### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

r calendar year 2022, or fiscal year beginning	, 2022, and ending	, 2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name (	of filer		EIN or SSN
	NATIONAL AUCTIO	NEERS ASSOCIATION	35-6027658
Name a	and title of officer or person subject to tax	AILIE BYERS	
		BOARD TREASURER	
Part	Type of Return and Re	turn Information	
Form or <b>10</b> a which	5330 filers may enter dollars and cents below, and the amount on that line fo	re using this Form 8879-TE and enter the applicable ar b. For all other forms, enter whole dollars only. If you ch is the return being filed with this form was blank, then I 0-). But, if you entered -0- on the return, then enter -0-	neck the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, eave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check here	<b>b Total revenue,</b> if any (Form 990, Part VIII, colun	nn (A), line 12) <b>1b</b> 2,248,349.
2a	Form 990-EZ check here	<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here	b Tax based on investment income (Form 990-F	
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	<b>b Total tax</b> (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	<b>b FMV of assets at end of tax year</b> (Form 5227,	Item D) <b>8b</b>
9a	Form 5330 check here	<b>b</b> Tax due (Form 5330, Part II, line 19)	9b
	Form 8038-CP check here	b Amount of credit payment requested (Form 8	038-CP, Part III, line 22) <b>10b</b>
Par		ture Authorization of Officer or Person S	-
		I am an officer of the above entity or I am a pe	
of enti		, (EIN) hedules and statements, and, to the best of my know	
payme persor	nan 2 business days prior to the paymeent of taxes to receive confidential infor	account. To revoke a payment, I must contact the U.S ent (settlement) date. I also authorize the financial instirmation necessary to answer inquiries and resolve issugnature for the electronic return and, if applicable, the	tutions involved in the processing of the electronic les related to the payment. I have selected a
	21   lautilonze   HART HAD CO.	ERO firm name	Enter five numbers, but
		LNO IIIIII IIailie	do not enter all zeros
	with a state agency(ies) regulating on the return's disclosure consent As an officer or person subject to t return. If I have indicated within thi	tax with respect to the entity, I will enter my PIN as my is return that a copy of the return is being filed with a sum y PIWon the return's discourse consent screen.	authorize the aforementioned ERO to enter my PIN signature on the tax year 2022 electronically filed state agency(ies) regulating charities as part of the
Signatur	e of officer or person subject to tax till Certification and Author	eritication . Typery,	Date 11/13/2023
ERO's	s EFIN/PIN. Enter your six-digit electron	nic filing identification	
	er (EFIN) followed by your five-digit self	-selected PIN. 430	041236387 not enter all zeros
submi		PIN, which is my signature on the 2022 electronically file requirements of <b>Pub. 4163</b> , Modernized e-File (MeF)	
ER0's	signature <u>MARR AND COM</u>	PANY, P.C.	Date
		ERO Must Retain This Form - See Instru	ctions
		submit This Form to the IRS Unless Reque	
LHA	For Privacy Act and Paperwork Redu	-	Form <b>8879-TE</b> (2022)

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# IRS e-file Signature Authorization for a Tax Exempt Entity

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Department of the Treasury

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nternal Re	evenue Ser	rvice		Go to www	.irs.gov/Form8879TE for	the latest information.			
Name of					GGOGTA TITON		<b>I</b>		
								35-602/658	
Name ar	nd title of	officer or per	son subject to tax						
Part		Type of F	eturn and Re						
Check to the characteristic Check to the characteristic Check to the check the check the check the characteristic Check t	the box 330 filer below, a ver is ap	for the return s may enter and the amon oplicable, bla	n for which you are dollars and cents. unt on that line for	e using this For all other	Form 8879-TE and enter the rorms, enter whole dollars the rorm filed with this form was	only. If you check the bas blank, then leave line	oox on line 1b, 2b, 3b	1a, 2a, 3a, 4a, 5a, 6 , 4b, 5b, 6b, 7b, 8b,	Sa, 7a, 8a, 9a 9b, or 10b,
1a	Form 9	990 check he	ere	b Total r	evenue, if any (Form 990,	Part VIII, column (A), line	e 12)	1b	
2a	Form 9	<b>990-EZ</b> chec	k here						
3a	Form 1	<b>1120-POL</b> cl	neck here						
Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 44 Form 990-PF check here b Total tax (Form 1120-POL, line 22) 3b 55 Form 8868 check here b Total tax (Form 990-F, Part V, line 5) 4b 5a Form 8868 check here b Total tax (Form 990-F, Part III, line 4) 6b 6a Form 990-F check here b Total tax (Form 990-F, Part III, line 1) 7b 8a Form 5227 check here b Total tax (Form 990-F, Part III, line 1) 7b 8a Form 5237 check here b Total tax (Form 990-F, Part III, line 1) 7b 8a Form 5330 check here b Total tax (Form 930, Part III, line 1) 7b 8b Form 5330 check here b Total tax (Form 930, Part III, line 19) 8b 7ar due (Form 5330, Part III, line 19) 8b 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 8c 7ar due (Form 5330, Part III, line 19) 9a Form 5330 check here b Amount of credit pawment requested (Form 8038-CP, Part III, line 22) 10 9art III 9c 7ar due (Form 5330, Part III, line 19) 9a Form 5330 check here b Amount of credit pawment requested (Form 8038-CP, Part III, line 22) 10 9art III 9c 7ar due (Part III) 9ar due (									
5a	Form 8	3868 check h						5b	
6a									
7a	Form 4	<b>1720</b> check h	nere	b Total t	ax (Form 4720, Part III, line	: 1)		7b	
8a	Form 5	5227 check h	nere	b FMV o	f assets at end of tax yea	r (Form 5227, Item D)		8b	
9a	Form 5	5330 check l	nere	b Tax du	e (Form 5330, Part II, line	19)		9b	
								22) <b>10</b> b	
acknow of any rentry to financia later that paymer persona PIN: ch	vledgem refund. I o the fina al institu an 2 bus nt of tax al identif  meck one I auth  as m with on th  As an return	ent of receipt applicable, ancial institution to debit siness days pes to receive fication num  e box only norize MAI  y signature of a state agente return's dien officer or periode in officer or pe	of or reason for rejet I authorize the U.Stion account indication account indicated the entry to this according to the payment of the payment	ection of the S. Treasury a steed in the scount. To recount. To recount attention necest and the scount attention necest attention necessary attention	transmission, (b) the reas and its designated Financia ax preparation software for evoke a payment, I must cont) date. I also authorize the sary to answer inquiries a ne electronic return and, if P.C.  ERO firm name  sally filed return. If I have in part of the IRS Fed/State poect to the entity, I will enter a copy of the return is beir	on for any delay in proced Agent to initiate an elepayment of the federal contact the U.S. Treasury of financial institutions in the federal contact the U.S. Treasury of financial institutions in the resolve issues related applicable, the consent dicated within this return regram, I also authorize my PIN as my signature g filed with a state agent	essing the rectronic functions owed taxes owed y Financial A volved in the d to the pay to electronic to enter the aforement a copthe aforement the taxes on the taxes	return or refund, and dis withdrawal (direct don this return, and the Agent at 1-888-353-44 are processing of the expression of the return is being a point of the return is being the entioned ERO to enter the expression of the e	(c) the date debit) the 537 no electronic d a 5602 numbers, but ter all zeros ang filed er my PIN cally filed
_	e and tilled officer or person subject to tax  ALLIE BYERS BOARD TREASURER  **TI			Date					
		-	-	_				]	
submitt	ting this	return in acc							
ERO's si	ignature	MARI	R AND COME	PANY, E	P.C.	Date	11/09	9/23	
			,	FDO 14: -	t Datain This Face	Coo Inchinistica			
							o Do So		
	or Drive	any Ant and			otico soo instructions	nooo nequeoted I	2 20 30	Form <b>887</b>	9-TF (2022)

