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Form	MMII	
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 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.



ΑF	or the	e 2020 calendar year, or tax year beginning and	ending		
В с а	heck if oplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre chang	NATIONAL ART MATERIALS TRADE ASSOCIATI	ON		
	Name chang	e Doing business as		11-60156	43
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			704-892-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	272,867.
	Amen return	HOMIERSVILLE, NC 20070		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: DEAR SIFFRINGER		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
_		te: > WWW.NAMTA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1950 N	I State of legal domicile: IL
Ра	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: NAMT		E ASSOCIATIO	
anc		INTERNATIONAL ASSOCIATION WHOSE MEMBERS A			
Activities & Governance		Check this box Image: Check this box			
Š					<u>7</u> 7
ن ه		Number of independent voting members of the governing body (Part VI, line 1b)			
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5
ivit	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
	•	Oracle the disease and encodes (Devid VIIII, Pare 41)		Prior Year 5,370.	Current Year 5,006.
e		Contributions and grants (Part VIII, line 1h)		863,139.	265,225.
Revenue		Program service revenue (Part VIII, line 2g)		5,872.	-7,826.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,896.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		879,277.	262,405.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,500.	5,000.
				0.	<u> </u>
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		514,473.	390,716.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		466,355.	127,435.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		988,328.	523,151.
		Revenue less expenses. Subtract line 18 from line 12		-109,051.	-260,746.
or es				ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		1,165,536.	985,097.
Assets d Balanc		Total liabilities (Part X, line 26)		471,104.	551,411.
Net ,		Net assets or fund balances. Subtract line 21 from line 20		694,432.	433,686.
		Signature Block		,	

Part II Signature Block

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	LEAH SIFFRINGER, EXECUTIVE DIRECTOR Type or print name and title								
Paid	Print/Type preparer's name AMANDA ADAMS ADAMS ADAMS								
Preparer	Firm's name 🕒 CHERRY BEKAERT LLP	Firm's EIN 🕨 56-0574444							
Use Only	Firm's address 🖌 1111 METROPOLITAN AVE. STE. 900								
	CHARLOTTE, NC 28204 Phone no. 704-377-1678								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	J2001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CO	NTINUATION							

Form	1990 (2020) NATIONAL ART MATERIALS TRADE ASSOCIATION 11-6015643 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	NAMTA'S MISSION IS TO MAKE THE INDUSTRY AND ASSOCIATON RECOGNIZED BY
	ITS MEMBERS, CONSUMERS, AND ART EDUCATORS AS A PRIMARY SOURCE OF
	INFORMATION ON ART/CREATIVE MATERIALS. NAMTA IS A LEADER AND UNIFYING
	FORCE IN THE SUPPORT, SUSTAINABILITY, AND ADVOCACY OF ART AND THE
2	Did the organization undertake any significant program services during the year which were not listed on the
	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?
	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	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)
	THE ASSOCIATION CONTINUED ITS ART ADVOCACY GRANT PROGRAM. THE PROGRAM
	AWARDS GRANTS TO APPLICANTS WHO SUPPORT THE ARTS IN ANY OF FOUR
	CATEGORIES: PUBLIC ART, ART EDUCATION, THE MILITARY, AND HEALTH AND
	HEALING. OUR MEMBERS WERE ABLE TO INFORM THEIR CUSTOMERS OF THE
	AVAILABILITY OF THIS PROGRAM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	NAMTA CONNECT COLLECTION LETS MEMBERS COMMUNICATE WITH EACH OTHER VIA
	"THE THEATER" (INCLUDES DEMO ALLEY), "THE CAFE," "THE GALLERY," AND
	DEMO ALLEY, HELD ON THE ZOOM PLATFORM. THE CAFE IS HOSTED ON THE ZOOM
	PLATFORM WITH CASUAL OPPORTUNITIES FOR MEMBERS TO CATCH-UP AND EXCHANGE
	IDEAS WITH EACH OTHER IN THE FORM OF ROUNDTABLE MEETINGS AND HAPPY
	HOURS. THE GALLERY IS A FORUM FOR MEMBERS-ONLY THAT RESIDES ON
	WWW.NAMTA.ORG. THE STUDIO IS A PLACE FOR NAMTA MEMBERS TO VIEW PAST
	NAMTA CONNECT SESSION RECORDINGS THROUGH THE LEARNING MANAGEMENT SYSTEM
	("LMS").
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A -1	Other program convince (Deceribe on Schedule O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Form 990 (2020)			 TRADE	ASSOCIATION	11-6015643	Page 3
Part IV Checklist of R	lequired Sched	ules				

