Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2015

Department of the Treasury Internal Revenue Service

Open to Public Do not enter social security numbers on this form as it may be made public. Inspection Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2015 calen <u>da</u>	r year, or tax year beginning , and ending							
В	Check if applicable. C Name of organization					D Employer Identification number				
	Address	change								
П	Name change ASSOCIATION II					46-4628447				
П	Initial return > Number and street (or P.O. box, if mail is not delivered to street address) Room/suite					ımber				
	Final return/terminated P.O. BOX 9292					33-2962				
П	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exem	nption				
П	Application	on pending	NAPERVILLE IL 60567		Number 1	•				
G	Accour	nting Method:	neck ▶ if the c	organization is not						
		te: ► N/A			quired to attach Sc					
			ock only one) - 501(c)(3) 501(c)() 4 (insert no) 4947(a)(1) or	X 527 (F	orm 990, 990-EZ, (or 990-PF).				
ĸ	Form of organization: X Corporation Trust Association Other									
Ł	Add line	s 5b, 6c, and 7b	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets	t.¢					
(Par	t II, colu	mn (B) below) ar	e \$500,000 or more, file Form 990 Instead of Form 990-EZ		> s `	100,000				
	9,	Revent		· · · · · ·	uctions for Part I)				
		Check if	the organization used Schedule O to respond to any question infi	by Parting	(Z.,)	X				
	1	Contributions, o	ifts, grants, and similar amounts received	5/ 3//	1	100,000				
	2	Program serv	ice revenue including government fees and contracts	ices (see the instruction of the part I	/ 2					
-	3	Membership	dues and assessments		3					
\underline{n}	4	Investment in	come	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4					
-	5a		t from sale of assets other than inventory 5a							
par parte 1 an	ь		other basis and sales expenses 5b							
2 2 1	c		orn sale of assets other than inventory (Subtract line 5b from line 5a)	5c						
14	6		undraising events							
J	a	Gross income	from gaming (attach Schedule G if greater than							
⊃ ໘										
J IJU Revenue	ь	Gross income	e from fundraising events (not including \$ of co	ntributions						
_` ゑ			ing events reported on line 1) (attach Schedule G If the							
— L			gross income and contributions exceeds \$15,000) 6b	!						
	c		expenses from gaming and fundraising events 6c							
20 1 6	d		r (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract						
ਤੌ	i -				6d					
	7a		of inventory, less returns and allowances 7a							
	b	Less: cost of								
	c		o (loca) from solar of inventors (Column the Theory Kong Kong Tal		7c					
	8		e (describe in Schedule O)							
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	100,000				
	10	Grants and s	milar amounts paid (list in Schedule O)		10					
	11	Benefits naid	to or for members	11						
	12	Salaries other	ar compensation, and employee benefits		12	50,000				
88	13	Professional	fees and other payments to independent contractors		13	3,050				
Expens	14		ent, utilities, and maintenance							
껇	15		ications, postage, and shipping							
	16	Other expens				46,873				
	17		ses, Add lines 10 through 16		▶ 17	99,923				
_	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			77				
ets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree	e with		<u></u>				
155]		gure reported on prior year's return)		19	561				
Net Assets	20		s in net assets or fund balances (explain in Schedule O)	********						
Ž	21	Net assets or	fund balances at end of year. Combine lines 18 through 20		▶ 21	638				
=	<u> </u>		an Act Natice can the capacity in-territory			000 E7 (0045				

