Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Dep: Inter	Open to Public Inspection				
Α	For th	e 2022 calend	ar year, or tax year beginning and ending		
В	Check if applicat	THE	NATIONAL ASSOCIATION FOR REGULATORY	D Employer identifica	tion number
	Chan		NISTRATION		_
	chan	ge Doing b	and street (or P.O. box if mail is not delivered to street address) Room/suite E	54-154201	0
	returi Final returi	Number $43 T$	Telephone number 888-674-70		
_	termi ated	City or t	Gross receipts \$	898,910.	
			ERICKSBURG, VA 22405	-I(a) Is this a group retu	
	Appli tion pend		nd address of principal officer: JIM MURPHY	for subordinates?	
		43 10	WN & COUNTRY DRIVE, SUITE 119, FREDERIC		
			X 501(c)(3) $_$ 501(c) () (insert no.) $_$ 4947(a)(1) or $_$ 527	If "No," attach a lis	t. See instructions
	Webs			H(c) Group exemption r	
			X Corporation Trust Association Other L Year of	formation: 1989 M S	tate of legal domicile: VA
Pa	art I	Summary			<u> </u>
e	1	Briefly describ	e the organization's mission or most significant activities: PROMOTE THE	HEALTH AND	SAFETY OF
ano			N AND ADULTS IN REGULATED SETTINGS		
/ern	2	Check this bo	x if the organization discontinued its operations or disposed of more th ting members of the governing body (Part VI, line 1a)		
ğ	3			<u> </u>	
Activities & Governance	4			<u> </u>	
	5				
	6		of volunteers (estimate if necessary)		31
Ac			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		O I I I		0.	O.
iue	8		and grants (Part VIII, line 1h)	708,699.	898,723.
Revenue	9	•	ce revenue (Part VIII, line 2g)	27.	95.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	181.	93.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	708,907.	898,910.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.00,010.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	85,754.
Expenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	0.	0.
oen	104		ng expenses (Part IX, column (D), line 25) 0 •		0.
ň	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	613,009.	996,638.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	613,009.	1,082,392.
	19		expenses. Subtract line 18 from line 12	95,898.	-183,482.
or es			Beair	nning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I		611,630.	410,099.
Ass	21		(Part X, line 26)	42,634.	24,585.
Net	22		fund balances. Subtract line 21 from line 20	568,996.	385,514.
P	art II	Signature			,

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	Here JIM MURPHY, EXECUTIVE DIRECTOR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	ROBERT T. BISHOP	ROBERT T. BISHOP	11/14/23 ^{if} self-employed P0028634	45				
Preparer	Firm's name BISHOP , FARMER &		Firm's EIN 54-1435778					
Use Only	Firm's address 1207 CHARLES STRE	ET						
	FREDERICKSBURG, VA 22401 Phone no. (540) 3							
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-	¹²⁻¹³⁻²² LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

	I III I Statement of Prooram Service Accomplishments
	t 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:
•	PROMOTE THE HEALTH AND SAFETY OF CHILDREN AND ADULTS IN REGULATED
	SETTINGS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 157,364. including grants of \$) (Revenue \$ 163,20)
чa	ANNUAL LICENSING SEMINAR THE ANNUAL LICENSING SEMINAR IS AN
	EDUCATIONAL CONFERENCE ATTRACTING STATE AND PROVINCIAL AGENCY PERSONN
	WHOSE FOCUS IS HUMAN CARE REGULATION. AT THIS EVENT, THE ASSOCIATION
	PROVIDES WORKSHOPS, KEYNOTE SPEAKERS AND ROUNDTABLES.
46	(Code:) (Expenses \$ 284,994. including grants of \$) (Revenue \$ 646,91
4b	
	SEE SCHEDULE O
4c	(Code:) (Expenses \$ 47,634. including grants of \$) (Revenue \$ 25,04
	ONLINE COURSES AND CREDENTIALING ONLINE COURSES FOR CONTINUING
	PROFESSIONAL EDUCATION IN HUMAN CARE LICENSING INCLUDING INTRODUCTION
	TO REGULATORY ENFORCEMENT, PHASES OF LICENSING, INVESTIGATION AND
	EVIDENCE, BALANCED USE OF AUTHORITY, MANAGING COMPLAINTS AND
	SUPPRESSING ILLEGAL OPERATIONS, HISTORY, RULE-MAKING AND ETHICS IN
	HUMAN CARE REGULATION. IF A CANDIDATE SUCCESSFULLY COMPLETES ALL FOUR
	ONLINE COURSES AND PASSES THE EXAM WITH A 75% OR BETTER, THE CANDIDAT
	IS ELIGIBLE TO APPLY FOR THE NARA NATIONAL REGULATORY PROFESSIONAL
	CREDENTIAL. THE NARA CREDENTIAL IS THE ONLY NATIONAL CERTIFICATION FOR
	HUMAN CARE LICENSORS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$ 63,657.)
	Total program service expenses 489,992.
4e	
<u>4e</u>	Form 990 (2
	Form 990 (
3200:	Form 990

