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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	2013 calendar year, or tax year beginning JUN 1, 2013 and end	ding M	<u>AY 31, 20</u>	14	
Во	heck if	C Name of organization		D Employer ide	ntificat	ion number
	Addres	THE NATIONAL AUCTIONEERS FOUNDATION				
	Name	David Britania		36	-325	8500
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone nur		
	Termin ated	8880 BALLENTINE STREET		•		3-5427
	_Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		408,199.
	Application	OVERDAND PARK, AS 00214-1900		H(a) Is this a grou	ıp retur	n
	pendin	F Name and address of principal officer:WILLIAM SHERIDAN		for subordin	ates?	. Yes X No
		SAME AS C ABOVE		H(b) Are all subordina	tes includ	led? ☐ Yes ☐ No
		mpt status. X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list	. (see instructions)
		e: ► WWW.AUCTIONEERSFOUNDATION.ORG	لــــــ	H(c) Group exem		
		organization X Corporation Trust Association Other ► Summary	L Year o	f formation: 199	7 M St	ate of legal domicile: KS
[FE	·		WII DD	TIDID TAXO	TO T	
8		Briefly describe the organization's mission or most significant activities: TO PRO				HE WELL
Activities & Governance		NATIONAL AUCTIONEERS ASSOCIATION (NAA) AND				
Ž.		Check this box I If the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)	or more	than 25% of its ne	asset	
යි		Number of independent voting members of the governing body (Part VI, line 1b)	•	·	3	13
∞ 5		Fotal number of individuals employed in calendar year 2013 (Part V line 2a)		}	4	13
Ë		Total number of volunteers (estimate if necessary)	• •	•	5	0
Ę				,	6	14
¥		Total unrelated business revenue from Fat VIII, obtumn CHIne 12		• • •	7a	0.
		tet differend business taxable il come nome-offi 950-1, fille 54 156	1		7b	Current Year
	8	Contributions and grants (Part VIII) Re 1h) JAN 1 2 2013		Prior Year 251,16	-	345,733.
J.C.	9	Program service revenue (Part VIII, III) (Page)	-		0.	
Revenue				4,64		15,398. 21,513.
æ	11	nvestment income (Part VIII, column (A) thes 3/2 and 3/3		31,92		<39,367.
	12	Other revenue (Part VIII, column (A), lines of the part VIII, column (A), line 12)	•	287,73		343,277.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- -		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	•		0.	0.
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	25,73		0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·		0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25) 15,765	. \vdash			
ப	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	80,94	8.	88,424.
		Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25)		106,68		88,424.
	19	Revenue less expenses Subtract line 18 from line 12		181,05		254,853.
t Assets or of Balances			Beg	inning of Current Ye		End of Year
sets	20	Total assets (Part X, line 16)	. [1,054,25		1,350,557.
		Fotal liabilities (Part X, line 26)	. L_		0.	0.
캺		Net assets or fund balances Subtract line 21 from line 20		1,054,25	2.	1,350,557.
	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			of my kn	owledge and belief, it is
true,	correc	, and complete. Declaration of proparty (other than officer) is based on all information of which i	preparer			
		W. L. Shude		Dece	mbe.	R 12, 2014
Sig	n	Signature of officer		Date		·
Her	ө	WILLIAM SHERIDAN, FINANCE CHAIR		 		
	_	Type or print name and title		1		T 693.
		Print/Type preparer's name Preparer's signature		ate Check		PTIN
Paid		JASON D. LOUK JASON D. LOUK		2/12/14 self-e		P00541486
		Firm's name MARR AND COMPANY, P.C.		Firm's EIN	<u>4</u>	3-1490039
use	Only	Firm's address 1401 EAST 104TH STREET, SUITE 100		-		\ 060 070s
		KANSAS CITY, MO 64131	_	Phone no.	(816	
		S discuss this return with the preparer shown above? (see instructions)				X Yes No
3320	01 10-2°	p-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. EE SCHEDULE O FOR ORGANIZATION MISSION STA'		NIM CONTENT		Form 990 (2013)
	ာ	THE POSTEDUTE OF FOR OVERHITOWITON MIDDION DIN		MI CONTIN	OATT	UN

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	1 990 (2013) THE NATIONAL AUCTIONEERS FOUNDATION	36-3258500 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE FUNDING TO THE NATIONAL AUCTIONEERS ASSOCIAT	ION AND TO
	ADVANCE AND ENRICH THE AUCTION COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	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 other	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	ue\$ 343,277.)
_	DEVELOP, PRESERVE AND RESEARCH THE HISTORY OF THE AUCTIO	
	AND PROVIDE EDUCATION TO AUCTIONEERS AND THE PUBLIC.	
		<u>_</u>
4b	(Code) (Expenses \$ including grants of \$) (Reveni	
40	(Code) (Expenses \$) (Reven	ue\$)
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue)	ue\$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 18,969.	

