| Forn | | 990 | Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc | | | OMB No. 1545-0047 | | | | | | | | |
|--------------------------------|--------|------------------------------------|---|--------------------|----------------------|------------------------------|--|--|--|--|--|--|--|--|
| | | | Do not enter social security numbers on this form as it may be | • • | indations | | | | | | | | | |
| | | t of the Treasury venue Service | Go to www.irs.gov/Form990 for instructions and the latest in | • | | Open to Public Inspection | | | | | | | | |
| A | | | dar year, or tax year beginning and ending | | | inspection | | | | | | | | |
| в | | | C Name of organization National Cambridge Collectors, | Tnc | D Employe | er identification number | | | | | | | | |
| | | ess change | Doing business as | | 23-736 | | | | | | | | | |
| H | | e change | Number and street (or P.O. box if mail is not delivered to street address) Room/su | | E Telephor | | | | | | | | | |
| H | | U U | P. O. Box 416 | | 740)4 | 132-4245 | | | | | | | | |
| | | eturn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | / 10 / 1 | | | | | | | | | |
| H | | | Cambridge, OH 43725 | | G Gross re | ceipts \$ 368,562. | | | | | | | | |
| H | | | F Name and address of principal officer: Freeman Moore | | | n for subordinates? Yes X No | | | | | | | | |
| | лррію | · - | P. O. Box 416 Cambridge, OH 43725 | | | ates included? Yes No | | | | | | | | |
| | OY 01 | | X 501(c)(3) $501(c)($) (insert no.) 4947(a)(1) or 527 | | | list. See instructions | | | | | | | | |
| - | Vebsi | | cambridgeglass.org | | oup exemptio | | | | | | | | | |
| | | of organization: | X Corporation Trust Association Other L Year of formation | | · · · | ate of legal domicile: OH | | | | | | | | |
| _ | art I | | | | M 50 | | | | | | | | | |
| | | | ibe the organization's mission or most significant activities: | | | | | | | | | | | |
| | | | eservation and study of glass made by t | ha Cambi | idao | Class | | | | | | | | |
| nce | | | | | Tage | GLASS | | | | | | | | |
| rna | | Compan | | · · · · | | | | | | | | | | |
| Governance | | Check this b | | | | 10 | | | | | | | | |
| ğ | 3 | | oting members of the governing body (Part VI, line 1a) | | | 12 | | | | | | | | |
| ې کې | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | | | | | | | | | | |
| itie | 5 | | individuals employed in calendar year 2022 (Part V, line 2a) | | | | | | | | | | | |
| Activities & | 6 | | r of volunteers (estimate if necessary) | | | 50 | | | | | | | | |
| Ă | | | ed business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | | | |
| | | b Net unrelated | d business taxable income from Form 990-T, Part I, line 11 | | . 7b | 0. | | | | | | | | |
| | | | | Prior Year | | Current Year | | | | | | | | |
| | 8 | | s and grants (Part VIII, line 1h) | 89,5 | | 85,935. | | | | | | | | |
| Revenue | 9 | | vice revenue (Part VIII, line 2g) | | <u>,390.</u> 105,598 | | | | | | | | | |
| eve | 10 | | ncome (Part VIII, column (A), lines 3, 4, and 7d) | 56,8 | | 30,475. | | | | | | | | |
| Ř | 11 | | ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 335. | 12,999. | | | | | | | | |
| | 12 | | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 250,6 | 523. | 235,007. | | | | | | | | |
| | 13 | | similar amounts paid (Part IX, column (A), lines 1-3) | | | | | | | | | | | |
| | 14 | | d to or for members (Part IX, column (A), line 4) | | | | | | | | | | | |
| es | 15 | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | 20,0 |)79. | 21,784. | | | | | | | | |
| nse | 16a | a Professional | fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | | | |
| Expense | 1 | b Total fundrai | ising expenses (Part IX, column (D), line 25) 1,352. | | | | | | | | | | | |
| ŵ | 17 | Other expension | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | 130,0 | | 128,474. | | | | | | | | |
| | 18 | Total expens | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 150,1 | L05. | 150,258. | | | | | | | | |
| | 19 | Revenue les | s expenses. Subtract line 18 from line 12 | 100,5 | 518. | 84,749. | | | | | | | | |
| ъ S | | | Begin | ning of Currer | t Year | End of Year | | | | | | | | |
| sets alanc | 20 | Total assets | (Part X, line 16) | 1,582,8 | 382. | 1,495,350. | | | | | | | | |
| Net Assets or Fund Balances | 21 | Total liabilitie | es (Part X, line 26) | 1,2 | 200. | 1,200. | | | | | | | | |
| Pur | 22 | Net assets o | r fund balances. Subtract line 21 from line 20 | 1,581,6 | 582. | 1,494,150. | | | | | | | | |
| Pa | art I | Signatu | Ire Block | | | | | | | | | | | |
| | | | ry, I declare that I have examined this return, including accompanying schedules and statem | ents, and to the b | est of my kr | nowledge and belief, it is | | | | | | | | |
| true | e, cor | rect, and comple | ete. Declaration of preparer (other than officer) is based on all information of which preparer | has any knowled | ge. | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Si | gn | Signature of off | icer | Date | | | | | | | | | | |
| | - | | Strebler, Treasurer | | | | | | | | | | | |
| | | Type or print na | | | | | | | | | | | | |