			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	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		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	v	
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 23
'	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	_ <u>`</u>		
Ū	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,		v	
Ŀ.	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	11b		x
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
Ŭ	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
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
13	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 13		X
14a		14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
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		
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	21	0000	
00000		Lower		(000)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Tes	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	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		
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	0.51		
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer director tructed key ampleuoa greater of foundar substantial centributer or 2500			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 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		X
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	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			<u> </u>
5	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		
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 in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	х	
		1 10		1

Form	990 (2020) NATIONAL ART MATERIALS TRADE ASSOCIATI	ON 11-6015	643	Р	age 5
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	5?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		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 Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributio				
~	were not tax deductible?		6b	х	
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ces provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
•	to file Form 8282?	•	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
a	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati		 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l				
		•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а		10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	041?	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
с		13c			
14a		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncome?	16		X
	If "Yes" complete Form 4720. Schedule 0				

Form **990** (2020)

Form 990 (2020)

 Form 990 (2020)
 NATIONAL
 ART
 MATERIALS
 TRADE
 ASSOCIATION
 11-6015643
 Page 6

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management					
					Yes	No
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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X X
6	Did the organization have members or stockholders?			6	Х	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or			
	more members of the governing body?			7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	-	-			
а	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	
	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 ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		┼──
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ Detor	e filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	~	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10-	x	
40	in Schedule O how this was done			120	X	+
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva			- 14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by ini	dependent			
-	The organization's CEO, Executive Director, or top management official			15a	X	
a h				15k	37	+
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NC}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)	3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨 🔄			
	SUSAN COHEN - 704-892-6244					
	PO BOX 3314, HUNTERSVILLE, NC 28070					
00000				Eor	m 990	(2020)

Form 990 (11-6015643	Page 1			
Part VII	Compensation of Officers, Directors, Trust	ees, Key Emplo	oyees, Highest Compe	ensated				
-	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 H	ighest Compensat	ed Employees					

Section A. Oncers, Directors, Hustees, 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.

See 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) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LEAH SIFFRINGER EXECUTIVE DIRECTOR	40.00			x				100,008.	0.	8,146.
(2) PHIL KING	1.00							100,000.	0.	0,140.
PRESIDENT	1.00	x		x				0.	0.	0.
(3) STEVE CHAMBERLAIN	1.00									
PRESIDENT-ELECT		Х		Х				0.	0.	0.
(4) THOMAS CICHERSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MAUREEN LABRO-GUIDETTI	1.00									
DIRECTOR		X						0.	0.	0.
(6) DOUG MOONEY	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(7) DARIN RINNE	1.00								0	
DIRECTOR	1 00	X						0.	0.	0.
(8) MIKE ROCHE	1.00							0.	0.	0
DIRECTOR		Х						0.	0.	0.

		ART MAT	ER	IA	LS	Г	'RA	DE	ASSOCIATION	11-60	0150	543	Pa	ige 8
Par	Section A. Onicers, Directors, Trust		ploy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i) than s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	Esti amo	(F) imated ount co other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	comp fro orga and		e on ed
			-											
			-											
										*				
									\mathbf{O}^{\star}					
	Subtotal Total from continuation sheets to Part VII								100,008.		0.	8	,14	16. 0.
	Total (add lines 1b and 1c)								100,008.		0.	8	,14	6.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			1
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on	[ľ	Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth		he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Cool	rendered to the organization? If "Yes," com, ion B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on					5		Х
1	Complete this table for your five highest cor	•	•							•	pensat	ion fror	n	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) Name and business address NONE Description of services							c	(C) ompens					
2	Total number of independent contractors (ir		ot lin	aitor	1 to 1	ther		tod	above) who received me	ore than				
	\$100,000 of compensation from the organiz	•	51 111	met	0	(1105		cou	above, who received Inc					