	·		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?	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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 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		<u> </u>
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		1	
	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 temporarily restricted endowments, permanent		;	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		;	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		`	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٦,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
	Schedule D, Parts XI and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40L		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization maintain an office, employees, or agents outside of the Officed States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		^
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ודט		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,,,		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		-	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officiers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 22 X 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization avare that it engaged in an excess benefit transaction with a disqualified person of during the year? If "Yes," complete Schedule L, Part I 25d Did 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 is prof Forms 990 or 990-E27 If "Yes," complete Schedule L, Part IV 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27d Na Horganization and provide				103	110
22 L dith organization report more than \$5,000 of grishts or other assistance to individuals in the United States on Part IX. column (A), Ine 21 if 'Yes, 'comprete Schedule I, Part s I and III. 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 inghest compensated employees? If 'Yes, 'complete Schedule K, If 'No', go to line 25a 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24a X 25b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 27c Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of the year, and that the transaction has not been reported on any of the organization spring forms 190 or 990-E27 If 'Yes,' complete Schedule L, Part II 28d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part III 29d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, driventor, trustee, or key employees, or disqualified persons? If so, complete Schedu	21				
column (A), line 27 if "Yes," complete Schedule I, Parts I and Iff 2 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, instates, key employees, and highest compensated employees? If "Yes," complete Schedule J. A to the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Did the organization invest any proceeds of tax-exempt bonds seven at emporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds outstanding any time during the year to defease any tax-exempt bonds? Did the organization area that it engaged in an excess benefit interascion with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the organization area that it engaged in an excess benefit interascion with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport part it engaged in an excess benefit interascion with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any answers and that the transaction interaction of the organization persons? If "Yes," complete Schedule I, Part II is the organization report any answers and that the transaction with organization persons of the property of the organization persons? If "Yes," complete Schedule I, Part IV is a Complete Schedule I, Par			21		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sused after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit and person during the year? If "Yes," complete Schedule L, Part I 25 Is the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26 Id the organization and 501(c)(4) organizations. Did the organization engage 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 spot or 990 or 990 E27 If "Yes," complete Schedule L, Part II 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former forcers, furtiese, hey employees, undestinated contributor or employee thereof, a greant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A nettly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A nettly of which a current or former officer, director, trustee, or key	22	· · · · · · · · · · · · · · · · · · ·			77
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. "Two", go to line 25s 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 26d Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 28d Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 28d Did the organization are act as an "on behalf of" issuer for bonds outstanding any time during the year? 28d Did the organization have that it engaged in an excess beheful the L. Part I! 28d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furstees, by employees, brightest form or payables to any current or former officers, directors, trustees to an officer, director, trustee, key employee, substantial contribution or applycable ling thresholds, conditions, and exceptions? 28d X 29d Did the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complet	^^		22		_A_
Schedule J. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Discember 31, 2002? If "Yes," answer lines 24s through 24d and complete Schedule K. If "No", go to line 25s 24d J.	23				
that day of the year, that was issued after December 31, 2002? If 'Yes, "answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds period and temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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-E2? If "Yes," complete Schedule L, Part I is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, way employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part III Did the organization provide a grant or or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions, and exception			22		v
last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Schedule K. If "No", go to line 25a Did the organization maintain an escrive account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 25c Bection 501(c)(3) and 501(c)(4) organization. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part If "Yes," c	242	·	23		
Schedule K. If "No", go to line 25a	240				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d			242		x
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any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1 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-E27 if "Yes," complete Schedule L, Part I in that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I in the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, individually contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I il in the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current of former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family me					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I I I I I I I I I I I I I I I I I I I	_		24c	i	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d		24d		
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 II' 25b X 26b X 27b Ob the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part III 26b X 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27d X 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28d X 29d X 30 Uh the organization receive more than \$25,000 in non-cash contributions? If "Yes,' complete Schedule M 30 Uh the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part II 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part II 31 Did the organization with 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 III 31 Did the organization have a controlled entity within the meaning of section 512(b(13)? If 'Yes,' complete Schedule R, Part III, III, or IV					
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			30		_ X
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	~ =			X	- v
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Note. All Form 990 filers are required to complete Schedule O	38		"		
			38	x	
	•	· · · · · · · · · · · · · · · · · · ·			(2013)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

X

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 in Schedule O. See instructions.

	to line da, db, of 100 below, describe the enduristances, processes, or changes in consequence.			
500	Check if Schedule O contains a response or note to any line in this Part VI			X
260	tion A. Governing Body and Management		Vaa	Na
4.	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	No
па		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	,		
b	Enter the number of voting members included in line 1a, above, who are independent 15 15	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7.7
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	_8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
·va	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	the second transfer of	16b		
Sec	exempt status with respect to such arrangements?	100		
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ole	
10	for public inspection. Indicate how you made these available. Check all that apply.	a v anat	,.0	
	X Own website Another's website Upon request Other (explain in Schedule O)			
40	· · · · · · · · · · · · · · · · · · ·	d fina-	noial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are statements available to the public during the tax year.	iu iiildi	icial	
00	• •	tion:		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon:	_	
	RHONDA TRUITT - 913-563-5422	_		
	8880 BALLENTINE, OVERLAND PARK, KS 66214			