| There MICHAEL SCIEDIEL, ILEASULEL | | | | | | | | | | | | | |
|-----------------------------------|--|----------------------------|--|---|-----|----|--|--|--|--|--|--|--|
| | Type or print name and title | | | | | | | | | | | | |
| Paid | Print/Type preparer's name | | | | | | | | | | | | |
| Prepa Use O | nly Firm's name | Firm's name Firm's EIN | | | | | | | | | | | |
| | Firm's address | Firm's address | | | | | | | | | | | |
| May the I | RS discuss this return with the preparer sho | wn above? See instructions | | [| Yes | No | | | | | | | |
| For Pape | For Paperwork Reduction Act Notice, see the separate instructions. | | | | | | | | | | | | |

| Form | 990 (2022) National Cambridge Collectors, Inc. | 23-7366120 Page 2 |
|------|--|------------------------|
| | 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: | |
| | | |
| | The preservation & study of glass made by the Cambridge Gl | ass company. |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes 🔀 No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| 3 | | |
| | services? | Yes 🗶 No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | rs, |
| | the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 34,583. including grants of \$) (Revenue \$ | 8,758.) |
| τu | NCC operates an association of 1,000 members dedicated to | <u> </u> |
| | | che scudy |
| | and preservation of glassware made by the Cambridge Glass | |
| | Company (1901-1958). The association maintains a website, | |
| | social media sites, and publishes a newsletter of activiti | es for |
| | general information and other educational material related | to |
| | the study of Cambridge Glass. Additionally, the associatio | n promotes |
| | a convention and member meetings in virtual and live forma | |
| | The association is supported by a significant endowment. | <u></u> |
| | The association is supported by a significant endowment. | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ 54,894. including grants of \$) (Revenue \$ | 86,016.) |
| | NCC conducts activities to promote the collecting of Cambr | |
| | and provide a forum for education. The primary methods are | |
| | summer annual show and sale held in conjunction with the a | |
| | | |
| | convention and a spring auction of Cambridge Glass. Anothe | r |
| | method is through a gift shop operated in the NCC museum | |
| | These activities promote the exchange of Cambridge Glass a | mong |
| | association members and interested members of the public. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ 60,913. including grants of \$) (Revenue \$ | 10,824.) |
| | NCC operates a museum in Cambridge, Ohio for the preservat | ion, |
| | education, and promotion of Cambridge Glass. The museum | |
| | displays glass made by the Cambridge Glass Company, | |
| | | <u></u> |
| | production items from factory, other historical materials | |
| | company, and related educational materials. The museum fac | |
| | include the formal museum, a storage facility, and a facil | ity working |
| | activity center. | |
| | _ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses | 150,390. |
| JYA | | Form 990 (2022) |
| лА | | Form 330 (2022) |

Form 990 (2022) National Cambridge Collectors, Inc. Part IV Checklist of Required Schedules

| I ai | Checkinst 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 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| 5 | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | | 5 | | |
| 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 | • | | 77 |
| _ | "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 | х | |
| 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 | | |
| 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 | Х | |
| 11 | If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | х |
| 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 | х | |
| е | 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 | | | |
| | 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 | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 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 | 146 | | |
| 10 | 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | | - 23 |
| •• | 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 | | | |
| 10 | Part VIII, lines 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? | 10 | | |
| 19 | | 19 | | v |
| 20 - | If "Yes," complete Schedule G, Part III | | | X X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | |
| b 21 | 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 | 24 | | х |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | A |

Form 990 (2022) National Cambridge Collectors, Inc. Part IV Checklist of Required Schedules (continued)

| i ai | cheokiist of Required Concudies (continued) | | Vee | Ne |
|----------|--|-----------|------|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| ~~ | 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 |
| 24 a | | | | |
| | \$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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or | | | |
| | founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity | | | |
| | (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? | | | 37 |
| | If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | 200 | | v |
| 20 | If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. | 28c 29 | | X X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If res, complete Schedule M</i> | 29 | | |
| 50 | conservation contributions? If "Yes," complete Schedule M | 30 | х | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. | 31 | - 11 | 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 | | | |
| | 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 Part V, line 1 | 34 | | х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes,", complete Schedule R, Part V, line 2. | 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 | | | |
| D | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reporable gaming (gambling) | 4 | v | |
| | winnings to prize winners? | 1c | X | |

| Form 99 | 990 (2022) National Cambridge Collectors, Inc. 23-736 | | | | | | | | | | |
|-----------|---|----------|-----|----|--|--|--|--|--|--|--|
| Part | | | Yes | No | | | | | | | |
| 2 a | 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 | | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | | | |
| 4 a | 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 | | | | | | | | | |
| 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). | | | | | | | | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х | | | | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | х | | | | | | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | | |
| | organization solicit 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 contributions or | | | | | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | | | | | |
| | and services provided to the payor? | 7a | | х | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | - | | 77 | | | | | | | |
| لم | required to file Form 8282? | 7c | | X | | | | | | | |
| d | | 7e | | х | | | | | | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X | | | | | | | |
| 9 h | If the organization received a contribution of qualified intelectual property, and the organization rife rorm obsolution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 7h | | X | | | | | | | |
| 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 | | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | | | | | |
| | against amounts due or received from them.) | | | | | | | | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | | |
| b | 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. | | | | | | | | | | |
| 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 organization is licensed to issue qualified health plans | | | | | | | | | | |
| C | Enter the amount of reserves on hand | 44- | | v | | | | | | | |
| 14 а ь | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | | | |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | х | | | | | | | |
| | or excess parachute payment(s) during the year? | 15 | | л | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | 10 | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | | | | |
| •• | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | | |
| | If "Yes," complete Form 6069. | - | | | | | | | | | |