202521 12-16-22

### Form **990**

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Publ Inspection

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

A F	or th	e 2022 calendar year, or tax year beginning and er	nding								
<b>B</b> c	heck if pplicab	C Name of organization		D Employer identific	cation number						
	Addre	NATIONAL AUCTIONEERS ASSOCIATION									
	Name chang			**-***765	58						
	Initial return	,	Room/suite								
	Final return termir			913-563-5							
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,260,124.						
	return	OVERLAND PARK, KS 00214		H(a) Is this a group re							
tion P Name and address of principal officer. AARON ENDITINGER for subordinates? res											
SAME AS C ABOVE   H(b) Are all subordinates included? Yes   Tax-exempt status: 501(c)(3)   X 501(c) (6 ) (insert no.) 4947(a)(1) or 527   If "No," attach a list. See instructions											
	Vebsi		021	H(c) Group exemption							
		f organization: X Corporation Trust Association Other	<b>L</b> Year		State of legal domicile; KS						
	ırt I	Summary									
-	1	Briefly describe the organization's mission or most significant activities: PROVI	DE CR	ITICAL RESOU	JRCES TO						
Activities & Governance		AUCTION PROFESSIONALS THAT WILL ENHANCE TH	HEIR S	SKILLS AND ST	UCCESSES						
erns		Check this box if the organization discontinued its operations or disposed									
Š		Number of voting members of the governing body (Part VI, line 1a)		3	10 10						
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			17						
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	10						
ξi	0 7 а	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		·····	78,287.						
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
ø.	8	Contributions and grants (Part VIII, line 1h)		264,176.	8,000.						
ž		Program service revenue (Part VIII, line 2g)		1,804,976.	2,130,092.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		144,312.	37,911.						
ш.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		81,095.	72,346.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,294,559.	2,248,349.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		946,040.	1,015,618.						
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	b		0.	-							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,243,711.	1,676,548.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,189,751.	2,692,166.						
	19	Revenue less expenses. Subtract line 18 from line 12		104,808.	-443,817.						
Assets or Balances			Ве	eginning of Current Year	End of Year						
sset	20	Total assets (Part X, line 16)		2,130,919.	1,676,971.						
et A		Total liabilities (Part X, line 26)		998,840.	1,221,825.						
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,132,079.	433,140.						
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is						
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			oougo una sonoi, it io						
Sign	ı	Signature of officer		Date							
Her	е	AILIE BYERS, BOARD TREASURER									
		Type or print name and title		Doto La.	DTIN						
D		Print/Type preparer's name  Preparer's signature  TA CON D TOUR		Date Check if self-employe	PTIN . D00541496						
Paid		JASON D. LOUK JASON D. LOUK Firm's name MARR AND COMPANY, P.C.	Ц		P00541486 *-***0039						
Prep	arer Only	Firm's name MARR AND COMPANY, P.C. Firm's address 1401 EAST 104TH STREET, SUITE 100		Firm's EIN *	0033						
036	Jilly	KANSAS CITY, MO 64131		Phone no (8'	16) 363-8700						
May	the I	RS discuss this return with the preparer shown above? See instructions		Trilone no. ( O.	X Yes No						
		The state of the s			<u>11</u> 163 140						

Pa	Check if Schoolule O contains a reasonage or note to any line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
	PROVIDE CRITICAL RESOURCES TO AUCTION PROFESSIONALS THAT WILL ENHANCE THEIR SKILLS AND SUCCESSES
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? <b>Yes X No</b>
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 800,093 . including grants of \$ ) (Revenue \$ 1,017,336 . )
	CONVENTIONS AND SEMINARS:
	ANNUAL CONVENTIONS AND SEMINARS TO EDUCATE AND INFORM AUCTIONEERS OF
	ITEMS AFFECTING THE PROFESSION AND TO UNITE IN COMMON ORGANIZATION
	THOSE PROFESSIONALLY ENGAGED AS AUCTIONEERS
4b	(Code:) (Expenses \$
	DESIGNATION PROGRAMS:
	THE CERTIFIED AUCTIONEER INSTITUTE (CAI) AND ACCREDITED AUCTIONEER REAL
	ESTATE (AARE) ARE PROVIDED SO THAT MEMBERS CAN CONTINUE TO DEVELOP
	THEIR PROFESSIONAL SKILL IN A NUMBER OF AREAS
4c	(Code:) (Expenses \$179,977. including grants of \$) (Revenue \$44,175. )
	AUCTIONEER MAGAZINE:
	PROVIDES NAA AUCTION PROFESSIONALS WITH INSIGHTFUL CONTENT TO HELP THEM
	ADVANCE THEIR CAREERS, GROW THEIR BUSINESS, STAY CONNECTED TO THE
	INDUSTRY AND REMAIN COMPETITIVE IN AN EVER-CHANGING AUCTION MARKETPLACE
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$\frac{1}{744,685}\$ including grants of \$\frac{1}{744,685}\$
40	Total program service expenses 1,744,685.  Form <b>990</b> (2022)