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		Х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, 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		X
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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			37
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
D	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
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		х
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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
	, F,	<u> </u>		<u> </u>

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* 20a Did the organization operate one or more hospital facilities? *If* "Yes," *complete Schedule H*

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

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20a

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Part IV Checklist of Required Schedules (continued)

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		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	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	34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V -	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 18		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a18Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 1								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		<u> </u>					
Ud		6.		x					
b	any contributions that were not tax deductible as charitable contributions?	6a							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b		<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).	_		v					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15		45		x					
	excess parachute payment(s) during the year?	15							
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	_	000						
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

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	Check if Schedule O contains a response or note to any line in this Part VI			
			Yes	r
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	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 on Schedule O.			
		6		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Г
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			t
	of officers, directors, trustees, or key employees to a management company or other person?	3	x	
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
	Did the organization become aware during the year of a significant diversion of the organization's assets?			┢
	Did the organization have members or stockholders?	6	x	┢
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			┢
		70	x	
	more members of the governing body?	7a		┢
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.	x	
	persons other than the governing body?	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	x	
а	The governing body?	8a	X	╞
	Each committee with authority to act on behalf of the governing body?	8b		┢
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 on Schedule O	9		
iec1	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	-
			Yes	╞
0a	Did the organization have local chapters, branches, or affiliates?	10a		
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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	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	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent			Ι
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		L
	Other officers or key employees of the organization	15b		t
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		L
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		t
	in ros, and the organization rollow a written policy of proceedire requiring the organization to evaluate he participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			L.
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		L
b	exempt status with respect to such arrangements?	16b		
b Bect	exempt status with respect to such arrangements?	16b		
b 6ec1	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA			
b Sect 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)		/) avai	lat
b Sect 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>VA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(for public inspection. Indicate how you made these available. Check all that apply.		/) avai	lat
b ect	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	3)s only	-	lat
b 6ect 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and section for the section	3)s only	-	lat
b 6ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.	3)s only	-	lat
b 6ect 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	3)s only	-	lat
b 6ect 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JIM MURPHY 888-674-7052	3)s only	-	
b 6ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	3)s only	ncial	
b ect 7 8 9 20	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JIM MURPHY 888-674-7052	3)s only	-	

THE	NATIONAL	ASSOCIATION	FOR	REGULATORY
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Form 990 ((2022)	ADMINIS	FRATION				54-15
Part VII	Compensation	n of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, ar	nd Independe	ent Contra	ctors			

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

ADMINISTRATION

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(da	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	ional		iploy6	t con /ee	Ι.	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES MURPHY	40.00	-			\mathbf{x}	노ㅎ	<u> </u>			
EXECUTIVE DIRECTOR/CEO		x		X				71,750.	0.	Ο.
(2) ALFRED JOHNSON	15.00									
PRESIDENT		x		x				0.	0.	0.
(3) TOM SALOW	8.00									
PRESIDENT ELECT		x		x				0.	0.	0.
(4) LAUREN WOFFORD	10.00									
TREASURER		x		x				0.	0.	Ο.
(5) VACANT	0.00									
PAST-PRESIDENT		X		X				0.	0.	0.
(6) JENNIFER BRIDGEMAN	5.00									
AT-LARGE MEMBER		X						0.	0.	0.
(7) DEBORAH RUSSO	5.00									
AT-LARGE MEMBER		X						0.	0.	0.
(8) SHEILA PAGE	5.00									
AT-LARGE MEMBER		X						0.	0.	0.
(9) MICHELE STRAUSER	5.00									
AT-LARGE MEMBER		X						0.	0.	0.
000007 10 10 00										Earm 990 (2022)