				ART	MATERIALS	S TRADE ASS	SOCIATION	11-6015	643 Page 9
Pa	rt VI	Statement of Re	evenue						
		Check if Schedule O	contains a re	esponse	or note to any lin		(5)	(2)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						rotarrevenue		business revenue	from tax under
									sections 512 - 514
nts Tts	1 a	Federated campaigns		1a					
an our	b	Membership dues		1b					
S, C	С	Fundraising events		1c					
ar Gift	d	Related organizations		1d					
js,	е	Government grants (conti	· · -	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,							
₽₽		similar amounts not included		1f	5,006.				
d tr	g	Noncash contributions included in	-	1g \$		= 000			
<u>ठ</u> ह	h	Total. Add lines 1a-1f				5,006.			
					Business Code		0.00.000		
ce	2 a	MEMBERSHIP DU	JES		900099	262,880.	262,880.		
er vi	b								
n S	С								
Program Service Revenue	d								
rog	е				00000	2 245	0.245		
₽.	•	All other program service				2,345.	2,345.		
	g					265,225.			
	3	Investment income (inclue				2 6 2 6			2 6 2 6
		other similar amounts)				2,636.			2,636.
	4	Income from investment of	-	-					
	5	Royalties	(i)	Real	(ii) Personal				
	•			neai	(II) Personal				
	6 a		6a						
	b		6b						
	C		6c						
		Net rental income or (loss		curities	(ii) Other				
	<i>i</i> a	Gross amount from sales of		cunties					
	h	assets other than inventory Less: cost or other basis	7a						
ø	U U	and sales expenses	7b		10,462.				
venue	~	Gain or (loss)			-10,462.				
0		Net gain or (loss)				-10,462.			-10,462.
ъ		Gross income from fundraisi				10,1011			
Other R	0 4	including \$							
U		contributions reported on							
		Part IV, line 18							
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross income from gamir							
		Part IV, line 19	-						
	b	Less: direct expenses							
		Net income or (loss) from			►				
		Gross sales of inventory,							
		and allowances		10a	1				
	b	Less: cost of goods sold							
	с	Net income or (loss) from	sales of inve	entory	►				
(0					Business Code				
ši o	11 a								
ane	b								
Selle	с								
Miscellaneous Revenue	d	All other revenue							
~	е	Total. Add lines 11a-11d							
	12	Total revenue. See instructi	ons		►	262,405.	265,225.	0.	-7,826.

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,000.			
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	108,154.			
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	218,487.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,064.			
9	Other employee benefits	27,975.			
10	Payroll taxes	24,036.			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,624.			
с	Accounting	8,250.			
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,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	21,594.			
13	Office expenses	20,687.			
14	Information technology	20,694.			
15	Royalties				
16	Occupancy	21,490.			
17	Travel	275.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	194.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,982.			
23	Insurance	6,379.			
24	Other expenses. Itemize expenses not covered 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.)	15 0 1			
а	INTERNATIONAL CONVENTIO	15,861.			
b	BANK CHARGES	5,125.			
c	MAINTENANCE	280.			
d					
	All other expenses	EUD 1E1			
25	Total functional expenses. Add lines 1 through 24e	523,151.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	1

if following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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Liabilities

Net Assets or Fund Balances

	990 (/	2020) NATIONAL ART MA	ATE	RIALS TRADE AS	SSOCIATION	11-
		Check if Schedule O contains a response or note	e to an	v line in this Part X		
					(A) Beginning of year	
	1	Cash - non-interest-bearing			325,511.	1
	2	Savings and temporary cash investments			751,846.	2
	3	Pledges and grants receivable, net				3
	4	Accounts receivable, net			17,881.	4
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial o	contributor, or 35%		
		controlled entity or family member of any of these	e pers	ons		5
	6	Loans and other receivables from other disqualifi	ed pe	rsons (as defined		
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6
2	7	Notes and loans receivable, net				7
	8	Inventories for sale or use				8
ć	9				54,415.	9
	10a		10-	21,585.		
	b	basis. Complete Part VI of Schedule D	10a 10b	18,260.	15,883.	10c
		Less. accultulated depreciation				1 100

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11

Intangible assets

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

of Schedule D

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

Total assets. Add lines 1 through 15 (must equal line 33)

Form 990 (2020)

433,686.