Form **990** (2022)

| Form 990 (2022) | National | Cambridge | Collectors, | Tnc. |
|-----------------|----------|-----------|-------------|------|
| | | | | |

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 li | ne in this Part VI |
|---|--------------------|
| Section A. Governing Body and Management | |

| | | | 1 0 | | Yes | No | | | | | |
|------|--|------------------|--------------|--------|-----|----------|--|--|--|--|--|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. | 1a | 12 | | | | | | | | |
| | 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. | 4. | 1 2 | | | | | | | | |
| b | | 1b | 12 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | • | v | | | | | | |
| • | 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 direct | | | | | | | | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | | 1 | 3 | | X | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | | 1 | 4 5 | | x x | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | | | | | | | | |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | _ | | | | | | | |
| | one or more members of the governing body? | | | 7a | | <u> </u> | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | | | | | | |
| - | stockholders, or persons other than the governing body? | | | 7b | х | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | | | | | |
| | the year by the following: | | | _ | | | | | | | |
| a | The governing body? | | 1 | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | х | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | _ | | | | | | | |
| 0 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | | | | |
| Sect | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | ie Code.) | | | | | | | | | |
| | | | 1 | 40 | Yes | No | | | | | |
| 10 a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | _X_ | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | 4.01 | | | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | 1 | 10b | 37 | | | | | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | e filing the for | m? | 11a | х | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| 12 a | Did the organization have a written conflict of interest policy? If "No," go to line 13. | | 1 | 12a | | <u> </u> | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi | ve rise to cor | ifficts? | 12b | | | | | | | |
| 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 | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 1 | 13 | | x | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | x | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by ind | lependent | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| a | The organization's CEO, Executive Director, or top management official. | | | 15a | | X | | | | | |
| b | Other officers or key employees of the organization | | | 15b | | х | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | | | | | | |
| | with a taxable entity during the year? | | | 16a | | X | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particular to eval | | | | | | | | | | |
| | venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem | | | 4.87 | | | | | | | |
| 0 | respect to such arrangements? | | | 16b | | <u> </u> | | | | | |
| | ion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed OH | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 | D-1 (section § | 501(c)(3)s c | only) | | | | | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | of interest pol | icy, and | | | | | | | | |
| | financial statements available to the public during the tax year. | | | | | | | | | | |

20 State the name, address, and telephone number of the person who possesses the organization's books and records (740)432-4245 National Cambridge Collectors, Inc. P. O. Box 416 Cambridge, OH 43725

Form 990 (2022) National Cambridge Collectors, Inc.

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

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

| | | (C) | | | | | | | | |
|------------------------|-----------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------|--|--------------------------|
| (A) | (B) | Position | | | | | | (D) | (E) | (F) |
| Name and title | Average | (do not check more than one | | | | | one | Reportable | Reportable | Estimated amount |
| | hours | box, unless person is both an | | | | is both | an | compensation | compensation from related organization (W-2/ | of other |
| | per week (list any | officer and a director/trus | | | | or/trust | | from the organization (W-2/ | | compensation from the |
| | hours for | Ind or o | Ins | Officer | Ke | Hig em | Former | 1099-MISC/ | 1099-MISC/ | organization and |
| | related | Individual trustee or director | tituti | icer | Key employee | hes | mer | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations | tor la | ona | | old | ee | · | | | |
| | below dotted line) | rust | tru | | yee | mpe | | | | |
| | | e e | Institutional trustee | | | Highest compensated employee | | | | |
| | | | | | | ted | | | | |
| | | | | | | | | | | |
| (1) Freeman Moore | 05.00 | | | | | | | | | |
| President | | X | | х | | | | | | |
| (2) Ken Filippini | 01.00 | | | | | | | | | |
| Vice President | | X | | х | | | | | | |
| (3) Nancy Misel | 05.00 | | | | | | | | | |
| | | X | | | | | | | | |
| (4) Michael Strebler | 10.00 | | | | | | | | | |
| Treasurer | | X | | х | | | | | | |
| (5) Melinda Thaxton | 15.00 | | | | | | | | | |
| Board Member | | X | | | | | | | | |
| (6) Cindy Arent | 20.00 | | | | | | | | | |
| Vice President Museum | | X | | х | | | | | | |
| (7) Julie Buffenbarger | 01.00 | | | | | | | | | |
| Vice Pres. Development | | X | | х | | | | | | |
| (8) Larry Everett | 07.50 | | | | | | | | | |
| Vice Pres. Admin. | | X | | Х | | | | | | |
| (9) Dave Rankin | 02.00 | | | | | | | | | |
| Board Member | | X | | | | | | | | |
| (10) Christine Smith | 04.00 | | | | | | | | | |
| Secretary | | X | | Х | | | | | | |
| (11) Lynn Welker | 02.00 | | | | | | | | | |
| Board Member | | X | | | | | | | | |
| (12) Frank Wollenhaupt | 01.00 | | | | | | | | | |
| Board Member | | X | | | | | | | | |
| (13) Jack Thompson | 05.00 | | | | | | | | | |
| Vice Pres. Education | | | | х | | | | | | |
| <u>(14)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | - 000 (|