# Form 990 (2022) NATIONAL AUCTIONEERS ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<del>ا</del>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	-10		
••	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b		11b		X
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		-25
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_		11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	
f		444	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4.		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>v</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		<sub>~</sub>
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		<sub>v</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

232003 12-13-22

Pai	t IV Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			
	, ,	23		x
24.5	Schedule J			
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		04-		x
	Schedule K. If "No," go to line 25a	24a		
	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- O'		
00		38	х	
Pai		, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022)

NATIONAL AUCTIONEERS ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	·				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	17						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b	X				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		<u>X</u>			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		_X_			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r 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 ser	vices p	provided to the payor?	7a					
b	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	as req	uired						
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·		7с					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e						
^	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
10				9b					
10	Section 501(c)(7) organizations. Enter:	10a	1						
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter:	LIOD							
	Gross income from members or shareholders	11a	1						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110							
	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		•	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

232005 12-13-22

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

1a Enter the number of voting members of the governing body at the end of the tax year  If the ear entral difference is unding rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Firster the number of voting members included on line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee have a farmity retainanting or a business relationship with any other officer, director, trustee, or key employee have a farmity retainanting or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization become aware during the year of a significant diversion of the organizations assets?  5 Did the organization have members or stockholders?  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approva by) members, stockholders, or persons other than the governing body?  5 Did the organization nature members of the companization reserved to for subject to approva by) members, stockholders, or persons other than the governing body?  5 Did the organization contemperations of the programing body?  6 Did the organization that the governing body?  7 Did be a programination of the programination of the organization have a written organization of		Check if Schedule O contains a response or note to any line in this Part VI			X
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b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Is the state organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10c Describe on Schedule O the process, if any, used by the organization's exempt purposes?  10c Did the organization have a written conflict of interest policy? If "No," go to line 13.  10c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  11c Did the organization have a written whistleblower policy?  11d Did the organization have a written thistleblower policy?  12d Did the organization have a written policies of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  12d Did the organization have a written policy or procedure requiring the organizati			7a		х
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If "Yes" to line 15a or 15b, describe the process on 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 X  16b X  16b X  16b X  16b X  16c X  1					х
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed KS  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records	5		.55		
taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed KS  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records	162				
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<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>					
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<ul> <li>X Own website Another's website Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records</li> </ul>	10		Orny)	avalidi	JI <del>C</del>
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statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records	40		fine.	sia!	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	19		rinano	ciai	
	00				
	20				
8880 BALLENTINE, OVERLAND PARK, KS 66214		JORDAN CRUPPER - (913) 563-5422			

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	1	orga	niza			nper	nsat	ed any current officer, d	irector, or trustee.	<b>-</b>
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	Average (do not che box, unless officer and		Positio do not check more			one	Reportable	Reportable	Estimated
	hours per			ss pei	rson i	is bot	h an	compensation	compensation	amount of
	week	$\vdash$	Cei ai	lu a u	II ecit	T	T	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99/	npen		1099-NEC)	1099-1420)	and related
	below	dual t	rtiona	_	nplo)	st cor				organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON ENSMINGER	40.00									
CHIEF EXECUTIVE OFFICER				X				143,772.	0.	6,061.
(2) TERRI WALKER	2.00		Ι.				K			
BOARD CHARIMAN		Х	L'					0.	0.	0.
(3) BETH ROSE	2.00	_						,		
BOARD PRESIDENT		X						0.	0.	0.
(4) SHERMAN HOSTETTER	2.00									
BOARD VICE PRESIDENT		X			ľ	_	_	0.	0.	0.
(5) AILIE BYERS	2.00									
BOARD TREASURER	2 22	X					_	0.	0.	0.
(6) PETER GEHRES	2.00	١								
DIRECTOR	2.00	Х				_	-	0.	0.	0.
(7) JOHN SCHULTZ	2.00	٠,,								
DIRECTOR	2 00	Х			_	┝	-	0.	0.	0.
(8) TRISHA BRAUER DIRECTOR	2.00	х						0.	0.	0.
(9) PHILIP GABLEMAN	2.00	^				┢	╁	0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) JAY CASH	2.00	<del> </del>							•	•
DIRECTOR		Х						0.	0.	0.
(11) MORGAN HOPSON	2.00									
DIRECTOR		Х						0.	0.	0.
-	1									
		1								
	-					├	-			
		1								
		<u> </u>	$\vdash$	-		$\vdash$	$\vdash$			
		-								
		$\vdash$	$\vdash$	$\vdash$		$\vdash$	$\vdash$			
		1								
	1					_	<u> </u>	1	I .	<b>5</b> 000 (2222)

Par	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)													(F)	
	Name and title	Average	Position (do not check more than one					nne	Reportable	Reportable		E	stimate	ed
		hours per	box	, unles	ss per	rson i	s both	n an	compensation compensation			aı	mount	of
		week	_	cer an	d a di	irecto	r/trus	tee)	from	from related			other	
		(list any	ector						the	organization			npensa	
		hours for	or dir	e e			ated		organization	(W-2/1099-MIS			rom th	
		related	stee	truste		au au	bens		(W-2/1099-MISC/	1099-NEC)		,	ganizat	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				d relat	
		line)	divid	stituti	Officer	y em	ghest	Former				org	anizati	ons
			드	드	JO.	ş	Ξ 등	8						
				$\vdash$			_							
											-			
							K		Ť i					
				$\vdash$							-			
	0.1.1.1								143,772.		0.		6,0	<del>-</del> 1
	Subtotal								0.		0.		0,0	0.
	Total from continuation sheets to Part VII			<b>.</b>					143,772.		0.		6,0	
	Total (add lines 1b and 1c)		_				<u> </u>						0,0	<u>5 T •</u>
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	)			1
	compensation from the organization		₹										Vaa	
											1		Yes	No
3	Did the organization list any former officer,		ee, k	cey e	mpl	oye	e, or	hig	hest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for st											3		Х
4	For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	er compensation from t	he organization				
	and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		Х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	s th	at received more than \$	100,000 of comp	oensaf	tion fr	om	
	the organization. Report compensation for t	the calendar ye	ear e	endin	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)	-							(B)			(	C)	
	Name and business	address	NO	ONE	C				Description of s	ervices	С		nsatio	n
								_						
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (in	ŭ	ot lir	nıtec	to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				(	)							