638 638 638 638 638 ixpenses d for section and 501(c)(4) tions; optional for	(Req 501(10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e the instructions for figurestion in this Part II	e with line 21). blishments (see respond to any each of its three large the services proventile.	Balance Sheets (see the instructions for Pacheck if the organization used Schedule O to Check if the Organizati
638 638 638 638 xpenses d for section and 501(c)(4)	(Req 501(corgal other	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e the instructions for figurestion in this Part II	e with line 21) . Silshments (seinespond to any lach of its three lares the services provitile.	22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomposite Check if the organization used Schedule O to What is the organization's primary exempt purpose? SEE SCREDULE O Describe the organization's program service accomplishments for each organization or service accomplishments for each organization.
638 0 638 (xpenses d for section) and 501(c)(4)	(Req 501(corgain other	561 0 0 561 0 561 Part III)	e the instructions for figurestion in this Part II	e with line 21) Sishments (see respond to any ach of its three lare the services provulle.	Land and buildings 4 Other assets (describe in Schedule O) 5 Total assets 6 Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accompand Check if the organization used Schedule O to What is the organization's primary exempt purpose? SEE SCHEDULE O Describe the organization's program service accomplishments for each of the service accomplishments for each organization.
638 638 Expenses d for section and 501(c)(4)	(Req 501(corgain other	0 0 561 0 561 Part III)	gest program services, ided, the number of	e with line 21) Sishments (see respond to any ach of its three lare the services provulle.	Land and buildings 4 Other assets (describe in Schedule O) 5 Total assets 6 Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accompand Check if the organization used Schedule O to What is the organization's primary exempt purpose? SEE SCHEDULE O Describe the organization's program service accomplishments for each of the service accomplishments for each organization.
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638 expenses d for section and 501(c)(4)	(Req 501() orga othe	561 0 561 Part III)	gest program services, ided, the number of	e with line 21) olishments (see respond to any each of its three lare the services proventile.	25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomp Check if the organization used Schedule O to What is the organization's primary exempt purpose? SEE SCHEDULE O Describe the organization's program service accomplishments for each organization.
638 expenses d for section and 501(c)(4)	(Req 501(corga other	0 561 Part III)	e the instructions for F question in this Part II gest program services, ided, the number of	e with line 21) Dishments (see respond to any ach of its three lare the services proventile.	Part III Statement of Program Service Accomplete in the organization used Schedule O to What is the organization's primary exempt purpose? See Schedule O to Describe the organization's program service accomplishments for each organization.
expenses d for section and 501(c)(4)	(Req 501(i orga other	561 Part III)	e the instructions for figurestion in this Part III gest program services, ided, the number of	e with line 21). Dishments (see respond to any each of its three lare the services proventile.	Part Iti Statement of Program Service Accomp Check if the organization used Schedule O to What is the organization's primary exempt purpose? SEE SCHEDULE O Describe the organization's program service accomplishments for e
expenses d for section and 501(c)(4)	(Req 501(orga othe	Part III)	e the instructions for figurestion in this Part II gest program services, ided, the number of	clishments (see respond to any each of its three lar to the services prov title.	Part III Statement of Program Service Accomplement of the organization used Schedule O to What is the organization's primary exempt purpose? SEE SCHEDULE O Describe the organization's program service accomplishments for each organization.
d for section and 501(c)(4)	501(corgains) other	ı <u>X</u>	guestion in this Part II gest program services, ided, the number of	respond to any each of its three lar e the services prov title.	Check if the organization used Schedule O to What is the organization's primary exempt purpose? SEE SCHEDULE O Describe the organization's program service accomplishments for exempting the organization.
d for section and 501(c)(4)	501(corgains) other	→	gest program services, ided, the number of rurers	each of its three lar the services prov	What is the organization's primary exempt purpose? SEE SCHEDULE O Describe the organization's program service accomplishments for e
and 501(c)(4)	501(corgains) other		ded, the number of	the services prov	SEE SCHEDULE O Describe the organization's program service accomplishments for e
	orga othe		ded, the number of	the services prov	
	8a		TURERS	title,	is measured by expenses. In a clear and concise manner, describ
					the and the property of the pr
				REARM MANUFACT	persons benefited, and other relevant information for each program
					28 TO PROMOTE, PRESERVE, AND PROTECT ILLINOIS FI
		▶]	******* **************		
	92	J			(Grants \$) If this amount includes
	92				29
	اجو				
	42 '				10 mm / 10 mm
					(Grants \$) If this amount includes
	1				30
	0a		rk hore	omian arants che	(Grants \$) If this amount includes
	-				31 Other program services (describe in Schedule O)
	1a	▶ 🗇 أ	ck here	oreign grants, che	(Grants \$) If this amount includes
	32				· · · · · · · · · · · · · · · · · · ·
s for Part IV)	nstruc	sated — see the	n one even if not compe	nployees (list eac	32 Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp
	ts.	(d) Heath beni contributions to er	(c) Reportable	(b) Average	Chack in the Organization uses occidente of to resp
Estimated amount of other compensation	nd	benefit plans.	compensation (Forms W-2/1099-MISC)	hours per week devoted to position	(a) Name and title
· · · · · · · · · · · · · · · · · · ·	auon	deferred comper	(if not paid, enter -0-)		DENNIS REESE
•	0		o	0.00	DIRECTOR
	`			0.00	TOM REESE
(0		0	0.00	DIRECTOR
			· · · · · · · · · · · · · · · · · · ·		JAY KELLER
(0		50,000	0.00	EXECUTIVE DIRECTOR
•					CHUCK LARSON
	0		0	0.00	DIRECTOR
)	
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Form 990-EZ (201		·	L		

