	
TOM REESE	
JAY KELLER	
MARK LARSON	
CHUCK LARSON	

Software ID:

Software Version:

EIN: 27-1421291

Name: ILLINOIS FIREARMS MANUFACTURERS ASSOCIATION

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

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DENNIS REESE	1 00	0		
TOM REESE	1 00	0		
JAY KELLER 🕏 EXECUTIVE DI	10 00	50,000		
MARK LARSON 🕏 VICE PRESIDE	1 00	0		
CHUCK LARSON 🔁 TREASURER	1 00	0		