Form 990 (2022) NATIONA
Part VIII Statement of Revenue

			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			Officer if Octredule O Contains a response C	i flote to arry iiri	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues1b					
G,G		С	Fundraising events1c					
ifts ar A			Related organizations 1d					
niis			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
utic		•	I	8,000.				
rib			similar amounts not included above 1f	7,950.				
ont		_	Noncash contributions included in lines 1a-1f	1,950.	0 000			
<u>C</u>		h	Total. Add lines 1a-1f		8,000.			
				Business Code				
çe	2		MEMBERSHIP DUES LESS A	611710	946,620.			
ē Š			CONFERENCES & SEMINARS	611710	534,560.			
Se		С	PROGRAM DESIGNATION FE	611710	526,450.	526,450.		
am		d	ADVERTISING	541800	78,287.		78,287.	
Program Service Revenue		е	DUES ALLOCABLE TO CIRC	900099	44,175.	44,175.		
Pro		f	All other program service revenue			-		
			Total. Add lines 2a-2f		2,130,092.			
	3	9						
	Ü	3			27,845.			27,845.
			other similar amounts)		21,043.			27,045.
	4		Income from investment of tax-exempt bond pr	oceeds				
	5		Royalties	(°) D				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 24,000.					
		b	Less: rental expenses 6b 0.					
		С	Rental income or (loss) 6c 24,000.					
		d	Net rental income or (loss)		24,000.			24,000.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 21,841.					
		b	Less: cost or other basis					
<u>o</u>		_	and sales expenses 76 11,775.					
her Revenue		_	Gain or (loss) 7c 10,066.					
eve			Net gain or (loss)		10,066.			10,066.
r.			, , ,	······	10,000.			10,0001
	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		_	and allowances 10a					
		h						
		C	Net income or (loss) from sales of inventory	Pucinosa Carla				
SI			MANIA CIEMENTO TETE	Business Code	26 252			26 250
eor Ie	11		MANAGEMENT FEE	900099	26,250.			26,250.
Miscellaneous Revenue		b	OTHER	900099	22,096.			22,096.
cell Sev		С						
Mis. F		d	All other revenue					
		е	Total. Add lines 11a-11d		48,346.			
	12		Total revenue. See instructions		2,248,349.	2,051,805.	78,287.	110,257.

## Form 990 (2022) NATIONAL AUCTIONEERS ASSOCIATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a respon						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	149,833.					
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	709,739.					
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	18,814.					
9	Other employee benefits	69,572.					
10	Payroll taxes	67,660.					
11	Fees for services (nonemployees):						
а	Management	10.000					
b	Legal	13,886.					
С	Accounting	17,482.					
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17	0. 500					
f	Investment management fees	8,568.					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	4,942.					
12	Advertising and promotion						
13	Office expenses	10,659.					
14	Information technology	103,957.					
15	Royalties	65.660					
16	Occupancy	67,660.					
17	Travel	29,801.					
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	C10 024					
19	Conferences, conventions, and meetings	610,234.					
20	Interest						
21	Payments to affiliates	22,625.					
22	Depreciation, depletion, and amortization	23,200.					
23 24	Other expenses. Itemize expenses not covered	43,400.					
<b>24</b>	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),						
_	amount, list line 24e expenses on Schedule 0.)  DESIGNATION PROGRAMS	539,611.					
a b	BANK & CREDIT CARD FEES	72,273.					
D C	PUBLICATIONS	60,418.					
d	MEMBERSHIP DEVELOPMENT	32,146.					
-	All other expenses	59,086.					
25	Total functional expenses. Add lines 1 through 24e	2,692,166.					
26	Joint costs. Complete this line only if the organization	, ,					
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
					Earm <b>990</b> (2022		

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			53,563.	1	54,762
	2	Savings and temporary cash investments			240,443.	2	24,125
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			48,675.	4	15,544
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			26.222	8	64 04 0
V	9				96,928.	9	61,310
	10a	Land, buildings, and equipment: cost or other		1 006 444			
		basis. Complete Part VI of Schedule D	10a	1,936,444.	221 064		200 420
		• • • • • • • • • • • • • • • • • • • •			331,064.	10c	308,439
	11	Investments - publicly traded securities			871,144.	11	735,134
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			400 100	14	177 657
	15	Other assets. See Part IV, line 11			489,102.	15	477,657 1,676,971
	16	Total assets. Add lines 1 through 15 (must equa			84,090.	16	317,317
	17	Accounts payable and accrued expenses			04,030.	17	317,317
	18	Grants payable			658,750.	18 19	672,508
	19 20	Deferred revenue			030,730.	20	072,300
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or former				21	
lies	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
ГIа	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay		· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on lines					
		of Schedule D	-	·	256,000.	25	232,000
	26	Total liabilities. Add lines 17 through 25			998,840.	26	1,221,825
		Organizations that follow FASB ASC 958, chec	k here	X			
ces		and complete lines 27, 28, 32, and 33.					
ılan	27	Net assets without donor restrictions			1,132,079.	27	455,146
Ba	28	Net assets with donor restrictions				28	
nno		Organizations that do not follow FASB ASC 95	8, che	ck here			
ĪΕ		and complete lines 29 through 33.		1			
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			1 120 000	31	455 146
Ne	32	Total net assets or fund balances			1,132,079.	32	455,146
	33	Total liabilities and net assets/fund balances			2,130,919.	33	1,676,971 Form <b>990</b> (202

orn	n 990 (2022) NATIONAL AUCTIONEERS ASSOCIATION	**_**	<b>*</b> 7658	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,248		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,692		
3	Revenue less expenses. Subtract line 2 from line 1	3	-443		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,132		
5	Net unrealized gains (losses) on investments	5	-233	1,1	<u> 16.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	455	,14	<u> 46.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X