Form	$\Delta \Delta \Delta$	100	· ^ \

THE NATIONAL AUCTIONEERS FOUNDATION

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Page 7

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Hours per week Hour	(A) Name and Title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Compensation from the organizations below fine) Fig.	Name and The	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
(1) THOMAS ROWELL		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation from the organization and related
Carry Carr	(1) THOMAS ROWELL	2.00									
RESIDENT	VICE PRESIDENT		X	_	X		ļ		0.	0.	0.
CHAIRMAN	(2) SANFORD ALDERFER	2.00							_		_
CHAIRMAN	PRESIDENT		X	L_					0.	0.	0.
(4) WILLIAM SHERIDAN 2.00 X	(3) RANDY RUHTER	2.00	ļ							_	
FINANCE CHAIR	CHAIRMAN		X	_	X	ļ			0.	0.	0.
TRUSTEE	(4) WILLIAM SHERIDAN	2.00							_	_	_
TRUSTEE	FINANCE CHAIR		X.	ļ			_		0.	0.	0.
(6) MARVIN HENDERSON 2.00 TRUSTEE X 0. 0. 0 (7) SHERMAN HOSTETTER 2.00 0. 0. 0 TRUSTEE X 0. 0. 0 0 (8) HOMER NICHOLSON 2.00 0. 0. 0 TRUSTEE X 0. 0. 0. 0 (9) JOHN DIXON 2.00 X 0. 0. 0 TRUSTEE X 0. 0. 0. 0 (10) LONNY MCCURDY 2.00 X 0. 0. 0 TRUSTEE X 0. 0. 0. 0 (11) RANDY WELLS 2.00 X 0. 0. 0 TRUSTEE X 0. 0. 0. 0 (13) J.J. DOWER 2.00 X 0. 0. 0 TRUSTEE X 0. 0. 0. 0 (14) HANNES COMBEST 8.00 0. 0. 0. 0.	(5) MIKE JONES	2.00	l			i				_	
TRUSTEE	TRUSTEE		X		_		<u>_</u>		0.	0.	0.
(7) SHERMAN HOSTETTER 2.00 TRUSTEE X 0.0.0 (8) HOMER NICHOLSON 2.00 0.0.0 TRUSTEE X 0.0.0 (9) JOHN DIXON 2.00 0.0.0 TRUSTEE X 0.0.0 (10) LONNY MCCURDY 2.00 0.0.0 TRUSTEE X 0.0.0 (11) RANDY WELLS 2.00 0.0.0 TRUSTEE X 0.0.0 (12) DAVID HUISMAN 2.00 0.0.0 TRUSTEE X 0.0.0 (13) J.J. DOWER 2.00 0.0.0 TRUSTEE X 0.0.0 (14) HANNES COMBEST 8.00	(6) MARVIN HENDERSON	2.00			İ					_	_
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TRUSTEE	(8) HOMER NICHOLSON	2.00	- _ }							_	
TRUSTEE	TRUSTEE		X						0.	0.	0.
TRUSTEE	(9) JOHN DIXON	2.00	┨								_
TRUSTEE			X				├—		0.	0.	0.
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Par	t VII Section A. Officers, Directors, True	stees, Key Em	ploy	rees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
	` (A)	(B)	(C)				(D)	(E)		(F)	+		
	Name and title	Average	(40	Position (do not check more than one				one	Reportable	Reportable		Estima	ated
		hours per	Бох	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		amour	nt of
		week	<u> </u>	cerar	nd a d	recto	or/trus	itee)	from	from related		othe	∍r
		(list any	recto					1	the	organizations		compen	
		hours for related	5	₈			zated		organization	(W-2/1099-MISC)	from	
		organizations	Individual trustee or director	institutional trustee		_ 83	nbeu		(W-2/1099-MISC)			organiz	
		below	duat	thoma		힅	st co					organiza	
		line)	를	la set	Officer	Key employee	Highest compensated employee	E E				J	
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	Sub-total								0.		5.		0.
	Total from continuation sheets to Part V	II, Section A							0.		5.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but in	not limited to th	2000	licto	nd n	hov	a) w/	bo r			<i>y</i> •		<u> </u>
2	compensation from the organization	not minited to ti	1036	ıısı	Ju a	DOV.	C) W	110 1	econod more man proc	,000 of reportable			O
	Compensation from the organization	·· -·										Ye	
3	Did the organization list any former officer	director, or tri	uste	e. ke	ev er	nolo	ovee	or	highest compensated e	mplovee on			<u> </u>
Ŭ	line 1a? If "Yes," complete Schedule J for			o,	,, J.		,,,,	,	riigiloot oompolioatoa o			3	x
4	For any individual listed on line 1a, is the s			amo	ensa	atior	n and	d ot	her compensation from	the organization			1
·	and related organizations greater than \$15	•							•	-		4	X
5	Did any person listed on line 1a receive or									dual for services			
	rendered to the organization? If "Yes," con	nplete Schedui	le J	for s	uch	per	son		_		l_	5	Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensati	on from	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	<u>/Ithi</u>	n the organization's tax	year			
	(A)								(B)		_	(C)	
	Name and business	saddress	N	INC	E				Description of s	services	Cor	npensat	ion
		<u> </u>											
			_		-								
2	Total number of independent contractors	(including but r	not l	mite	nd to	tho	را می	ster	d ahove) who received n	ore than			
~	\$100,000 of compensation from the organ		.011				0	3100	a abovo, who locelved h	ioro triari			
	vission of compensation from the organ	in all of the								 	F	orm 99 0) (2013 ¹