Page 3

12	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			$\overline{\Box}$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1 ,,		x
34	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		
	shoon on Sahadula O (non-instantiona)	34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-		
	schilles (such as those reported on lines 2. 63, and 73, among others)?	35a		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1		
-	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
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	ļ	Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
ь	Did the organization file Form 1120-POL for this year?	37b		
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	L	X
Þ	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	_		
40a				
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	Ì		ł
	that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I	40b		2000
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	(Well and William			
	40c reimbursed by the organization			
0	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	400	<u>. </u>	X
41	List the states with which a copy of this return is filed NONE The organization's books are in care of NAY A KELLER Telephone no. 630	0-53	3-2	062
42a	The organization's books are in care of ▶ JAY A KELLER PO Box 9292 Telephone no. ▶ 630			
	Located at D. separation of the Co.	567		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	· · ·	Yes	No
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	X
	If "Yes," enter the name of the foreign country:	72.0		
	See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country: ▶			
43	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 43		,	
		etteroner.	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 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		X
b				
	completed instead of Form 990-EZ	446	 	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	 	†****	
	explanation in Schedule O	440	 	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
þ	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		X
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rom	890-62	120109 ILLINOIS FIREARMS MAI	NUFACTURE	RS 46-46	28447		P	age 4
46	Did th	ne organization engage, directly or indirectly, in political	campaign activities	s on behalf of or in oppo	sition		Yes	No *32
8 2	to car	ndidates for public office? If "Yes," complete Schedule (C, Part I	······································		46	X	
ii ii da	rt,VI,	All section 501(c)(3) organizations must answ 50 and 51.						
		Check if the organization used Schedule O to	o respond to any	question in this Part	VI			
47		ne organization engage in lobbying activities or have a s		_			Yes	No
48	year (If "Yes," complete Schedule C, Part II organization a school as described in section 170(b)(1	VAV:::2 # 5V 5	emplete Calcadule C		47		
49a	Did II	ne organization make any transfers to an exempt non-cl	אָאאָן זוּ זפּא, כנ haritable related or	nanization?		49a	 	
b	If Ye	s," was the related organization a section 527 organiza	41 a A		••• •••• •••••	471	 	
50		plete this table for the organization's five highest compe		(other than officers, dir	ectors, trustees and key			
	empl	oyees) who each received more than \$100,000 of comp	pensation from the	organization If there is	none, enter "None."			
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
		,						
••••	·····		,					
f 51	Com	number of other employees paid over \$100,000 plete this table for the organization's five highest compe	ensated independe	nt contractors who each	received more than			
	3100	,000 of compensation from the organization. If there is (a) Name and business address of each independent con			pe of service	(c) Compe	nsatio	 N
			••••••					
đ	Total	number of other independent contractors each receiving	ng over \$100,000	>				
52		he organization complete Schedule A? Note: All section pleted Schedule A	n 501(c)(3) organiz	rations must attach a		► Ye		No_
		tles of perjury, I declare that I have examined this return, inclu , and complete. Onclaration of preparer (other than officer) is t			any knowledge.		ef, it is	
Çi		THE FULL			8/15/	16		
Sign Her	1	Signature of (1966r C C) JAY KELLER Type or print name and title		EXECUTI	VE DIRECTOR			
	1		eparer's signature		Date	PTI	1	
Paid	i		•		Chec	*[]	2955	00
	arer		RISTINA KLEIN		08/15/16 5011-1	37-14		
	Only							
	·		1-7913		Phone no	<u>630-898</u>		578
May	the IF	RS discuss this return with the preparer shown above?	See Instructions .			▶ X Y		No
						Form 99	0-EZ	. (2015)