**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 on Schedule O and describe any steps taken to undergo such audits

232012 12-13-22

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

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) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		L AUCTIONEERS AS			**-***7658
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			8
Pa	art I-B   Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	9	<u> </u>
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		3
	If the organization incurred a sectio				
	a Was a correction made?				
k	If "Yes," describe in Part IV.				
	art I-C Complete if the org				
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities	S
2	Enter the amount of the filing organ				
	exempt function activities				S
3	Total exempt function expenditures				
	line 17b				
4	3 3				
5	Enter the names, addresses and en			ū	0 0
	made payments. For each organiza contributions received that were pro-				•
	political action committee (PAC). If			•	o oogrogatoa laria or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) EIIV	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
				1	

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

Schedule C (Form 990) 2022

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	rt II-A   Complete if the organization	NAL AU n is exer	CTIONEERS A npt under section	SSOCIATION n <b>501(c)(3) and fil</b> e	d Form 5768 (el	***7658 Page 2 ection under
	section 501(h)).					
A (	Check if the filing organization belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
	expenses, and share of exces	s lobbying	expenditures).			
В	Check if the filing organization check	ed box A ar	nd "limited control" pro	visions apply.		
	Limits on Lob (The term "expenditures" m				(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (	grassroots lobbying)			
b	Total lobbying expenditures to influence a leg	gislative boo	dy (direct lobbying)			
С	Total lobbying expenditures (add lines 1a and	d 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add line	s 1c and 1d	)			
f	Lobbying nontaxable amount. Enter the amo	unt from the	e following table in both	n columns.		
	If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,	000.			
g	Grassroots nontaxable amount (enter 25% of	line 1f)				
h	Subtract line 1g from line 1a. If zero or less, e	enter -0				
i	Subtract line 1f from line 1c. If zero or less, e	nter -0				
j	If there is an amount other than zero on either	er line 1h or	line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made Se	a section 5	eraging Period Under 01(h) election do not la ate instructions for lir	have to complete all o	f the five columns b	elow.
	Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in) (a)	2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount					

Schedule C (Form 990) 2022

**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

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.			No	Amo	ount
1 a	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:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04/-\/F\		1:	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (0)(5),	or sec		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3		X
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	No" OR (b	) Part I		3, is
1 2	Dues, assessments and similar amounts from members		1		
_	Current year		2a		
	Carryover from last year				
	Total		2c		
3	A several to a several to a set of the COO(s)/d)/A) retires of mandal set in a cotion of CO(s) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group l actions); and Part II-B, line 1. Also, complete this part for any additional information.	ist); Part II-A,	lines 1 a	nd 2 (See	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL AUCTIONEERS ASSOCIATION

**Employer identification number** \*\*-\*\*\*7658

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e 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 per		
•	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	mandling of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion assamants during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(R)(i)
Ü			
9	In Part XIII, describe how the organization reports conservati		
•	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	Total to the organization of infantial oration	one that december the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assata in abada dia Farra 200 Bast V		Φ.
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

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

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		134,061.		134,061.
<b>b</b> Buildings		1,376,585.	1,208,915.	167,670.
c Leasehold improvements				
d Equipment		105,486.	98,778.	6,708.
e Other		320,312.	320,312.	0.
Total. Add lines 1a through 1e. (Column (d) must e	308,439.			

Schedule D (Form 990) 2022

Concadic D	(1 01111 000) 2022		
D 1/11	l	. Other Securities	
ı Part VIII	INVESTMENTS.	. Cither Securities	

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LIFETIME MEMBERSHIP DESIGNATED FUNDS	423,398.
(2) BUILDING MAINTENANCE DESIGNATED FUNDS	54,259.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (h) must equal Form 990, Part X, col. (R) line 15.)	477.657.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

• • • • • • • • • • • • • • • • • • • •	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	232,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (h) must equal Form 990, Part X, col. (R) line 25.)	232,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Part XI	Recond	ciliation of	Reven	ue per	Audited	Financial	Statements	With Rever	nue per Return.

Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,006,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		16.	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	d Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-233,116.
3	Subtract line 2e from line 1	3	2,239,781.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	, , , , , , , , , , , , , , , , , , , ,		
b	Other (Describe in Part XIII.) 4b 8,5	68.	
С	Add lines 4a and 4b		8,568.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	2,248,349.
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Per Audited Financial Statements W	per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,683,598.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b	Prior year adjustments		
С	Other losses		
d			
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,683,598.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	, , , , , , , , , , , , , , , , , , , ,		
b	Other (Describe in Part XIII.) 4b 8,5	68.	_
С	Add lines 4a and 4b	4с	8,568.
5	Total expenses, Add lines, 3 and 4c. (This must equal Form 900, Part I, line, 18.)	5	2.692.166.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

NAA BOARD OF DIRECTORS DESIGNATED FUNDS TO COVER LIFETIME MEMBERSHIP COSTS, SCHOLARSHIPS, BUILDING MAINTENANCE AND HALL OF FAME.