985,097.

(B) End of year

> 170,593. 757,988.

> > 19,827.

33,364.

3,325.

985,097.

542,295.

551,411.

433,686.

9,116.

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1,165,536.

464,364.

471,104.

694,432.

694,432.

1,165,536.

6,740.

Form	1990 (2020) NATIONAL ART MATERIALS TRADE ASSOCIATION	11-601	5643	Pag	_{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	262	2,4	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2			51.
3	Revenue less expenses. Subtract line 2 from line 1	3	-260		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	694	1,4	32.
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	43.	3,6	86.
Ра	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 in Schedule			v	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
L	X Separate basis Consolidated basis Both consolidated and separate basis		Oh		x
b			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
ou	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 requi		Ju		
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
				990	(2020)
					()

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Name of the organization	

Organization type (check one):

NATIONAL ART MATERIALS TRADE ASSOCIATION

11-6015643

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Employer identification number

11-6015643

NATIONAL ART MATERIALS TRADE ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

NATIONAL ART MATERIALS TRADE ASSOCIATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part II if a	Inducional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

11-6015643

Schedule B (Form 990,	990-EZ, or 990-PF) (2020)
()	, , , , , , , , , , , , , , , , , , , ,

Pa	a	e	4

Name of o	organization			Employer identification number
NATIO	NAL ART MATERIALS TRADE	ASSOCIATION		11-6015643
Part III		ons to organizations described in se) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ry. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
·	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
·	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
·	G	(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee

(Form 990 or 990-EZ)	F 0				-	2020	
		nizations Exempt From Inc				2020	
Department of the Treasury Internal Revenue Service		f the organization is descript to www.irs.gov/Form990			90-EZ.	Open to Public Inspection	
Internal Revenue Service If the organization ans • Section 501(c)(3) org • Section 501(c) (other • Section 527 organiz If the organization ans • Section 501(c)(3) org • Section 501(c)(3) org If the organization ans Tax) (See separate inst • Section 501(c)(4), (5 Name of organization	wered "Yes," on ganizations: Comp r than section 50 ations: Complete wered "Yes," on ganizations that ha ganizations that ha ganizations that ha wered "Yes," on tructions), then), or (6) organization NATIONAI	Form 990, Part IV, line 4, o ave filed Form 5768 (election ave NOT filed Form 5768 (ele Form 990, Part IV, line 5 (P ons: Complete Part III.	r Form 990-EZ, Part V, lir complete Part I-C. lete Parts I-A and C below. r Form 990-EZ, Part VI, li n under section 501(h)): Co ection under section 501(r broxy Tax) (See separate i	ne 46 (Political Campa Do not complete Part ne 47 (Lobbying Activ omplete Part II-A. Do no n)): Complete Part II-B. I instructions) or Form 9	I-B. ities), the ot comple Do not co 990-EZ, I Employer 1	te Part II-B. pmplete Part II-A. Part V, line 35c (Proxy r identification number .1 - 6015643	
Part I-A Compl	ete if the orga	anization is exempt u	nder section 501(c)	or is a section 52	organ	ization.	
2 Political campaign	activity expenditu	tion's direct and indirect po res n activities			▶\$		
Part I-B Compl	ete if the orga	anization is exempt u	nder section 501(c)(3).			
-		ncurred by the organization			▶\$		
2 Enter the amount of	of any excise tax ir	ncurred by organization man					
3 If the organization	incurred a section	4955 tax, did it file Form 47	20 for this year?			Yes No	
4a Was a correction m	nade?					Yes No	
b If "Yes," describe in			r = 1		1/->/0>		
-		anization is exempt u		-		•	
		by the filing organization for			▶\$		
2 Enter the amount of exempt function ac		zation's funds contributed to	J. J		▶\$		
	•	Add lines 1 and 2. Enter her					
		1120-POL for this year?					
made payments. F contributions recei	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, enter	n's coi r-0 c	(e) Amount of political ntributions received and promptly and directly lelivered to a separate political organization. If none, enter -0	