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		500	CIA	AT I	IOI	NE	0	R REGULATORY	54-15	512	015	De	
Form 990 (2022) ADMINIST Part VII Section A. Officers, Directors, Trus		nlov		an	d Hi	iaho	et (Compensated Employe)42	112	Ра	ige 8
(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Pos heck ss pe	C) itior more rson		one n an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate ount c	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensat om the anization I relate nization	e on ed
		-											
		-											
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							71,750. 0. 71,750.		0. 0. 0.			0. 0. 0.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100	,000 of reportabl	e			0
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3	Yes	No X
 For any individual listed on line 1a, is the su and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from	the organization		4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i>	accrue compei	nsat	ion f	rom	any	/ unr	elat	ted organization or indivi	dual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	dene	ende	ent c	ont	racto	rs f	that received more than	\$100.000 of com	nens	ation fi	rom	
the organization. Report compensation for	-	-										•	
(A) Name and business			~					(B) Description of s	ervices	С	(C omper		1
MANAGEMENT HQ LLC, 400 SC STE 754E, MINNEAPOLIS, OMNI RANCHO LAS PALMAS RI	MN 5542	15		<e1< td=""><td>2'T'</td><td>,</td><td></td><td>MANAGEMENT</td><td></td><td></td><td>341</td><td>L,06</td><td>58.</td></e1<>	2'T'	,		MANAGEMENT			341	L,06	58.
41000 BOB HOPE DR, RANCHO				<u> </u>	922	270)	MEETING SPAC	E, ETC		108	3,35	58.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis 2	teo	d above) who received m	nore than			000.00	

8

			2022) ADMINISTRATI	ION				54-1542	015 Page 9
Pa	rt \	/111							
			Check if Schedule O contains a response	se or i	note to any lin		(5)	(2)	
						(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
S, G			Fundraising events 1c						
ar J			Related organizations 1d						
inil,			Government grants (contributions) 1e						
r Si		f	All other contributions, gifts, grants, and						
the			similar amounts not included above 1f						
d d d		g	Noncash contributions included in lines 1a-1f						
ရ ပိ		h	Total. Add lines 1a-1f						
					usiness Code				
e	2	а	CONTRACT INCOME		541900	646,916.			
le rvi		b	ANNUAL LICENSING SEMIN		541900	163,202.			
n S ent			MEMBERSHIP DUES		541900	63,540.	63,540.		
Rev		d	CREDENTIALING		541900	25,040.	25,040.		
Program Service Revenue		е	WEBINAR		541900	25.	25.		
•			All other program service revenue						
			Total. Add lines 2a-2f			898,723.			
	3		Investment income (including dividends, int			95.			95.
			other similar amounts)			95.			95.
		4 Income from investment of tax-exempt bond proce5 Royalties							
	5		Royaitles		ii) Personal				
	6	_			ii) i eisonai				
	0		Gross rents 6a Less: rental expenses 6b						
			Less: rental expenses 6b Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		Gross amount from sales of (i) Securities	s	(ii) Other				
	'	u	assets other than inventory 7a	-	(
		b	Less: cost or other basis						
e		~	and sales expenses						
evenue		с	Gain or (loss) 7c						
Ĕ			Net gain or (loss)						
Other	8		Gross income from fundraising events (not						
₹∣			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising events	s					
	9	а	Gross income from gaming activities. See						
			· · · · · · · · · · · · · · · · · · ·	9a					
				9b					
			Net income or (loss) from gaming activities	<u></u>					
	10	а	Gross sales of inventory, less returns						
			and allowances 1						
			J	l0b					
		C	Net income or (loss) from sales of inventory		usiness Code				
Miscellaneous Revenue	11	а	OTHER INCOME		900099	92.	92.		
nue		a b		-		220			
eve eve		c		- -					
, B B			All other revenue	-					
2			Total. Add lines 11a-11d			92.			
	12		Total revenue. See instructions			898,910.	898,815.	0.	95.
23200	9 12	2-13-							Form 990 (2022)