#### PART X, LINE 2:

THE ASSOCIATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE BUT MAY BE SUBJECT TO UNRELATED BUSINESS INCOME TAX. NO UNRELATED BUSINESS INCOME TAX WAS INCURRED FOR THE YEARS ENDED DECEMBER 31, 2020 OR 2019. THE ASSOCIATION HAS ADOPTED THE PROVISIONS OF ASC 740-10 AS IT MIGHT APPLY TO THE ASSOCIATION'S FINANCIAL TRANSACTIONS. THE ASSOCIATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX PROVISION THAT IS BENEFICIAL TO THE

Schedule D (Form 990) 2022

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

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. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL AUCTIONEERS ASSOCIATION

**Employer identification number** \*\*-\*\*\*7658

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE COMMITTEE AND AUDIT COMMITTEE REVIEW THE FORM 990 PRIOR TO SUBMISSION TO THE IRS

FORM 990, PART VI, SECTION B, LINE 12C:

ALL REPORTS OF A VIOLATION OF THE CONFLICT OF INTEREST POLICY ARE REPORTED IN WRITING TO THE PRESIDENT. THE REPORT SPECIFIES THE NATURE AND CHARACTER THE VIOLATION, TIME AND PLACE WHERE THE VIOLATION OCCURRED AND SHALL BE SIGNED BY THE SUBMITTER OF THE COMPLAINT. A SPECIAL COMMITTEE SHALL BE APPOINTED TO INVESTIGATE ANY COMPLAINT RECEIVED BY THE PRESIDENT. THE SPECIAL COMMITTEE HAS INVESTIGATED THE COMPLAINT, A FORMAL REPORT SHALL BE PRESENTED TO THE BOARD OF DIRECTORS. IF THE INVESTIGATION HAS FOUND THE THE BOARD MAY ELECT TO DISMISS THE COMPLAINT. COMPLAINT MERITLESS, THE BOARD ALSO HAS THE RIGHT TO INSTRUCT THE SPECIAL COMMITTEE TO INVESTIGATE FURTHER INTO THE MATTER. IF THE COMMITTEE BELIEVES THE COMPLAINT HAS THEY SHALL PRESENT THEIR FINDINGS TO THE PRESIDENT, WHO WILL ATTACH THE FINDINGS TO THE ORIGINAL COMPLAINT AND PRESENT THE ACCUSATION TO THE THEREBY NOTIFYING HIM/HER OF THE ACCUSATION AND ACCUSED VIOLATOR, PERMITTING THE ACCUSED TO RESPOND TO THE ACCUSATION. UPON RECEIPT OF THE ANSWER FROM THE ACCUSED, THE PRESIDENT SHALL PRESENT THE COMPLAINT FINDINGS, AND ANSWER TO THE BOARD OF DIRECTORS. THE BOARD CAN CENSURE SUSPEND OR REMOVE BY MAJORITY VOTE. THE VOTE CANNOT OCCUR UNTIL 15 DAYS AFTER THE STATEMENT OF THE COMPLAINT HAS BEEN MAILED BY REGISTERED MAIL TO THE ACCUSED DIRECTOR, ALONG WITH A NOTICE OF THE TIME AND PLACE WHERE THE BOARD OF DIRECTORS IS TO ACT ON THE COMPLAINT. IF THE PRESIDENT AND/OR VICE PRESIDENT ARE THE ACCUSED PARTY, THE SECRETARY/TREASURER SHALL ACT AS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** NATIONAL AUCTIONEERS ASSOCIATION \*\*-\*\*\*7658 PRESIDENT DESCRIBED ABOVE. AN IMPARTIAL COMPLAINT SHALL BE KEPT AND SWORN TESTIMONY AND EVIDENTIAL MATTERS MAY BE RENDERED DURING THE MEETING. THE NONINTERESTED BOARD MEMBERS MUST DELIBERATE ON THE GUILT OR INNOCENCE OF THE ACCUSED PARTY IMMEDIATELY FOLLOWING THE COMPLETION OF THE TAKING OF TESTIMONY ON THE COMPLAINT. A MAJORITY VOTE IS REQUIRED TO FIND THE ACCUSED GUILTY. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS EMPLOY THE CHIEF EXECUTIVE OFFICER TO WHOM IT DELEGATES RESPONSIBILITY TO MANAGE THE ORGANIZATION. THE CHIEF EXECUTIVE OFFICER AND OTHER TOP MANAGEMENT ARE GIVEN ANNUAL PERFORMANCE REVIEWS. COMPENSATION AND BENEFITS ARE AT A LEVEL THAT IS COMPETITIVE WITH SIMILAR ORGANIZATIONS WITHIN THE COMMUNITY AND CONSISTENT WITH THE ORGANIZATION'S OVERALL FINANCIAL ABILITY AND OBJECTIVE. FORM 990, PART VI, SECTION C, LINE 19: FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE

232212 10-28-22 Schedule O (Form 990) 2022

#### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2023**

Name NATIONAL AUCTIONEERS ASSOCIATION	Employer Identification	n Number 5 8
Based on the information provided with this return, the following are possible carryover amounts to next year.	•	
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISING RE	VENUE -	16,181.
FEDERAL PRE-2018 NET OPERATING LOSS		12,889.
	-	
	-	

**-**7658	
FEIN:	
ASSOCIATION	
ame: NATIONAL AUCTIONEERS ASSOCIATION	
Name: NATIC	

Type	and E	Type and Entity: ADVE	ADVERTISING REVENUE	VUE - POST-2017 NO	L7 NO	DETAIL CA	DETAIL CARRYOVER SCHEDULE	EDULE				
Year Origi- nated	Z T	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	1	6,954.										
	2	9,227.										
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> Amount Used for

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EXTENDED TO NOVEMBER 15, 2023 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. epartment of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if Name of organization ( Check box if name changed and see instructions.) address changed. \*\*-\*\*\*7658 **B** Exempt under section NATIONAL AUCTIONEERS ASSOCIATION Print EGroup exemption number (see instructions) X 501(c)(6 Number, street, and room or suite no. If a P.O. box, see instructions. Type 7220(e) 408(e) 8880 BALLENTINE ST 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529A 529(a) OVERLAND PARK, KS 66214 Check box if 676,971. C Book value of all assets at end of year an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university Check organization type Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Н Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. 913 563-5422 JORDAN CRUPPER The books are in care of Telephone number Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... Reserved 2 2 3 Add lines 1 and 2 3 4 Charitable contributions (see instructions for limitation rules) 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 Deduction for net operating loss. See instructions 0. 6 6 ..... Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 7 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 Total deductions. Add lines 8 and 9 1,000. 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I. line 11 from: 2 Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 4 5 Alternative minimum tax (trusts only) 5

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LHA

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

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0.