Political Campaign and Lobbying Activities

OMB No. 1545-0047

SCHEDULE C

Schedule C (Form 990 or 990-EZ) 2020 NATIC Part II-A Complete if the organizati	ONAL AR	T MATERIALS	TRADE ASSOC 501(c)(3) and file	CIATIO 11-6 ed Form 5768 (ele	5015643 Page 2 ection under
section 501(h)). A Check ► if the filing organization belo expenses, and share of exce B Check ► if the filing organization check	ess lobbying e	expenditures).		group member's nam	e, address, EIN,
Limits on Lol (The term "expenditures")	obying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influence a lo					
c Total lobbying expenditures (add lines 1a a	nd 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable amount. Enter the am	ount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000				4	
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000 \$1,000,000.					
g Grassroots nontaxable amount (enter 25%)					
h Subtract line 1g from line 1a. If zero or less,					
i Subtract line 1f from line 1c. If zero or less,					
j If there is an amount other than zero on eith					
reporting section 4911 tax for this year?		eraging Period Under	Section 501(b)		Yes No
(Some organizations that made So	a section 5		have to complete all o	of the five columns b	elow.
Lol	obying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 NATIONAL ART MATERIALS TRADE ASSOCIATIO 11-6015643 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	o lobbying activity.	Yes	No	Amo	ount
1 a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	4			
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	'No" OR (t	b) Part I		3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2 a		
b	Carryover from last year		. 2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE	D
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Department of the Treasury

(Form 9	90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service	
Name of the organizati	on

NATIONAL ART MATERIALS TRADE ASSOCIATION

Employer identification number 11-6015643

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	eld in donor advise	ed funds
	are the organization's property, subject to the organization's of	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	ant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of			
D -	impermissible private benefit?			Yes No
Pa			s" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)		a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	ution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а				
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or t	erminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	_		
5	Does the organization have a written policy regarding the per			
~	violations, and enforcement of the conservation easements it		d onforcing conc	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, ar	id enforcing conse	ervation easements during the year
7	Amount of evenences incurred in monitoring, increating, hand	ling of violations, and an	foreing concernation	an accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ling of violations, and en	liorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	o satisfy the requirement	s of soction 170/h	
0	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
Ŭ	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Otł	ner Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• •
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			• • •
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

	dule D (Form 990) 2020 NATIONA:	L ART MATE								Page 2
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the fo	llowing that i	make sigr	nificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loa	n or exch	ange prograr	n				
b	Scholarly research	e	e 🗌 Oth	er						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how they f	urther the	e organizatior	n's exemp	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, histori	cal treasu	ures, or other	similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the org	anization	answered "	res" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cont	ributions	or other asse	ets not ind	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	swered "Ye	s" on For	m 990, Part I	V, line 10				
		(a) Current year	(b) Prior	year	(c) Two years	s back (c	d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, co	olumn (a))	held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are	held and	d administere	d for the	organiza	ation		
	by:	J					5		5	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, lin	e 11a. Se	e Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or c basis (investr		(b) Cost (basis (d		• •	cumulate eciation	ed	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			21	L,585.		18,20	50.	3	,325.
	Other									
-	. Add lines 1a through 1e. (Column (d) must e		X column /	3) <i>line</i> 10	c)				3	,325.
		gaari onn 000, i dit		<i></i>	<u>.,</u>			<u> </u>	D (Carrier	