		Check if Schedule O conta	ains a response	or note to any line		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इध	1 a	Federated campaigns	1a					
등	b	Membership dues	1b					
A,C	С	Fundraising events	1c	72,568.				
<u>a</u>	d	Related organizations	1d					
S,E	е	Government grants (contribute	ons) <u>1e</u>					
흔히	f	All other contributions, gifts, grant	ts, and					
<u>₽</u>		similar amounts not included above	/e 1f	273,165.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$	260,502.				
ठ ह	h	Total. Add lines 1a-1f			<u>345,733.</u>			
9	2 a	CONFERENCE REVE	NUE	Business Code 900099	15,398.			15,398.
<u>~</u> 꽃	b							
Program Service Revenue	С							
e a	d	<u> </u>						<u> </u>
5 6	е	·						<u></u>
۰	f	All other program service reve	nue					
	9	Total. Add lines 2a-2f			15,398.			
	3	Investment income (including	dividends, inter	est, and	04 545			04 540
		other similar amounts)		>	21,513.			21,513.
	4	Income from investment of tax	c-exempt bond p	proceeds -				
	5	Royalties		D			.	
		-	(ı) Real	(II) Personal				
	6 a							
	Ь	•		 				
	C	• •		I				
		Net rental income or (loss)		(7.0)				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
1		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses						
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraisin	a events (not					†
nue	0 a		668 • of					
Ne l		contributions reported on line				i		
<u>چ</u> ا		Part IV, line 18	а	25,555.		l		
Other Reve	h	Less direct expenses	b	64 000		İ		
δ		Net income or (loss) from fund	_	▶	<39,367.			<39,367.
		Gross income from gaming ac						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	- 4	Part IV, line 19	а					
	b	Less: direct expenses	b					
l		: Net income or (loss) from gam		•				
1		Gross sales of inventory, less						
		and allowances	а					
İ	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	•				
Ī		Miscellaneous Revenu		Business Code				
	11 a							
ļ	b							
l	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
\perp	12	Total revenue. See instructions.		▶	343,277.	0.	0	
33200	13							Form 990 (2013)

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 response or note to any line in this Part IX (D) Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees) 11 24,993 2,499. 19,995 2,499. Management 8,320. 8,320. b Legal . c Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,411. 4,411 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 428 428 Advertising and promotion 12 4,282. 104. 4,178. Office expenses 13 Information technology 14 Royalties 15 24,000. 4,800. 16,800 2,400. 16 Occupancy 17 Travel . . Payments of travel or entertainment expenses for any federal, state, or local public officials 1,271 4,755. 6,026. Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 1,093. 1,093. 22 Depreciation, depletion, and amortization 750. 750 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 10,000. 10,000. a NAA PROGRAM FUNDING 1,670. 1,670. ь SCHOLARSHIPS 1,505. c CHILDREN'S AUCTION EXP 1,505. d REPAIRS & MAINTENANCE 506. 506. 440. 440 e All other expenses 15,765. 88,424. 18,969. 53,690. Total functional expenses. Add lines 1 through 24e 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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 307,472. 160,487. Cash - non-interest-bearing 1 686,163. 2 920,546. Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 **Assets** Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 300,948. basis. Complete Part VI of Schedule D 10a 87,024. 5,017. 213,924. b Less. accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 55,600. 55,600. 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,054,252 1,350,557. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Ō. 0 Total liabilities. Add lines 17 through 25 26 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 348,345. 530,140. 27 Unrestricted net assets 27 26,030 51,902. Temporarily restricted net assets 28 Permanently restricted net assets 679,877. 29 768,515. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,054,252. 33 1,350,557. 054,252 <u>1,350,557.</u> Total liabilities and net assets/fund balances 34

orm	990 (2013) THE NATIONAL AUCTIONEERS FOUNDATION	_36-3.	<u> </u>	<i>)</i> _ Pa	ige IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34	13,2	277.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	38,4	24.
3	Revenue less expenses Subtract line 2 from line 1	3	25	54,8	53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,05	54,2	52.
5	Net unrealized gains (losses) on investments	5			51.
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 in Schedule O)	9	2	24,0	01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,35	50,5	<u>57.</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: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	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	<u> </u>	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a	-	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audıt			
	or guidite, explain why in Schedule O and describe any steps taken to undergo such guidits		26	1	1