Form 990 (2022) National Cambridge Collectors, Inc. Part VII Section A. Officers, Directors, Trustees, Key Employees, and

| 2 | 3. | -7 | 3 | 6 | 6 | 12 | 20 |) Page | 8 |
|---|----|----|---|---|---|----|----|--------|---|
|---|----|----|---|---|---|----|----|--------|---|

| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y Em | ploy | yee | s, a | nd Hi | ighe | est Compensate | ed Employ | ees (co | ntinued) | | _ |
|--|-----------------------------|-----------------------------------|----------------------|---------|--------------|---------------------------------|---|--------------------------|-----------------------|-------------------|-------------------|-----------------------|----------|
| | | | | (0 | C) | | | | | | | | |
| (A) | (B) | Position | | | | | | (D) | (E) | | | (F) | |
| Name and title | Average | · · | | | | than o | | Reportable | | | ed amou | nt | |
| | hours per week (list any | | | • | | is both | | compensation from the | ion ed | | other ensation | | |
| | hours for | Office | | | | or/truste | <u> </u> | organization (W-2/ | organization (| | fro | m the | |
| | related organizations | Individual or director | nstitu | Officer | (ey e | ighe | Former | 1099-MISC/ 1099-NEC) | 1099-MIS0 1099-NE0 | | - | ation an rganizati | |
| | below dotted | dual ecto | Ition | Ÿ | ldu | st c byee | P. | 1033-1120) | 1033-1120 | | elateu u | iyanizati | 5113 |
| | line) | Individual trustee or director | Institutional truste | | Key employee | omp | | | | | | | |
| | | tee | Istee | | | Highest compensated employee | | | | | | | |
| | | | | | | ated | | | | | | | |
| (15) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | 41 a m | | | | | | | | | | | |
| c Total from continuation sheets to Pa d Total (add lines 1b and 1c) | | | | | | | ••• | | | | | | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including line) | | ted to | tho | | licto | d aho | | who received m | ore than \$1 | |) of | | — |
| reportable compensation from the orga | | | the | 501 | 1010 | u ubu | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 00,000 | 5 01 | | |
| | | | | | | | | | | | | Yes N | lo |
| 3 Did the organization list any former offic | er, director | , trus | tee, | key | / em | ploye | ee, o | or highest compe | ensated | | | | |
| employee on line 1a? If "Yes," complete | | | | | | | | | | | 3 | | x |
| 4 For any individual listed on line 1a, is the | | | | | - | | | | | the | | | |
| organization and related organizations g | | | | | | | - | | for such | | | | |
| <i>individual</i> 5 Did any person listed on line 1a receive of | | | | | | | | | | <i>i</i> dual | 4 | | x |
| 5 Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | | | 5 | | v |
| Section B. Independent Contractors | : 11 100, | comp | 1010 | 00 | neu | | | | | | 5 | | <u>X</u> |
| 1 Complete this table for your five highest | compensat | ed in | dep | end | ent | contra | acto | ors that received | more than | \$100.0 | 00 of | | |
| compensation from the organization. Re | | | | | | | | | | | | n's | |
| tax year. (A) | | | | | | | ı – | (B) | i | | (C) | | |
| Name and business address | | | | | | | | Description of se | ervices | C | ompens | ation | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2022) National Cambridge Collectors, Inc.

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

| | | • | , | | | | |
|---|-----|---|---------------|-----------------------------|--|------------------------------|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business | (D) Revenue excluded from tax under |
| | | | | | | revenue | sections 512-514 |
| nts, nts | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | | | |
| | c | Fundraising events | | | | | |
| | d | Related organizations | | | | | |
| ini S, | e | Government grants (contributions) 1e | | | | | |
| s sion | f | All other contributions, gifts, grants, | | | | | |
| the but | | and similar amounts not included above 1f | 85,935. | | | | |
| d O | g | Noncash contributions included in lines 1a-1f | \$ | | | | |
| a Ö | h | Total. Add lines 1a–1f | | 85,935. | | | |
| e | | | Business Code | | | | |
| Program Service Revenue | 2a | Admissions to museum | | 10,824. | 10,824. | | |
| Rev | | Collector events | | 36,258. | 36,258. | | |
| ice | | Collector exchange | | 49,476. | 49,476. | | |
| Serv | | Association meetings | | 8,758. | 8,758. | | |
| Ĕ | | Other | | 282. | 282. | | |
| ogra | | All other program service revenue | | | | | |
| ų, | a | Total. Add lines 2a-2f | | 105,598. | | | |
| | 3 | Investment income (including dividends, interest, | | 100,000 | | | |
| | | and other similar amounts). | | 16,761. | | | 16,761. |
| | 4 | Income from investment of tax-exempt bond proc | | 10//010 | | | 107/01. |
| | 5 | Royalties | | | | | |
| | 5 | (i) Real | (ii) Personal | | | | |
| | 6. | | | | | | |
| | 6a | | | | | | |
| | | | | | | | |
| | | | | 12 009 | | | 12 009 |
| | | Net rental income or (loss) | | 12,998. | | | 12,998. |
| | / a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 144,547. | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses 7b 130,833. | | | | | |
| | | Gain or (loss) 7c 13,714. | | 10 014 | | | 10 814 |
| | d | Net gain or (loss) | | 13,714. | | | 13,714. |
| ð | | | | | | | |
| ent | 8a | Gross income from fundraising | | | | | |
| Other Revenue | | events (not including \$ | | | | | |
| er | | of contributions reported on line 1c). | | | | | |
| f | | See Part IV, line 18 | | | | | |
| - | | Less: direct expenses | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 | | | | | |
| | | Less: direct expenses 9b | | | | | |
| | c | Net income or (loss) from gaming activities | | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | | | | | |
| | b | Less: cost of goods sold | | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| s | | | Business Code | | | | |
| Miscellaneous Revenue | 11a | Miscellaneous income | | 1. | | | 1. |
| scellaneo Revenue | b | | | | | | |
| cell čevi | с | | | | | | |
| Mis | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | 1. | | | |
| | | Total revenue See instructions | | 235.007. | 105.598 | | 43,474, |

| Form 990 (2022) | National | Cambridge | Collectors, | Inc. |
|-----------------|----------------|-----------------|-------------|------|
| Part IX Sta | atement of Fur | nctional Expens | ses | |