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020		T MATERIALS	TRADE	ASSOCIATION	11-6015643	Page 3
Part VII	Investments - (Other Securities.					
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, I	line 11b. Se	e Form 990, Part X, line 1	2.	
(a) Descrip	otion of security or categ	Ory (including name of security)	(b) Book value	(c)	Method of valuation: Cos	st or end-of-year market v	alue
(1) Financi	al derivatives						
(2) Closely							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(E)							
(G)							
(H)							
	h) must squal Form 000	Dort V. col. (D) line 10.)					
		, Part X, col. (B) line 12.) ► Program Related.					
raitvii		-				-	
	Complete if the orga	anization answered "Yes"		line 11c. Se	e Form 990, Part X, line 1	3. 	
	(a) Description of	Investment	(b) Book value	(C)	Method of valuation: Cos	st or end-of-year market v	alue
(1)							
(2)							
(3)							
(4)				_			
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990	, Part X, col. (B) line 13.) 🕨					
Part IX	Other Assets.						
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, I	line 11d. Se	e Form 990, Part X, line 1	5.	
		(a)	Description			(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(h) must a gual Fa	rm 990. Part X. col. (B) lin	o 15 \				
Part X	Other Liabilitie	<u>mi 990, Part X, col. (B) im</u> S.	e /5./				
			on Form 990 Part IV I	line 11e or 1	1f. See Form 990, Part X,	line 25	
4		escription of liability	01110111330,1 att 10,1		11. See Form 330, Far A,	(b) Book va	alue
<u>1.</u>							
	leral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

NATIONAL ART MATERIALS TRADE ASSOCIATION

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

11-6015643 Page 3

	dule D (Form 990) 2020 NATIONAL ART MATERIALS TR		:g-
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses p	ber Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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

PART X, LINE 2:

THE ASSOCIATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY TH	AN
NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN	
THE ASSOCIATION BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF	
BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ASSOCIATION	
HAS EVALUATED ALL TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN	
INCOME TAX POSITIONS AS OF DECEMBER 31, 2020 AND 2019.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number NATIONAL ART MATERIALS TRADE ASSOCIATION

11-6015643

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATIVE MATERIALS INDUSTRY. ITS PURPOSE IS TO PROVIDE NAMTA'S

ART/CREATIVE MATERIALS INDUSTRY MEMBERS WITH THE PRODUCTS, SERVICES AND

INFORMATION NEEDED TO GROW AND PROSPER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ART/CREATIVE MATERIALS BUSINESS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS THAT HAVE THE RIGHT TO ELECT THE MEMBERS OF

THE GOVERNING BODY.

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

THERE IS A NOMINATING COMMITTEE TO SELECT A SLATE OF DIRECTORS/OFFICERS.

THIS SLATE IS PRESENTED TO THE MEMBERSHIP AT THE ANNUAL CONFERENCE AND

TRADE SHOW FOR APPROVAL. HOWEVER, IF THE ANNUAL CONFERENCE AND TRADE SHOW

DOES NOT OCCUR, THE SLATE IS SENT TO MEMBERS ELECTRONICALLY.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND AUDIT COMMITTEE.

WHEN THEY COMPLETE THEIR REVIEW, IT IS PRESENTED TO THE BOARD OF DIRECTORS

AND APPROVED. IN ADDITION, THE BOARD RECEIVES A COPY OF THE FORM 990 IN

THEIR ANNUAL BOARD PACKETS.

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

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AT EACH

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization NATIONAL ART MATERIALS TRADE ASSOCIATION	Employer identification number $11-6015643$
MEETING OF THE BOARD OF DIRECTORS. IN THE EVENT OF A CONF	LICT, THE BOARD
MEMBER WOULD RECUSE THEMSELVES FROM THE DISCUSSION AND THE	VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY AT THE FALL BOARD MEETING, TO BE EFFECTIVE AT THE BEGINNING OF THE NEXT FISCAL YEAR. HIS/HER PERFORMANCE IS BASED UPON THEIR EVALUATION AND THE EVALUATION OF EACH OFFICER. HIS/HER COMPENSATION IS BASED UPON LIKE ASSOCIATIONS IN NORTH CAROLINA. THE PROCESS IS DOCUMENTED BY THE PRESIDENT OF THE BOARD.

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

THE ASSOCIATION'S FINANCIAL STATEMENTS, FORM 990, GOVERNING DOCUMENTS,

POLICIES, AND PROCEDURES ARE AVAILABLE UPON REQUEST. THE ASSOCIATIONS'

STRATEGIC PLAN, PRIVACY POLICY AND BOARD OF DIRECTORS INFORMATION IS

AVALIABLE ON THE ASSOCIATION'S WEBSITE.