CIS IMAGE DO NOT CORRESPONDE FOR SIGNATURE

SCHEDULE © (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Open to Public Enspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	section 501(c)(4), (5), or (6) orga									
Nam		DIS FIREARMS MA LATION II	INUFACTURERS		46-46284	fication number				
			pt under section 501(c) or io a castle						
1	Provide a description of the or				ir 527 Organizatio	<u> </u>				
2	Political expenditures	=			2 d ·	11,078				
_	Volunteer hours	****** ********************************			• •					
•		***************************************	********* ****** * ** *** * *							
Fa	Complete if the	organization is exem	pt under section 501(c	:)(3).						
1	Enter the amount of any excise	e tax incurred by the organiza	ation under section 4955		2 <					
2	Enter the amount of any excise	e tax incurred by organization	n managers under section 495	55	▶ \$					
3	if the organization incurred a s	section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No				
4a	Was a correction made?		*********** ****** ****** ***			Yes No				
b	If "Yes," describe in Part IV.									
			pt under section 501(c		on 501(c)(3).					
1	Enter the amount directly expe									
	activities		******************************		▶\$					
	Enter the amount of the filing of									
	527 exempt function activities Total exempt function expendi	***************************************			▶\$					
3										
	line 17b Did the filing organization file F				▶\$	۰ بنتے ۱۰۰۰ بنتے ۱				
4	Did the filing organization file	Form 1120-POL for this year	?	, , , , , , , , , , , , , , ,		Yes No				
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization and employer identification number (EIN) of all section 527 political organization's funds. Also enter									
	the amount of political contribu									
	as a separate segregated fund			T		C				
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and				
				l	funds, if none, enter -0-,	promptly and directly				
				l		delivered to a separate				
				į		political organization. If none, enter -0				
(1)				 						
('')										
(2)										
\- /		•								
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(4)										
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

Sch	edule C (Form 990 or 990-EZ) 2015 ILL]	NOIS FIREAR	MS MANUFAC!	TURERS	46-4628447	Page 2
	Complete If the organ				iled Form 5768 (ele	
	section 501(h)).					
A	Check ▶ ☐ if the filing organiza					up member's
R	name, address, EIN					
				troi provisions		
	Limits on Lo (The term "expenditures)	bbying Expendit	ures paid or incurred \	}	(a) Filing organization's totals	' (b) Affiliated group totals
1					- 	
	b Total lobbying expenditures to influence	a legislative body (dure	et tebbying)			
	c Total lobbying expenditures (add lines 1	a and 1b)	oc.1000)g/	····	~~~ ~~~	
	d Other exempt purpose expenditures	······································	**********			
	e Total exempt purpose expenditures (add	lines 1c and 1d)	*** * ** ***** **** ** *			
	f Lobbying nontaxable amount Enter the	amount from the follow	ing table in both			
	columns.					
	If the amount on line 1e, column (a) or (b)	is: The lobbying nor	ntaxable amount is:			
	Not over \$500,000	20% of the amoun	t on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000		
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,	1 100000		
	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1.5	00,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 2					
	h Subtract line 1g from line 1a. If zero or li					
	Subtract line 1f from line 1c. If zero or le					
					,	Yes No
	reporting section 4911 tax for this year?					
	/Come especially that are		ing Period Under s		and and the still a serious	ana balaw
	(Some organizations that ma	See the separate i				nns below.
		See the Separate i	nstructions for fin	es za through z	:r. <i>)</i>	
		obbying Expendit	ures During 4-Yea	r Averaging Pe	riod	
	Calendar year (or fiscal year	ł		1	1	
	beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
						