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

| | Check if Schedule O contains a response or note to any t include amounts reported on lines 6b, 7b, 8b, 9b, 0b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and general expenses | (D) Fundraising |
|---|---|------------------------------|-------------------------------|---|---------------------------|
| | | | expenses | general expenses | expenses |
| | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| | Grants and other assistance to domestic | | | | |
| - | ndividuals. See Part IV, line 22. | | | | |
| | E E E E E E E E E E E E E E E E E E E | | | | |
| - | Grants and other assistance to foreign organizations, | | | | |
| | oreign governments, and foreign individuals. See Part IV, ines 15 and 16 | | | | |
| | F | | | | |
| | Benefits paid to or for members. | | | | |
| | and key employees | | | | |
| | Compensation not included above to disqualified persons | | | | |
| | as defined under section 4958(f)(1)) and persons | | | | |
| | | | | | |
| | described in section 4958(c)(3)(B) | 19,709. | 15,495. | 4,214. | |
| | | 19,709. | 15,495. | 7,217. | |
| | Pension plan accruals and contributions (include section | | | | |
| | 401(k) and 403(b) employer contributions) | | | | |
| | | 2,075. | 1,678. | 397. | |
| | | 4,0/3. | ±,0/0. | . / 82 | |
| | Fees for services (nonemployees): | | | | |
| | _eqal | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Professional fundraising services. See Part IV, line 17 | 8,218. | | 8,218. | |
| | nvestment management fees | 0,210. | | 0,210. | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | A), amount, list line 11g expenses on Schedule O.) | 6,914. | 5,562. | | 1,352 |
| | Advertising and promotion | 1,035. | 5,502. | 1,035. | 1,352 |
| | | | | 5,329. | |
| | | 5,329. | | 5,529. | |
| | Royalties | 25,823. | 25,823. | | |
| | Dccupancy | 23,023. | 25,025. | | |
| | | | | | |
| | Payments of travel or entertainment expenses for any | | | | |
| | | 8,931. | 8,931. | | |
| | Conferences, conventions, and meetings | 0,931. | 0,931. | | |
| - | nterest | | | | |
| | Depreciation, depletion, and amortization | 11,754. | 11,754. | | |
| | | 7,137. | 4,836. | 2,301. | |
| - | Other expenses. Itemize expenses not covered above. | //15/. | ±,030. | 2,301. | |
| | List miscellaneous expenses on line 24e. If line 24e amount | | | | |
| | exceeds 10% of line 25, column (A), amount, list line 24e | | | | |
| | expenses on Schedule O.) | | | | |
| | Collector events & exchange | 34,802. | 34,802. | | |
| _ | Educational resources | 3,507. | 3,507. | | |
| _ | Newsletter | 12,777. | 12,777. | | |
| _ | Bank fees | 2,247. | ,, | 2,247. | |
| - | | 4,44/. | | 4,44/. | |
| | All other expenses | 150,258. | 125,165. | 23,741. | 1 252 |
| - | Fotal functional expenses. Add lines 1 through 24e | 130,238. | 143,103. | 43,/41. | 1,352 |
| | Joint costs. Complete this line only if the organization | | | | |
| | eported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. Check | | | | |
| r | nere if following SOP 98-2 (ASC 958-720) | | | | Eorm 990 (202 |

Form 990 (2022) National Cambridge Collectors, Inc. Part X Balance Sheet

| | Check if Schedule O contains a response or note to any line in this Part X | (A) | | (B) |
|------|--|--------------------------|----|--------------------|
| | | (A) Beginning of year | | (B) End of year |
| 4 | Cook non interest bearing | 71,004. | 1 | 72,453 |
| 1 | Cash — non-interest-bearing. | /1,004. | | /2,453 |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | | | 4 | |
| 5 | Loans and other receivables from 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 | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | | • | |
| _ | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| 7 | Notes and loans receivable, net. | | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges. | | 9 | |
| 10 a | Land, buildings, and equipment: cost or other | | | |
| . | basis. Complete Part VI of Schedule D | | | 205 67 |
| | Less: accumulated depreciation | | | 285,671 |
| 11 | Investments — publicly traded securities | 916,840. | | 839,613 |
| 12 | Investments — other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments — program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | 005 (10 | 14 | 000 01 |
| 15 | Other assets. See Part IV, line 11. | <u>297,613.</u> | | 297,61 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33). | 1,582,882. | | 1,495,350 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| 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 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties. | | 24 | |
| 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. | 1,200. | | 1,200 |
| 26 | Total liabilities. Add lines 17 through 25 Sec. 958 Add lines Image: Comparison of the sec. 958 Operanizations that follow FASE ASC 958 Sec. 958 Sec. 958 Sec. 958 | 1,200. | 26 | 1,200 |
| | Organizations that follow FASE ASC 956, check here | | | |
| | and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 1,444,695. | 27 | 1,357,163 |
| 28 | Net assets with donor restrictions. | | | |
| | | 136,987. | 28 | 136,987 |
| | Organizations that do not follow FASB ASC 958, check here | | | |
| | and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances. | | 32 | 1,494,15 |
| 33 | Total liabilities and net assets/fund balances. | 1,582,882. | 33 | 1,495,350 |