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	990 (2022) ADMINISTRATI	ON	N FOR REGULA		42015 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a response of include amounts reported on lines 6b.				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	85,754.		85,754.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	357,593.		357,593.	
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		2 450	66 124	
	column (A), amount, list line 11g expenses on Sch 0.)	68,584.	2,450.	66,134.	
12	Advertising and promotion	504.		504.	
13	Office expenses	504.		504.	
14	Information technology				
15	Royalties				
16 17					
17 ₁0	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	170,906.	157,305.	13,601.	
19 20		_, , , , , , , , , , , , , , , , , , ,			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22	Insurance	10,957.		10,957.	
23 24	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT EXPENSES	288,995.	284,995.	4,000.	
b	CREDENTIALING & ONLINE	45,065.	45,065.	_,	
c	STRATEGIC GOALS & OBJEC	34,070.	.,	34,070.	
d	OTHER EXPENSES	13,594.		13,594.	
e	All other expenses	6,370.	177.	6,193.	
25	Total functional expenses. Add lines 1 through 24e	1,082,392.	489,992.	592,400.	0
26	Joint costs. Complete this line only if the organization		,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2022)

Form 990 (2022)

THE NATIONAL ASSOCIATION FOR REGULATORY ADMINISTRATION

54-1542015 Page 11

orm 99 Dart		Balance Sheet		71	1542015 Page 11
art	~				
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash - non-interest-bearing		1	248,100
	2	Savings and temporary cash investments	070 200		159,499
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net			
	5	Loans and other receivables from any current or former officer, director,			
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	Ū	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
。	7	Notes and loans receivable, net		7	
5	8	Inventories for sale or use		8	
Ê	9	Prepaid expenses and deferred charges			2,500
		Land, buildings, and equipment: cost or other			
· ·	iva	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
1	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	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			410,099
	17	Accounts payable and accrued expenses	10 10 1		24,585
	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 2	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
¹ 2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	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	
2	26	Total liabilities. Add lines 17 through 25	42,634	26	24,585
。		Organizations that follow FASB ASC 958, check here X			
5		and complete lines 27, 28, 32, and 33.	F C O O C		
	27	Net assets without donor restrictions		27	385,514
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
3	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
5 3	31	Retained earnings, endowment, accumulated income, or other funds		31	
_	32	Total net assets or fund balances			385,514
3	33	Total liabilities and net assets/fund balances	611,630	33	410,099 Form 990 (2022

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THE NATIONAL	ASSOCIATION	FOR	REGULATORY
ADMINISTRATIO	ON		

Form	990 (2022) ADMINISTRATION	54-154	2015	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,08		
3	Revenue less expenses. Subtract line 2 from line 1	3	-18		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56	B,9	96.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	38.	5,5	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

S								OMB No. 1545-0047			
	orm 99			Public Cha		2022					
			C		nization is a section 50 [.]			or a section		ZUZZ	
Department of the Treasury 4947(a)(1) nonexempt charitable trust. Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public					
								formation		Inspection	
Nar	no of t	he organizati		-	SSOCIATION F				Employer	identification number	
INGI		ine organizati		NATIONAL A		OK KE	GOLAI	OKI		4-1542015	
D	irt I	Peacon			(All organizations must c	omplata t	hia nant \ C	an instruction		4-1342013	
									18.		
	organ		-		(For lines 1 through 12, c	-	-				
1	\square				on of churches describe		on 170(b)(1)(A)(i).			
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		•	•		anization described in s e						
4		A medical res	earch organiz	zation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and stat									
5		An organizati	on operated f	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170	b)(1)(A)(iv). ((Complete Part II.)							
6		A federal, sta	te, or local go	overnment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).			
7		An organizati	on that norma	ally receives a substa	antial part of its support f	from a gov	rernmenta	unit or from	the general	public described in	
		section 170(o)(1)(A)(vi). (C	Complete Part II.)							
8		A community	trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research or	ganization described	l in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-	grant college of agric	ulture (see instructions).	. Enter the	name, cit	y, and state o	f the colleg	e or	
		university:									
10	X	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from	
		activities rela	ed to its exer	mpt functions, subjee	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment	
		income and u	nrelated busi	iness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Co	omplete Part III.)							
11		An organizati	on organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organizati	on organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly	supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
					of supporting organizatio						
a		7	-		supervised, or controlled		-		-	giving	
					gularly appoint or elect a						
			•	complete Part IV, Se	• • • •						
b		¬ ~		-	d or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	vina	
					anization vested in the s						
			0	st complete Part IV,						P	
c			. ,	•	g organization operated	in connec	tion with	and functiona	Illy integrate	ed with	
-				•	s). You must complete I		,		ing integration		
c			-		porting organization oper				rted organi	zation(s)	
					zation generally must sa				-		
			-		nplete Part IV, Sections	-		-	a an actorn		
e		- ·	,	,	written determination fro		•				
			-		nally integrated support			, iype i, iype	, n, type m		
f	Ente										
				n about the supporte							
<u>ç</u>		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
	•	organization			(described on lines 1-10	Yes	ing document?	support (see ii	-	support (see instructions)	
					above (see instructions))						
										<u> </u>	
Tota										<u> </u>	