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount					
	(150% of line 2a, column(e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of tine 2d, column (e))					
	f Grassroots lobbying expenditures	1		}		

DAA

PartileB. Complete if the organization is exempt under section 501(c)(3) and has N	0T filed		
(election under section 501(h)).	(4	a)	(b)
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local		10 W S	
legislation, including any attempt to influence public opinion on a legislative matter or	200	1	
referendum, through the use of:	2.5	30	" . " " . " . " . " . " . " . " . " . "
a Volunteers?	L	L	4.20
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			Marie and the same
c Media advertisements?			
d Mailings to members, legislators, or the public?	···		
e 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?		 	
		 	
		7.77	
Total, Add lines 1c through 1l		· "	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? h. if "Yes" enter the amount of any tax incurred under section 4912		10.72	
a it too, diver no divertit of the monitor and deduct for t	1 .	130 %	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	[\$ \text{\tint{\text{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\tint{\tint{\text{\tint{\text{\tint{\text{\tint{\tint{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tinit{\tinit{\tinit{\tint{\tint{\tint{\tint{\tint{\tinit{\tiinit{\tinit{\tinit{\tiin}\tinit{\tiit{\tinit{\tiin}\tinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\tiinit{\iii}\tiinit{\tiinit{\tiinit{\tiiit{\iiiit{\iiii}\tiinit{\tiinitit{\iiii}\tiinit{\tiii}\tiinit{\tiiiit{\iiii}\iiii}\tiii	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		L	
Part III-A: Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5), 	or s	ection
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		••••	3
Part 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 "No 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 expenses for which the section 527(f) tax was paid).		13.6	
		1 22	1
a Current year	• • • • •	2a	
b Carryover from last year	•••••	2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• • • • • • • • • •	3	<u> </u>
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		3	
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		7°xi	.]
and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>
Part IV Supplemental Information			
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, I	ines 1	and
2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information			
SCHEDULE C, PART I-A, LINE 1			
CAMPAIGN DONATIONS TO PROMOTE CANDIDATES THAT WILL PRE	SERVE	ANI	PROTECT
ILLINOIS FIREARM RIGHTS			
	••••••••	• • • • • •	
		• •	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number ILLINOIS FIREARMS MANUFACTURERS

Open to Public

ASSOCIATION II 46-4628447 FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES DESCRIPTION **AMOUNT** EXPENSES \$ 11,427 TRAVEL & LODGING MEALS AND ENTERTAINMENT \$ 14,784 \$ 11,078 POLITICAL CONTRIBUTIONS BANK CHARGES 261 DUES AND SUBSCRIPTIONS 1,287 \$ 36 POSTAGE 7,500 SHARED EVENT 500 CONTRIBUTIONS TOTAL \$ 46,873 FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE THE ILLINOIS FIREARMS MANUFACTURERS ASSOCIATION IS A NON-PROFIT LOBBYING ORGANIZATION FORMED IN 2009 TO PROTECT, PRESERVE, FIREARMS MANUFACTURERS ITS JOB, ITS RIGHT, AND ITS ECONOMIC VALUE IN THE STATE OF ILLINOIS.