UYA

Form 990 (2022)

| | ^{190 (2022)} National Cambridge Collectors, Inc. | 2 | <u>3-7366</u> | 512 | 0 Pa | age 12 |
|-----|--|-------------|---------------|-----|-------------|---------------|
| Par | t XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | . X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 23 | 5,0 | 07. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 58. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 49. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | | 82. |
| 5 | Net unrealized gains (losses) on investments | 5 | - | -17 | 1,4 | 85. |
| 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 | | | -7 | 96. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | 1, | ,49 | 4,1 | 50. |
| Par | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII. | | | | | |
| | | | - | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Octrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | | | | | |
| 23 | a 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 c | n a separat | ie | | | |
| | basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| | b Were the organization's financial statements audited by an independent accountant? | | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate I basis, or both: | oasis, cons | olidated | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| (| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | theUniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | x |
| I | b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | Γ | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | <u> </u> | | 3b | | |

UYA

Form **990** (2022)

| SCHEDULE A | D | blic Chari | ty Status and | Dubli | 0 Que | | OMB No. 1545-0047 |
|---|--|-------------------|---|------------------------|-------------------|-------------------------------|---|
| (Form 990) | | | | | | • | 2022 |
| (| Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. | | | | | | |
| Department of the Treasury | Department of the Treasury | | | | | | Open to Public |
| Internal Revenue Service Name of the organization | | | | | mormatic | Employer identificatio | |
| National Cam | bridge Col | lectors | The | | | 23-7366120 | |
| | | | l organizations mus | t comple | te this p | | |
| The organization is no | | | | | | | |
| 1 🗌 A church, co | nvention of church | nes, or associati | on of churches descri | bed in se | ction 17 | 0(b)(1)(A)(i). | |
| 2 🗌 A school des | cribed in section | 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 0).) | | |
| | | | anization described i | | | | |
| | - | | onjunction with a hosp | oital desci | ribed in s | ection 170(b)(1)(A | .)(iii). Enter the |
| | me, city, and state | | | | aratad b | | unit described in |
| | (b)(1)(A)(iv). (Cor | | ollege or university ow | vned or op | berated b | y a governmental u | init described in |
| | | | mental unit described | lin sectio | on 170/b | V(1)(A)(v) | |
| | • | • | antial part of its supp | | • | | the general public |
| | section 170(b)(1) | | | | govorni | | ano gonoral public |
| | | | (1)(A)(vi). (Complete | e Part II.) | | | |
| 9 🗌 An agricultur | al research organ | ization described | d in section 170(b)(1 |)(A)(ix) op | perated in | n conjunction with a | land-grant college |
| or university | or a non-land-gra | nt college of agr | iculture (see instruction | ons). Ente | er the nar | me, city, and state o | of the college or |
| university: | | | | | | | |
| support from | gross investment | t income and uni | e than 33 1/3% of its nctions, subject to cer related business taxal 75. See section 509(| ble incom | e (less s | ection 511 tax) from | hip fees, and gross 33 1/3% of its businesses |
| | | | sively to test for public | | | | |
| 12 🗍 An organizat | ion organized and | operated exclusi | vely for the benefit of, | to perform | n the fun | ctions of, or to carry | out the purposes of |
| | | - | escribed in section 5 | | | | |
| | | - | scribes the type of sup | | - | | - |
| | | | supervised, or control | | | | |
| | • | <i>,</i> , | egularly appoint or ele Sections A and B. | ct a majo | rity of the | e directors or truste | es of the supporting |
| | | - | d or controlled in con | nection wi | th ite eur | ported organization | n(s) by baying |
| | | • | anization vested in th | | | | |
| | • | | , Sections A and C. | F | | | 9 |
| • | . , | - | ng organization opera | ted in cor | nection | with, and functional | ly integrated with, |
| its support | ed organization(s) | (see instruction | s). You must comple | te Part IV | /, Sectio | ns A, D, and E. | |
| | • | | porting organization of | • | | | • |
| | | | zation generally must | | | | d an attentiveness |
| | • | - | mplete Part IV, Section | | | | |
| | • | | written determination onally integrated supp | | | ••• •• | п, туре п |
| | | | | | | | [|
| | | 0 | orted organization(s) | | | | |
| (i) Name of supporte | - | (ii) EIN | (iii)Type of organization | | rganization | (v) Amount of monetary | (vi) Amount of |
| | | | (described on lines 1-10 above (see instructions)) | listed in you docun | r governing | support (see instructions) | other support (see instructions) |
| | | | | | | matricetonay | instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $\ensuremath{\mathsf{UYA}}$

 National Cambridge Collectors, Inc.
 23-7366120 Page 2

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

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

 Described in Sections 170(b)(1)(A)(iv)

 Part II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Secti | on A. Public Support | | | i | | | |
|-------|--|-----------------|----------------|-----------------|------------------|------------------|--------------|
| Calen | dar 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 | | | | | | |
| | organization'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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | 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 | | | | | | |
| 12 | Gross receipts from related activities, etc | | | | | | |
| 13 | First 5 years. If the Form 990 is for the c | | | | | | |
| | organization, check this box and stop he | re | | | | | |
| Secti | on C. Computation of Public Suppo | | | | | | |
| 14 | Public support percentage for 2022 (line 6 | | , | | , | 14 | % |
| 15 | Public support percentage from 2021 Sch | | | | | 15 | % |
| 16a | 33 1/3 % support test-2022. If the organ | | | | | | , check this |
| | box and stop here. The organization qua | - | • • • • | - | | | L |
| b | 33 1/3 % support test-2021. If the organ | | | | | | |
| | check this box and stop here. The organ | | | • • • | - | | |
| 17a | 10%-facts-and-circumstances test-202 | - | | | | | |
| | 10% or more, and if the organization me | | | | | | |
| | Part VI how the organization meets the fa | cts-and-circun | nstances test. | The organizati | ion qualifies as | a publicly sup | oported |
| | organization. | | | | | | |
| b | 10%-facts-and-circumstances test-202 | • | | | | | |
| | 15 is 10% or more, and if the organization | | | | | | |
| | Explain in Part VI how the organization m | eets the facts | -and-circumsta | ances test. The | organization | qualifies as a p | oublicly |
| | supported organization. | | | | | | |
| 18 | Private foundation. If the organization d | | | | | | |
| | instructions | | | | | | |