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE NATIONAL AUCTIONEERS FOUNDATION 36-3258500 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c ____ Type III - Functionally integrated d ____ Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 THE NATIONAL AUCTIONEERS FOUNDATION 36-3258500 Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received (Do not										
	ınclude any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
_	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
	The portion of total contributions										
J	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6		·									
	Public support. Subtract line 5 from line 4		<u> </u>	L	<u>.l</u>	1	<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
	Amounts from line 4		(6) 2010	(0) 2011	(u) 2012	(6) 2013	(i) iotai				
8	Gross income from interest,	==									
0	dividends, payments received on				}						
	securities loans, rents, royalties										
	and income from similar sources										
	Net income from unrelated business										
9											
	activities, whether or not the										
40	business is regularly carried on				 						
10	Other income. Do not include gain										
	or loss from the sale of capital										
44	assets (Explain in Part IV) Total support, Add lines 7 through 10					<u> </u>					
	Gross receipts from related activities,	ata (asa matmisti	l	<u></u>	1	12	<u> </u>				
	•			und faccusta au foftla t	av vaar oo a aaatia	<u> </u>					
13	First five years. If the Form 990 is for	•	s mat, second, thii	ia, iouitii, or iiith t	an year as a section) 1 30 t(c)(3)	ightharpoonup				
Sec	organization, check this box and store ction C. Computation of Publication of Pub	ic Support Pe	rcentage								
	Public support percentage for 2013 (I			column (fl)		14	%				
	Public support percentage from 2012			oolaniin (i))		15	%				
	33 1/3% support test - 2013. If the o			on line 13 and line	14 is 33 1/3% or r						
100	stop here. The organization qualifies	•		•	14 10 00 17070 01 1	nord, driedk tine be	▶ □				
ь	33 1/3% support test - 2012. If the c		-		H line 15 is 33 1/3%	6 or more check th	nis hox				
	and stop here. The organization qual	-			2 III 10 13 13 00 1707	o or more, check to	113 DOX				
17-	10% -facts-and-circumstances tes				a 13 16a or 16b	and line 14 is 10%	or more				
178	and if the organization meets the "fac	_									
	•			•	•	iit iv now the orgal	 				
	meets the "facts-and-circumstances"	-	Ť		-	170 and less 45 :=	100/ 07				
b	10% -facts-and-circumstances tes	-									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
40			_		- · · · · -		▗ ・▛拇▗				
18	Private foundation. If the organization	n did not check a	DOX ON TIME 13, 16	oa, 100, 1/a, or 1/	D, CHECK THIS DOX :	and see instruction					

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	Siow, picago comp									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	438,279.	294,574.	204,385.	283 093.	321,764.	1542095.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	±30,273.	234,314.	204,303.	203,033.	321,704.	1342033.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					:					
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	438,279.	294,574.	204,385.	283,093.	321,764.	1542095.				
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.				
c	Add lines 7a and 7b						0.				
	Public support (Subtract line 7c from line 6)						1542095.				
Sec	ction B. Total Support										
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
-	Amounts from line 6	438,279.	294,574.	204,385.	283,093.	321,764.	1542095.				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,920.	5,966.	6,527.	4,645.	21,513.	43,571.				
b	Unrelated business taxable income				•	•					
	(less section 511 taxes) from businesses acquired after June 30, 1975										
c	Add lines 10a and 10b	4,920.	5,966.	6,527.	4,645.	21,513.	43,571.				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13	Total support. (Add lines 9, 10c, 11, and 12)	443,199.	300,540.	210,912.	287,738.	343,277.	1585666.				
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organız	ation,				
<u></u>	check this box and stop here	: Command Da					<u> </u>				
	ction C. Computation of Publ			- 1 (6)		45	97.25 %				
	Public support percentage for 2013 (I			column (t))		16					
	Public support percentage from 2012 ction D. Computation of Inves					16	97.99 %				
17				ne 13. column (f))		17	2.75 %				
		nent income percentage from 2012 Schedule A, Part III, line 17									
	a 33 1/3% support tests - 2013. If the			on line 14, and line	15 is more than 3						
	more than 33 1/3%, check this box a	=					$\triangleright \mathbf{X}$				
t	b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and										
	line 18 is not more than 33 1/3%, che						▶□				
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions					

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).
	7 400 Complete this part for any additional information, (Obe instructions).
 	
	· · · · · · · · · · · · · · · · · · ·
	
	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Name of the organization

Inspection **Employer identification number**

	THE NATIONAL AUCTIONEERS FO		36-3258500
Par	rt I Organizations Maintaining Donor Advised Funds or Ot	her Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor	advised funds (b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the ass	sets held in donor advised fun-	ds
	are the organization's property, subject to the organization's exclusive legal co		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing t		only
	for charitable purposes and not for the benefit of the donor or donor advisor, o	r for any other purpose confer	ring
	impermissible private benefit?	•	Yes No
Par		ed "Yes" to Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all that	•	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historical	v important land area
	Protection of natural habitat	Preservation of a certified his	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation of	contribution in the form of a co	nservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure included in	(a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish-	ed, or terminated by the organ	
•	year >		
4	Number of states where property subject to conservation easement is located	>	
5	Does the organization have a written policy regarding the periodic monitoring, i		
_	violations, and enforcement of the conservation easements it holds?	, ,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cor	servation easements during the	ne year >
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserv-	-	
8	Does each conservation easement reported on line 2(d) above satisfy the requi		
	and section 170(h)(4)(B)(ii)?	, , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservation easements in it	s revenue and expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial state	tements that describes the org	ganization's accounting for
_	conservation easements		
Pai	rt III Organizations Maintaining Collections of Art, Historic	al Treasures, or Other s	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	3	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep	ort in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education	, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report it	n its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or resear	rch in furtherance of public ser	vice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	•	▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other si	milar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relati	ing to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