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Pa	art II Support Schedule for						
	(Complete only if you checke				on failed to qualify	under Part III. If th	ne organization
<u> </u>	fails to qualify under the tests	s listed below, plea	ase complete Part	111.)			
	ction A. Public Support					1 ()	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include 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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
•	column (f)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(f) T_++_1
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					40	
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the				-		
50	organization, check this box and stor ction C. Computation of Publ						<u></u>
	Public support percentage for 2022 (column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the c						
102							
L	stop here. The organization qualifies 33 1/3% support test - 2021. If the o						
L		-					
17-	and stop here. The organization qual						
1/2	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
	meets the facts and circumstances to	-		• • • •		17a and lina 15 is	
Ľ	• 10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		
	organization meets the facts-and-circ	unistances test. I	ne organization qt	annes as a public	ny supported orga	1112auuu	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

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(Complete only if you checked the box on line 10 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	367,535.	933,328.	485,347.	708,880.	898,723.	3,393,813.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	367,535.	933,328.	485,347.	708,880.	898,723.	3,393,813.
	Amounts included on lines 1, 2, and		,		,		· · ·
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1.50.500			404.000	611 100	
	amount on line 13 for the year			355,895.			2,262,654.
	Add lines 7a and 7b	160,628.	640,067.	355,895.	494,936.	611,128.	2,262,654.
	Public support. (Subtract line 7c from line 6.)						1,131,159.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 933, 328.	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	367,535.	933,328.	485,347.	708,880.	898,723.	3,393,813.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	341.	351.	122.	27.	95.	936.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			100			
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	341.	351.	122.	27.	95.	936.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					92.	92.
13	Total support. (Add lines 9, 10c, 11, and 12.)	367,876.	933,679.	485,469.	708,907.	898,910.	3,394,841.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	33.32 %
	Public support percentage from 2021					16	35.69 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	.03 %
	Investment income percentage from					18	.00 %
19 a	a 33 1/3% support tests - 2022. If the	-					7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						X
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
2320	23 12-09-22			1 -		Schedule A	(Form 990) 2022
201	111 102101 10516	201		15 15			10516 1
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

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Scheo		n 990) 2022 ADMINISTRATION	54-154201	.5 Pa	age 5
Par	t IV Su	pporting Organizations (continued)			
				Yes	No
11	Has the org	ganization accepted a gift or contribution from any of the following persons?			
а	A person w	ho directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
b	A family me	ember of a person described on line 11a above?	11b		
с	A 35% con	trolled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Pa		11c		
Sect	tion B. Ty	pe I Supporting Organizations			
				Yes	No
	0	verning body, members of the governing body, officers acting in their official capacity, or membership of			
		orted organizations have the power to regularly appoint or elect at least a majority of the organization's c	fficers,		
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) poperated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
		n, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon			
		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ັ 1		
2	Did the org	anization operate for the benefit of any supported organization other than the supported			
	organizatio	n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how	v providing such benefit carried out the purposes of the supported organization(s) that operated,			
		, or controlled the supporting organization.	2		
		/pe II Supporting Organizations			
				Yes	No
1	Were a ma	ority of the organization's directors or trustees during the tax year also a majority of the directors			
	-	of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	-	ted organization(s).	1		
		Il Type III Supporting Organizations			L
				Yes	No
1	Did the ora	anization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		n's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ation maintained a close and continuous working relationship with the supported organization(s).	2		
	-	of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	-	voice in the organization's investment policies and in directing the use of the organization's assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
		organizations played in this regard.	3		
		box next to the method that the organization used to satisfy the Integral Part Test during the yea (see inst	ructions).		
a L		brganization satisfied the Activities Test. Complete line 2 below.			
b		brganization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	1:1 / : t t		
c		brganization supported a governmental entity. Describe in Part VI how you supported a governmental en	lity (see instructio	r í	N
2		est. Answer lines 2a and 2b below.		Yes	No
		ntially all of the organization's activities during the tax year directly further the exempt purposes of			
		ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
		ivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in			
	these activ	ities but for the organization's involvement.	2b		
3	Parent of S	supported Organizations. Answer lines 3a and 3b below.			
а	Did the org	anization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of	each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the org	anization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supp	orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 ADMINISTRATION		, L	54-1542015 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 ADMINISTRATIO		anizationa	<u> </u>	4-1542015 Page7
	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Org	anizations (continu	ued)	Current Veer
	ion D - Distributions		4	Current Year	
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	20	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	15	4	
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VII)		4 5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	<u> </u>	· '	
0	(provide details in Part VI). See instructions.	ne organization is responsive	5	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	ADMINISTE	ATION			REGULATORY	54-1542015 _{Pa}
Part VI	Supplemental Info Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4c, 5), lines 2 and 3; Part I	5a, 6, 9a, 9b, V, Section E,	9c, 11a, 11b, a lines 1c, 2a, 2l	nd 11c; Part 5, 3a, and 3b;	V, Section B, lines 1 Part V, line 1; Part V	and 2; Part IV, Section C, /, Section B, line 1e; Part V
	· · · · · ·						
32028 12-09-2	22						Schedule A (Form 990)
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Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2018	2019	2020	2021	2022
	Amount	Amount	Amount	Amount	Amount
	160,628.	640,067.	355,895.	494,936.	611,128.
	100,020	040,00,.		494,950.	011,120.
I Total to Schedule A,					
Part III, Line 7b	160,628.	640,067.	355,895.	494,936.	611,128.