Part III

(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.)

| Socti | ion A. Public Support | | | Jw, please co | | 1.) | |
|-------|--|-----------------|-----------------|----------------|----------------------|----------|------------------|
| | | (=) 2010 | (1-) 2010 | (a) 2020 | (4) 2024 | (-) 2022 | (f) Tatal |
| | 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.") | 10 005 | 19 665 | 92 654 | 00 530 | 95 925 | 255 677 |
| 2 | Gross receipts from admissions, merchandise | 48,885. | 40,005. | 02,034. | 09,550. | 05,935. | .355,677. |
| - | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | 100 260 | 111 100 | 27 447 | 05 /15 | 105 509 | 448,829. |
| 3 | organization's tax-exempt purpose Gross receipts from activities that are not an | 109,209. | <u></u> , | 2/,11/. | 95, 1 15. | 105,598. | 110,029. |
| 3 | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| Ū | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 158.154. | 159.765. | 110.101. | 184.953. | 191.533 | 804.506. |
| - | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons. | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 804,506. |
| Secti | ion B. Total Support | | • | | | • | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 158,154. | 159,765. | 110,101. | 184,953. | 191,533. | 804,506. |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | 27,601. | 29,793. | 28,821. | 32,453. | 32,482. | 151,150. |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | 27,601. | 29,793. | 28,821. | 32,453. | 32,482 | .151,150. |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 40 | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 105 755 | 100 550 | 120 022 | 217 406 | 224 015 | |
| 14 | and 12.) | | | | | | 955,656 |
| 14 | organization, check this box and stop her | • | | | • | | |
| Secti | ion C. Computation of Public Suppo | | | | | | · · · · · · · [] |
| 15 | Public support percentage for 2022 (li | | | v line 13 col | ump (f)) | . 15 | 84.18% |
| 16 | Public support percentage for 2022 (in Public support percentage from 2021 | , | () / | | () / | | 84.67% |
| | ion D. Computation of Investment In | | | 0 | | | 04.07/0 |
| 17 | Investment income percentage for 2022 | | | by line 13 col | umn (f)) | . 17 | 15.82% |
| 18 | Investment income percentage from 202 | - | | - | | . 18 | 15.33% |
| 19a | 331/3 % support tests–2022. If the organ | | | | | | |
| | line 17 is not more than $33^{1/3}$ %, check this | | | | | | |
| b | 33 ¹ /3 % support tests–2021. If the organi | | | | | | |
| | line 18 is not more than 33 ¹ /3%, check this l | | | | | | |
| 20 | Private foundation. If the organization di | - | - | | | | |
| | v | | , | | | | |

| Schedul | National Cambridge Collectors, Inc. 23-73 | 6612 | 20 P | 'age 4 |
|---------|---|--------|-------|---------------|
| Part | V Supporting Organizations | | | |
| | (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, comple | te Sec | ction | ıs A |
| | and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part | | | te |
| | Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete | Part \ | V.) | |
| Section | on A. All Supporting Organizations | | | |
| | | ` | Yes | No |
| 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. | 1 | | |
| 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). | 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. | 3a | | |
| 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. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| 4. | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | 4- | | |
| h | "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| 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. | 4b | | |
| с | Did the organization support any foreign supported organization that does not have an IRS determination | 40 | | |
| U | 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| Ju | 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). | 5a | | |
| 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? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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. | 6 | | |
| 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). | 7 | | |
| 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). | 8 | | |
| 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. | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | 01 | | |
| - | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | 0.5 | | |
| 10- | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4942(f) (regarding cortain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If</i> "Yes," answer line 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | IVa | | |
| 5 | determine whether the organization had excess business holdings.) | 10b | | |

| | National Cambridge Collectors, Inc. 23-73 | 3661 | 20 F | age |
|-------|--|--------|-------------|-----|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | Ν |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who 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 member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above?// "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| ecti | ion B. Type I Supporting Organizations | | | |
| | | | Yes | Ν |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively | | | |
| | operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| 2 | organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | | | |
| | | 2 | | |
| ect | ion C. Type II Supporting Organizations | | | |
| | | | Yes | Ν |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| ecti | ion D. All Type III Supporting Organizations | | 1 | |
| | | | Yes | Ν |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | - | | |
| 3 | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | _ | | |
| Conti | | 3 | | |
| | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | nstruc | ctions |). |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| ~ | The example the supported a governmental entity. Describe in Part VI how you supported a governmental | a | 1000 | |

- c U The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No
- Activities Test. Answer lines 2a and 2b below. 2
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- а Did the organization 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