		IONAL AUCT						<u>58500</u>			
Par											
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of ti	ne following th	at are a s	ignificant	use of its	collection i	tems		
	(check all that apply).										
а	Public exhibition	d		xchange progr	ams						
b	Scholarly research	е	Other								
C	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of				ier simila	r assets		٦	_		
	to be sold to raise funds rather than to be m							Yes	No_		
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiza	tion answered	"Yes" to	Form 990), Part IV, I	ine 9, or			
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribut	ons or other a	ssets no	t included					
	on Form 990, Part X?							Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table [.]								
								Amount			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f			·		
	Did the organization include an amount on F						L	Yes	∐ No		
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" to								
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	ears back	(e) Four y	ars back		
	Beginning of year balance	679,877.									
	Contributions	88,638.	679,87	7.							
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	768.515.	679.87								
2	Provide the estimated percentage of the cur	rent year end balanc		i (a)) neid as:							
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shot	%									
20	Are there endowment funds not in the posse		ation that are half	l and administ	orad for	ho organi	zation				
Sa	ph.	sssion of the organiza	ation that are neit	and administ	ereu ior i	ine organi	Zation	[v	es No		
	(i) unrelated organizations							3a(i)	X		
	(ii) related organizations							3a(ii)	X		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?					3b			
4	Describe in Part XIII the intended uses of the							<u> </u>			
Pai	t VI Land, Buildings, and Equipm		William Idila								
	Complete if the organization answere		, Part IV, line 11a	See Form 990), Part X.	line 10.					
	Description of property	(a) Cost or o		st or other		ccumulate	ed	(d) Book	value		
		basis (investr		is (other)		preciation		4	*		
1a	Land	210,	000.					210	,000.		
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other			90,948.		87,0	24.		,924.		
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), lin	e 10(c).)				213	,924.		

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financi			258500 Page 4
Complete if the organization answered "Yes" to Form 990, Pa	•	notaiii.	
Total revenue, gains, and other support per audited financial statements.		1	375,149.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			3737117
a Net unrealized gains on investments	2a 17,451		
b Donated services and use of facilities	2b	1	
c Recoveries of prior year grants	2c	7	
d Other (Describe in Part XIII)	2d	7	
e Add lines 2a through 2d		2e	17,451.
3 Subtract line 2e from line 1		3	357,698.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b <14,421		
c Add lines 4a and 4b		4c	<14,421.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,	ine 12.)	5	343,277.
Part XII Reconciliation of Expenses per Audited Finance		r Retur	
Complete if the organization answered "Yes" to Form 990, Pa			
Total expenses and losses per audited financial statements		1	102,844.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	. 2c		
d Other (Describe in Part XIII.)	2d]	
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	102,844.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b $<14,420$	<u>.</u> >	
c Add lines 4a and 4b		4c	<14,420.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	l, line 18)	5	88,424.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	ia and 4, Part IV, lines 1b and 2b; Part V, line	₃ 4, Part X	, line 2, Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional information		
PART II, LINE 3:	<u> </u>		
EVDI ANAMION. DEMINNI DEBEDENCE. DADM T	II IINE 4 DECORIDATION	0.17	
EXPLANATION: RETURN REFERENCE: PART I	II, LINE 4 DESCRIPTION	OF _	
ORGANIZATION'S COLLECTIONS AND HOW IT	FIDTHERS THE DIDDOCE		
ORGANIZATION 5 COLLECTIONS AND NOW IT	FORTHERS IIS FORFOSE		
EXPLANATION: HALL OF HISTORY FIXTURE	S ARE FOR EXHIBIT ON T	тн ян	STORY OF
DATE DIAMITION. INDUSTRIBLE OF HISTORY PROPERTY.	DIME TON EMILETT ON T		DIORI OI
AUCTIONS FOR EDUCATIONAL PURPOSES			
THE PROPERTY OF THE PROPERTY O			
	- · · · - · · · ·		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
DIRECT EXPENSE FOR ONLINE AUCTION			-14,420.
ROUNDING			
			-
TOTAL TO SCHEDULE D, PART XI, LINE 4B			-14,421.
DADM VII IIND AD AMUDD AD THAMPSON			
PART XII, LINE 4B - OTHER ADJUSTMENTS 332054 09-25-13	•	Cala = al	do D (Farra 200) 20 12
U9-25-13		ocnedu	ile D (Form 990) 2013

Schedule D (Form 990) 2013		THE NATIONAL	AUCTIONEERS FOUNDATION	36-3258500 Page 5
Part XIII	Supplementa	Infor	mation (continued)		
D-D-D-G-M					14 400
DIRECT	EXPENSES	FOR	AUCTION		-14,420.
		_			
					
					
<u> </u>					
					
	-				
	· · ·				
				* * * * * * * * * * * * * * * * * * * *	
					
			·· ··· ·		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·					

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number THE NATIONAL AUCTIONEERS FOUNDATION 36-3258500 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 」Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraise (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE ONLINE (add col. (a) through BENEFIT AUCT col. (c)) (total number) (event type) (event type) 98,123. 98,123. Gross receipts 72,568 72,568. 2 Less: Contributions 25,555. 25,555 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 64,922. 64,922 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 」Yes b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2013 THE NATIONAL AUCTIONEERS FOUNDATION