Part		Tax and Payments							age Z
		ign tax credit (corporations attach Form 1118; trusts attach Form 1116)		1a					
1a		,		·		_			
b		r credits (see instructions) eral business credit. Attach Form 3800 (see instructions)				-			
C						-			
d		it for prior year minimum tax (attach Form 8801 or 8827)				4.	1		
е		I credits. Add lines 1a through 1d				1e			0.
2		ract line 1e from Part II, line 7  r amounts due. Check if from: Form 4255 Form 8611 Form 8611				2			<u> </u>
3	Othe								
						3			
4		I tax. Add lines 2 and 3 (see instructions).	-	-	under				^
_		on 1294. Enter tax amount here				4			0.
5		ent net 965 tax liability paid from Form 965-A, Part II, column (k)		1 1		5			0.
6a	-	nents: A 2021 overpayment credited to 2022		$\neg \vdash \vdash$		_			
b		estimated tax payments. Check if section 643(g) election applies	L	<u>6b</u>		_			
С		deposited with Form 8868				_			
d		gn organizations: Tax paid or withheld at source (see instructions)				_			
е		up withholding (see instructions)				_			
f		it for small employer health insurance premiums (attach Form 8941)				_			
g	Othe	r credits, adjustments, and payments: Form 2439		-					
			Tota						
7		I payments. Add lines 6a through 6g		<b></b>		7			
8						8			
9		due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed							
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount o	overp	aid		10			
11 Part		r the amount of line 10 you want: Credited to 2023 estimated tax Statements Regarding Certain Activities and Other Inform	mati	on (see instru	Refunded	11			
									Na
1		by time during the 2022 calendar year, did the organization have an interest i		-	-	'		Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes,"	~	-	-				
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ente	er the	a name of the fo	breign country				X
•	here								$\overline{}$
2		ng the tax year, did the organization receive a distribution from, or was it the	-						X
		gn trust? es," see instructions for other forms the organization may have to file.							71
3		r the amount of tax-exempt interest received or accrued during the tax year			\$				
4		r available pre-2018 NOL carryovers here \$ 12,889. Do		include any nos	¥	rryova			
7		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here							
5		2017 NOL carryovers. Enter the Business Activity Code and available post-2	-	•	•		. O.		
3		mounts shown below by any NOL claimed on any Schedule A, Part II, line 1							
	ti iC z	Business Activity Code	17 101		ost-2017 NOL		/Or	-	
		541800		\$	0312017 NOL		954.	-	
		312000	-	\$ \$		<u> </u>	7011		
6a	Did t	he organization change its method of accounting? (see instructions)	`	<u> </u>					X
b		is "Yes," has the organization described the change on Form 990, 990-EZ, 9	990-F	<sup>2</sup> F, or Form 112	28? If "No,"				
		ain in Part V							
Part	V	Supplemental Information							
Provide	the e	explanation required by Part IV, line 6b. Also, provide any other additional info	forma	ation. See instru	uctions.				
	<del>.</del>				- b t - f l 1		h - 11 - 4 - 14 1 - 4	_	
Sign		Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				eage and	beller, it is tru	ie,	
Here		l DOAD	- T	MD E 3 CLIDI			RS discuss thi		rith
	-   -	BOAR Signature of officer Date Title	עא	TREASURE			rer shown belo		¬ No
			Τ.	Dota T		_	ns)? X Y	<b>62</b>	No
		Print/Type preparer's name Preparer's signature		Date		if PT	IIV		
Paid		JASON D. LOUK JASON D. LOUK	1	.1/09/23	self- employed		00541	196	
Prepa		MARR AND COMPANY D. C.		1/03/43	Eirmin FINI		*-**		<u> </u>
Use C	Only	1401 EAST 104TH STREET, SUIT	фÞ	100	Firm's EIN			003	
		Firm's address KANSAS CITY, MO 64131	. 1 12	100	Phone no.	(816	363	-87	0.0
223711 0	1-16-23				i nono no.	, 5 ± 0	Form 9		
								,	· /

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FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	12,889.	0.	12,889.	12,889.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	12,889.	12,889.



### SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022** 

Department of the Treasury Internal Revenue Service

A Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

	NATIONAL AUCTIONEERS ASSOCIATION			**-***765	8
<b>.</b> .	nrelated business activity code (see instructions) 54180	0		D Sequence: 1	of 1
				<u> </u>	
		REVE	ENUE - "AUCTIO	ONEER" MAGAZI	.NE
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
0	Exploited exempt activity income (Part VIII)	10			
1	Advertising income (Part IX)	11	78,287.	87,514.	-9,227
2	Other income (see instructions; attach statement)	12		A = -1.1	
3	Total. Combine lines 3 through 12	13	78,287.	87,514.	-9,227.
1	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come			
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5					
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions		7		
8	Less depreciation claimed in Part III and elsewhere on return		8a	8b	
9	Depletion			9	
0	Contributions to deferred compensation plans			10	
1	Employee benefit programs				
2	Excess exempt expenses (Part VIII)				
3	Excess readership costs (Part IX)			13	
4	Other deductions (attach statement)			14	
5					0 .
16	Unrelated business income before net operating loss deduction. S column (C)			1 1	-9,227
7					0.
8	Unrelated business taxable income. Subtract line 17 from line 1				-9,227.
16 17 <u>18</u> _HA	column (C)  Deduction for net operating loss. See instructions			16 17 18	

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	ule A (Form 990-1) 2022				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	nere and in Part I, line 2	·	8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	ructions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)		0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	e instructions.	
	A				
	В				
	c				
	D	Г			
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	<u> </u>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.

Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)   1. Name of controlled organization   2. Employer identification number   3. Net unrelated income (loss) (see instructions)   4. Total of specified payments made   5. Part of column 4 that is included in the controlling organization or connected with income in column 1 that is included in the controlling organizations gross income   1. Part of column 9 that is included in the controlling organizations gross income   1. Deductions direct   1. Deductions   1. Deductions direct   1. Deductions   1. Deductions direct   1. Deductions   1. Ded	Page 3
1. Name of controlled organization   2. Employer identification number   3. Net unrelated income (loss) (see instructions)   4. Total of specified payments made   5. Part of column 4 that is included in the controlling organization's gross income   1. Deductions direct organization's gross income   1. Deduction	
(2) (3) (4)  Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated income (loss) (see instructions)  (1) (2) (3) (4)  Add column 5 and 10. Enter here and on Part I, line 8, column (A)  1. Description of income  1. Description of income  2. Amount of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach statement)  (1) (2) (3) (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  (5)  (6)  (7) (7) (9) (7) (7) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (17) (9) (17) (9) (17) (9) (17) (17) (18)  Add columns 6 and 11 (18) (19) (10) (10) (11) (22) (33) (44)  Add amounts in column 2. Enter here and on Part I, line 9, column (A) (10) (11) (12) (13) (14)  Add amounts in column 2. Enter here and on Part I, line 9, column (A) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	/ith
Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly connected with income in column 10  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach statement)  (attach statement)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)	
Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated income (loss) (see instructions)  (see instructions)  9. Total of specified payments made that is included in the controlling organization's gross income  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  1. Description of income  2. Amount of income  2. Amount of income diarectic connected (attach statement)  (1)  (2)  (3)  (4)  Add columns 6 and 11. Enter here and on Part I, line 8, column (B)  (5)  Totals  (5)  Add columns 6 and 10. Enter here and on Part I, line 8, column (B)  (6)  (7)  Add columns 6 and 10. Enter here and on Part I, line 8, column (B)  (8)  Add columns 6 and 10. Enter here and on Part I, line 8, column (B)  (9)  Add columns 6 and 10. Enter here and on Part I, line 8, column (B)  (9)  Add columns 6 and 10. Enter here and on Part I, line 8, column (B)  (9)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 6. Enter here and on Part I, line 9, column (B)	
Nonexempt Controlled Organizations  7. Taxable Income  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  that is included in the controlling organization's gross income  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions  4. Set-asides (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  (4)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 2. Enter here and on Part I, line 8, column (A)  Add amounts in column 4, line 9, column (A)	
7. Taxable Income  8. Net unrelated income (loss) (see instructions)  9. Total of specified payments made  10. Part of column 9 that is included in the controlling organization's gross income  11. Deductions directly connected with income in column 10  12. Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  10. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach statement)  4. Set-asides (attach statement)  5. Total deductions directly connected (attach statement)  4. Set-asides (attach statement)  5. Total deductions directly connected (attach statement)  6. Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column (A)  Add amounts in column (A)  Add amounts in line 9, column (A)	
income (loss) (see instructions)  payments made  that is included in the controlling organization's gross income  that is included in the controlling organization's gross income  (1)  (2)  (3)  (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in here and on Part I, line 9, column (A)  Add amounts in line 9, column (A)	oth.
(2) (3) (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1) (2) (3) (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)	•
(3) (4)  Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  O  Totals  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach statement)  (1) (2) (3) (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)	
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)	
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)  Totals  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected (attach statement)  (1) (2) (3) (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column (A)  Add amounts in column (B)	
Totals  Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  4. Set-asides (attach statement)  and set-asid (add cols 3 and set-asid (attach statement)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)	
Part VII   Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)   1. Description of income   2. Amount of income   3. Deductions directly connected (attach statement)   4. Set-asides (attach statement)   and set-asid (add cols 3 and (	art I,
Part VII   Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)   1. Description of income   2. Amount of income   3. Deductions directly connected (attach statement)   4. Set-asides (attach statement)   and set-asid (add cols 3 and (	0.
1. Description of income  2. Amount of income directly connected (attach statement)  (1)  (2)  (3)  (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Income directly connected (attach statement)  4. Set-asides (attach statement)  5. Total deductions directly connected (attach statement)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)	
(2) (3) (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 5. Enthere and on Part I, line 9, column (A)	sides
(3) (4)  Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 5. En here and on Part I, line 9, column (A)	
Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 5. En here and on Part I, line 9, column (A)	
Add amounts in column 2. Enter here and on Part I, line 9, column (A)  Add amounts in column 5. En here and on Part I, line 9, column (A)	
line 9, column (A)	Enter
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)	
1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,	
line 10, column (B)	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete	
lines 5 through 7	
5 Gross income from activity that is not unrelated business income 5	
6 Expenses attributable to income entered on line 5	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	

Schedule A (Form 990-T) 2022

1	IX Advertising Income					
	Name(s) of periodical(s). Check box if reporting two or n  A UCTIONEER	nore periodicals on a d	consolidated basis	S.		
	B AUCTIONEER					
	c -					
	D					
nter	amounts for each periodical listed above in the correspon	ding column.				
		Α	В	С		D
2	Gross advertising income	78,287.				
	Add columns A through D. Enter here and on Part I, line	11, column (A)				78,287
а	Г	05 514				Т
3	Direct advertising costs by periodical	87,514.				07 514
а	Add columns A through D. Enter here and on Part I, line	11, column (B)				87,514
4	Advertising gain (loss). Subtract line 3 from line					
•	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8	-9,227.				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is less					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain on					
	line 4, enter the lesser of line 4 or line 7	- E O I I		-1		
а	Add line 8, columns A through D. Enter the greater of th Part II, line 13	e line 8a, columns tot	al or zero nere an	a on		0
Part		and Trustees (se	e instructions)			0
		(0.	oc motractions)	3. Percentage		4. Compensation
	1. Name	2. Title		of time devoted		attributable to
				to business	u	nrelated business
				%		
1)		1		%	)	
				%		
2)		<u> </u>		90	1	
2) 3)				9/0	<del>                                     </del>	
2) 3) 4)					<del>                                     </del>	
2) 3) 4) Tota	Enter here and on Part II, line 1				<del>                                     </del>	0
1) 2) 3) 4) Tota		ons)			<del>                                     </del>	C
2) 3) 4) Tota		ons)			<del>                                     </del>	0
2) 3) 4) Tota		ons)			<del>                                     </del>	0
2) 3) 4) Tota		ons)			<del>                                     </del>	0
2) 3) 1) Tota		ons)			<del>                                     </del>	0
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2) 3) 4) Tota		ons)			<del>                                     </del>	
2) β) β) Γota		ons)			<del>                                     </del>	

Schedule A (Form 990-T) 2022

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/21	6,954.	0.	6,954.	6,954.
NOL CARRYO	VER AVAILABLE THIS	YEAR	6,954.	6,954.