National Cambridge Collectors, Inc.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*).
 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 | | |
| Section 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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

| Schedul Part | e A (Form 990) 2022 National Cambridge V Type III Non-Functionally Integrated 509(a)(| Collectors, 3) Supporting Organ | Inc. nizations (continu | | 3-7366120 Page 7 |
|-----------------|---|------------------------------------|---------------------------------------|----|---|
| | on D - Distributions | <i>,</i> . . | | Í | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | rted | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 11 0 | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required | - provide details in Par | t VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | , | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | sponsive | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | าร | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required- <i>explain in Part VI</i>). See instr. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| е | 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: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| С | 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, <i>explain in Part VI</i> . See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| С | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

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Schedule A (Form 990) 2022

| Schedule A (F | | National | Cambridge | Collectors, | Inc. | 23-7366120 Page 8 |
|---------------|--------------------|--------------------|--------------------|-------------------------|--------------------------|--------------------------|
| Part VI | Supplemental I | nformation. Prov | ide the explanatio | ns required by Part II | , line 10; Part II, line | 17a or 17b; |
| | | | | | | 11c; Part IV, Section B, |
| | | | | tion D, lines 2 and 3; | | |
| | | | | Part V, Section D, lin | | |
| | | | | itional information. (S | | |
| | lines 2, 5, and 6. | Also complete this | s part for any add | | | |
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| SCHED | ULE N | |
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| (Form 9 | 990) | |

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

22

20

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

UYA

Employer identification number

National Cambridge Collectors, Inc.

23-7366120

| | | (a) | (b) | (c) | | | (d) | | |
|---------|--|---------------------|--|---|-----|----------------------|----------|--------|---------|
| | | Check if applicable | Number of contributions or items contributed | Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | /lethod c ash con | of dete | | |
| 1 | Art – Works of art | | | | | | | | |
| 2 | Art – Historical treasures | | | | | | | | |
| 3 | Art – Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household | | | | | | | | |
| - | goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities – Publicly traded | | | | | | | | |
| 10 | Securities – Closely held stock | | | | | | | | |
| 11 | Securities – Partnership, LLC, | | | | | | | | |
| | or trust interests | | | | | | | | |
| 12 | Securities – Miscellaneous | | | | | | | | |
| 13 | Qualified conservation | | | | | | | | |
| | contribution – Historic | | | | | | | | |
| | structures | | | | | | | | |
| 14 | Qualified conservation | | | | | | | | |
| | contribution – Other | | | | | | | | |
| 15 | Real estate – Residential | | | | | | | | |
| 16 | Real estate – Commercial | | | | | | | | |
| 17 | Real estate – Other | | | | | | | | |
| 18 | Collectibles | Х | 100 | | Not | val | ued | | |
| 19 | Food inventory. | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other () | | | | | | | | |
| 26 | Other () | | | | | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Other () | | | | | | | | |
| 29 | Number of Forms 8283 received by the | organization | during the tax year for contributi | ons for which the | | | | | |
| | organization completed Form 8283, Part | t V, Donee A | cknowledgement | | 29 | | | | 0 |
| | | | | | | | | Yes | No |
| 30 a | During the year, did the organization rec | - | | - | | | | | |
| | that it must hold for at least 3 years from | | | | | | | | |
| | purposes for the entire holding period? | | | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Pa | | | | | | | | |
| 31 | Does the organization have a gift accept | | | | | | | | |
| | contributions? | | | | | | <u> </u> | | |
| 32a | Does the organization hire or use third p | | • | | | | | | |
| | contributions? | | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amoun | nt in column | (c) for a type of property for which | ch column (a) is checked, | | | | | |
| For Par | describe in Part II. erwork Reduction Act Notice, see the Instr | ructions for F | orm 990. | | ç | Schedule | M (Fo | rm 990 |)) 2022 |

Schedule M (Form 990) 2022National Cambridge Collectors, Inc.23-7366120PagePart IISupplemental Information.Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| | Our alement of her former time to Forme 200 or 200 | | | |
|--|---|---------------------|------------------------------|--|
| SCHEDULE O (Form 990) | Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 Complete to provide information for responses to specific questions on OMB No. 1545-0047 | | | |
| | Form 990 or 990-EZ or to provide any additional information. | | | |
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | Open to Public Inspection | |
| Name of the organization | | Employer identifica | | |
| National Cam | bridge Collectors, Inc. | 23-736612 | | |
| Part VI Line | | 20 /00011 | | |
| | mbers are siblings. | | | |
| Part VI Line | | | | |
| | and bylaw changes | | | |
| Part VI Line | | | | |
| The Form 990 | is reviewed by the Finance Committee, the | n submitte | ed to the | |
| | of Directors. | | | |
| Part VI Line | - | . | | |
| Governing do | cuments, applicable policies, and financia | 1 statemer | its are | |
| | | | | |
| Part XI Line | e on request. | | | |
| | - | | | |
| Correction o | f prior year write-off | | | |
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| Schedule O (Form 990) 2022 | Page 2 | | | | |
|--|--------------------------------|--|--|--|--|
| Name of the organization | Employer identification number | | | | |
| National Cambridge Collectors, Inc. | 23-7366120 | | | | |
| Part VI Line 2 | | | | | |
| Two board members are siblings. | | | | | |
| Part VI Line 7b | | | | | |
| Constitution and bylaw changes | | | | | |
| Part VI Line 11b | | | | | |
| The Form 990 is reviewed by the Finance Committee, then | | | | | |
| Part VI Line 11b | | | | | |
| submitted to the Board of Directors foor acceptance. | | | | | |
| Part VI Line 18 | | | | | |
| Form 990 is published on the website and available on request. | | | | | |
| Part VI Line 19 | | | | | |
| Governing documents, applicable policies, and financial | | | | | |
| Part VI Line 19 | | | | | |
| statements are available on request. | | | | | |