36-3258500 Page 2

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 THE NATIONAL AUCTIONEERS FOUNDATION 36-	<u>325850</u>	0 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in.	1	
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives garning revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
С	If "Yes," enter name and address of the third party		
	Name	•	
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided	•	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ű	retain the state gaming license?	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9 9h	10h 15h
-	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100, 100,
			_
			<u> </u>
			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

THE NATIONAL AUCTIONEERS FOUNDATION

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

Employer identification number

36-3258500

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of d noncash contrib	etermining	nts	
1	Art - Works of art	Х	1	1,700.				
2	Art - Historical treasures			27,000				
3	Art · Fractional interests			-				
4	Books and publications	X			FMV			
5	Clothing and household goods	X		2,380.				
6	Cars and other vehicles	X	1	5,000.				
7	Boats and planes	X			FMV			
8	Intellectual property			· · -				
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous	-						
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	-						
16	Real estate - Commercial							
17	Real estate - Other						-	
18	Collectibles	X	5	1,695.	FMV			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens						<u>. </u>	
24	Archeological artifacts							
25	Other ► (TRAVEL PACKAG)	X	26		FMV			
26	Other (TUITION PACKA)	X	6					
27	Other \blacktriangleright (<u>ADVERTISING P</u>)	X	11	<u> </u>				
28	Other (PROFESSIONAL)	<u> </u>	2				_	
29	Number of Forms 8283 received by the organ	nization durin	g the tax year for o	contributions				
	for which the organization completed Form 8	283, Part IV,	Donee Acknowled	gement 29				
						Yes	s No	
30a	During the year, did the organization receive							
	at least three years from the date of the initial	I contribution	, and which is not	required to be used for ex	empt purposes for			
	the entire holding period?					30a	X	
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	X	
32a	Does the organization hire or use third parties	s or related o	rganızatıons to sol	cit, process, or sell nonca	sh			
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	n column (c) 1	for a type of prope	rty for which column (a) is	checked,			
	describe in Part II						1	

Schedule M (Form 990) (2013) THE NATIONAL AUCTIONEERS FOUNDATION	36-3258500	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information.	, and whether the organizable and whether the organizable and of both. Also com	ation nplete
PART I, OTHER TYPES OF PROPERTY:		
FOOD & DINING		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 10		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1020.		
(D) METHOD OF DETERMINING REVENUE: FMV		
MEMBERSHIPS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 6		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 975.		
(D) METHOD OF DETERMINING REVENUE:		
JEWELRY		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 700.		
(D) METHOD OF DETERMINING REVENUE:	<u> </u>	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE NATIONAL AUCTIONEERS FOUNDATION

Employer identification number <u>36-3258500</u>

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AUCTION COMMUNITY. THE MOST SIGNIFICANT ACTIVITIES INVOLVE FUNDRAISING
TO SUPPORT NAA PROJECTS AND PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 3:
EXPLANATION: THE ORGANIZATION CONTRACTS WITH A RELATED ORGANIZATION FOR
MANAGEMENT SERVICES.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THERE ARE NO SEPARATE COMMITTEES - ONLY THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: A DRAFT COPY OF THE 990 IS REVIEWED BY THE BOARD PRIOR TO
FILING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE
AVAILABLE FROM THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PREPAID RENT 24,000.
ROUNDING 1.
TOTAL TO FORM 990, PART XI, LINE 9 24,001.

SCHEDULER

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ► Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

► See separate instructions.

Open to Public Inspection

Employer identification number,

36-3258500

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

THE NATIONAL AUCTIONEERS FOUNDATION

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	1
1 ! !							1 1
							1

organizations during the tax year.

	2(b)(13)	8 8			×					
	(g) Section 512(b)(13) controlled entity?	Yes				•				_
	(f) Direct controlling entity									
	(e) Public charity status (if section	501(c)(3))			LINE 7					
	(d) Exempt Code section				501(C)(6)					
	(c) Legal domicile (state or foreign country)				KANSAS					
	(b) Primary activity		TO PROMOTE THE	PROFESSIONALISM OF	AUCTIONEERS AND AUCTIONS					
טופמווובמווטווס מחוווופ ומא לפמו.	(a) Name, address, and EIN of related organization		NATIONAL AUCTIONEERS ASSOCIATION -	35-6027658, 8880 BALLENTINE, OVERLAND PARK,	KS 66214					

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Page 2

36-3258500

Schedule R (Form 990) 2013 THE NATIONAL AUCTIONEERS FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(j) (k) General or Percentage managing ownership partner? Yes No		
(j) General or managing partner? Yes No		
Code V-UBI amount in box 20 of Schedule 4.1 (Form 1065)		
ortionate tions?	•	
(h) Disproportonate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