Schedule A

232251 04-01-22

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

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2022

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2022	2022 Excess Payments
	620,117.	611,128
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		611,128

SCHEDULE O (Form 990) Department of the Treasury Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Attach to Form 990 or Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0	2 Jblic
Name of the organization THE NATIONAL ASSOCIATION FOR REGULATORY Employer identification in 54-1542015	umber
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
WEBINARS - THE ASSOCIATION PROVIDES POLICY AND INTEREST AREA	
WEB-CONFERENCES ABOUT MAJOR LICENSING ISSUES OF NOTE AS WELL AS	
CUSTOMIZED AND TARGETED WEB-CONFERENCES TO MEMBER INTEREST AREAS AND	
IDENTIFIED PROFESSIONAL DEVELOPMENT NEEDS.	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 25.	
OTHER INCOME	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 92.	
MEMBERSHIP DUES	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 63,540.	
FORM 990, PART VI, SECTION A, LINE 3:	
MANAGEMENT WAS DELEGATED TO MANAGEMENT HQ, LLC. THIS RELATIONSHIP WAS	
TERMINATED AS OF SEPTEMBER 6,2022.	
FORM 990, PART VI, SECTION A, LINE 6:	
NARA IS A MEMBERSHIP ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
SIX (6) OF THE SEVEN (7) MEMBERS OF THE GOVERNING BODY ARE NOMINATED ANI	D
ELECTED, FOR TWO (2) YEAR TERMS, BY MEMBERSHIP VOTE, ON STAGGERED BASIS	
WITH AT LEAST TWO (2) BEING ELECTED EACH YEAR. THE TREASURER POSITION IS	S
APPOINTED BY A VOTE BY THE FULL BOARD FOR A TWO (2) YEAR TERM.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

Name of the organization THE NATIONAL ASSOCIATION FOR REGULATORY Employer identification number ADMINISTRATION 54-1542015	Schedule O (Form 990) 2022 Page 2							
	Name of the organization			FOR	REGULATORY			

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERSHIP IS EMPOWERED TO APPROVE ALL AMENDMENTS TO THE ASSOCIATION

BYLAWS.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, FINANCE COMMITTEE,

ASSOCIATION'S PRESIDENT AND TREASURER PRIOR TO FILING.

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

MEMBERS MUST SUBMIT A DISCLOSURE STATEMENT FORM ANNUALLY OR UPON A CHANGE.

POTENTIAL CONFLICTS OF INTEREST ARE INVESTIGATED AS APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST. THE 990, CODE OF ETHICS AND BYLAWS

ARE ALSO AVAILABLE ON THE WEBSITE FOR PUBLIC REVIEW.

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Schedule O (Form 990) 2022