8	zion b)(13) rolled	No									
Ĺ	Section 512(b)(13) controlled entity?	Yes			_	 					
3	Percentage ownership				<u> </u>						
1	Share of end-of-year	assers									
	Share of total income										
(e)	Type of entity (C corp, S corp,	or trust)	•							-	
(p)	Direct controlling entity	!									
9	ੁ∟	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				-	ŀ	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	I in Parts II·IV?		_	٠
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1 a		×
b Gift grant or capital contribution to related organization(s)				1 P		×
				┝	>	
C Cilit, grant, or capital contribution in clared organization (9)				+	4	
d Loans or loan guarantees to or for related organization(s)			:	₽	-	×
e Loans or loan guarantees by related organization(s)		٠		1e		×
					•	
f Dividends from related organization(s)				#		×
a Sale of assets to related organization(s)				10		×
		•		7		×
				;	t	4 >
i Exchange of assets with related organization(s)				=	1	4
 j Lease of facilities, equipment, or other assets to related organization(s) 				F	1	×
				;		>
K Lease of raciities, equipment, of other assets from related organization(s)				¥	+	4
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)		:	=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		:	1 m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n		×
				╀	>	
 Sharing of paid employees with related organization(s) 				2	4	
p Reimbursement paid to related organization(s) for expenses				ф	\dashv	×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+		×
				<u>v</u>		×
ا.	4			2		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	is line, including covered	relationships and transaction thresholds			Î
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) NATIONAL AUCTIONEERS ASSOCIATION	0	24,993.				
(2) NATIONAL AUCTIONEERS ASSOCIATION	S	210,000.	,000.APPRAISAL			
(4)						
(5)						
(9)						
332163 09-12-13			Schedule R (Form 990) 2013	(Form 9	990) 2	2013

Page 4

Schedule R (Form 990) 2013 THE NATIONAL AUCTIONEERS FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, address, and EIN of entity		<u></u>	9	(e)	E	(b)	<u> </u>	€	9	3
,	Pnmary activity	Legal domicile (state or foreign	Predominant income professional	B partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Dispropor- Code V-UBI General or Percentage to the control of the	General c	Percentag
		country)	under section 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
		-							-	
							-		$\frac{1}{1}$	
			•							
									-	
							+		+	
		•		-					_	
							_			
								-		
		•								
							+		\pm	
				-						

Schedule R (Form.990) 2013 THE NATIONAL AUCTIONEERS FOUNDATION 3	<u>6-3258500</u> _	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions)		<u> </u>
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME OF RELATED ORGANIZATION:		
NATIONAL AUCTIONEERS ASSOCIATION		
DETAILS AGESTATION OF PROPERTY DESCRIPTION OF PROPERTY OF THE	D.G. 3.3TD	
PRIMARY ACTIVITY: TO PROMOTE THE PROFESSIONALISM OF AUCTIONEE	RS AND	
AUGUTONG MUDOUGU ED C MEGU		
AUCTIONS THROUGH ED & TECH		
	·····	

Form **8868** .

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		•	► 【X】
If you ar	e filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not co	mplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	oration
equired to	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an	extension
of time to t	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers A	Associated With C	ertain
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	n the elec	tronic filing of this	form,
ısıt www i	rs.gov/efile and click on e-file for Chanties & Nonprofits		•		_	
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
corporat	ion required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete		
art I only				•	•	• 🗀
All other co	orporations (including 1120-C filers), partnerships, REM	ICs. and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
	me tax returns.		4		er's identifying nu	mber
Type or	Name of exempt organization or other filer, see instru	ctions			identification num	
print						.50: (=, 6/
·····	THE NATIONAL AUCTIONEERS FO	יממעוזכ	rton		36-32585	0.0
ile by the lue date for	Number, street, and room or suite no. If a P.O. box, se			Social se	curity number (SS	
ling your	8880 BALLENTINE STREET			000.0.	camp mamber (ce	'''
eturn See nstructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress see instructions			
	OVERLAND PARK, KS 66214-19	-	roos, ooo maradaan.			
	Ovaliara ratify to oval r.	, , , ,		•		
- -nter the F	Return code for the return that this application is for (file	a senarai	te application for each return)			0 1
	totalii eddo for the rotalii that this application is for the	a sopaia	te application for each return,			
Application	in	Return	Application			Return
s For	/II	Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990-		02	Form 1041-A			
						08
orm 990-l) (individual)	03	Form 4720 (other than individual) Form 5227			09
		04				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
-orm 990-	T (trust other than above)	06	Form 8870			12
	RHONDA TRUITT	. O	WEDIAMO DADU VO C	C 2 1 4		
	oks are in the care of \triangleright 8880 BALLENTINE	<u>s - 0</u>		6214		
•	one No ► 913-563-5422		Fax No			
	ganization does not have an office or place of business					• 🗀
	for a Group Return, enter the organization's four digit	1			- ·	
oox 🕨 L	. If it is for part of the group, check this box		ch a list with the names and EINs of		<u>ers the extension i</u>	s for.
1 I req	uest an automatic 3-month (6 months for a corporation					
	JANUARY 15, 2015, to file the exemp	t organizat	tion return for the organization name	ed above.	The extension	
is fo	r the organization's return for					
	calendar year or					
▶ L	X tax year beginning <u>JUN 1, 2013</u>	, an	d ending <u>MAY 31, 2014</u>		_	
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on·	Fınal retur	n	
	Change in accounting period					
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	efundable credits. See instructions			3a	\$	0.
b If the	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and			
estir	nated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Bala	ince due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by u	sing EFTPS (Electronic Federal Tax Payment System)	See instru	ctions.	3c	\$	0.
Caution.	f you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO f	or payment