Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2	005 calendar year, or tax year beginning	and e	nding			
В	Check if	Please C Name of organization			D Emplo	yer identification number	
	applicable:	use IRS NATIONAL ARCHERY ASSOCIATION OF T	=				
Г	Address change		-6118407				
F	Name change	type. Number and street (or P.O. hov if mail is not delivered to street address	none number				
F	□Initial	See Specific 1 OLYMPIC PLAZA	,	1100111/3ditto		9-866-4576	
F	return Final	Instruc-				ing method: Cash X A	
H	—return □Amende					ner ecify)	ccruai
F	—lreturn ⊟Applicat	COLORADO SERINGS, CO 80909	ete	I 11 / 1			
	pending	must attach a completed Schedule A (Form 990 or 990-EZ).	313			section 527 organization	
_				H(a) Is this a group r			Z No
		►WWW.USARCHERY.ORG	1 507	H(b) If "Yes," enter nu			1
_		tion type (check only one) ► X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527	H(c) Are all affiliates i (If "No," attach a		N/AYes _	No
		re \(\sum \) if the organization's gross receipts are normally not more than \$25,000.		H(d) is this a separate	e return fi	led by an or-	٦
		ion need not file a return with the IRS; but if the organization chooses to file a return, e a complete return. Some states require a complete return.	be			roup ruling? X Yes	No
_	Suit to iii	e a complete return. Some states require a complete return.		I Group Exemptio			
	0	ainter Add lines Ch. Ob. Ob. and 40b to line 40.	1	M Check ► L Sch. B (Form 99		anization is not required to a	attacn
		reipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,144,31		,	10, 990-L2	2, 01 990-71).	
P		Revenue, Expenses, and Changes in Net Assets or Fund	Dala	ances			
	1	Contributions, gifts, grants, and similar amounts received:	د ا	64.0	F 0		
	a	Direct public support	1a	64,0			
	b	Indirect public support	1b	612,0	21.		
	С	Government contributions (grants)	1c	15 456		686 44	
	d	Total (add lines 1a through 1c) (cash \$ 660,634. noncash \$		15,476.		1d 676,11	LU.
	2	$\label{program} Program service revenue including government fees and contracts (from Part VII, limited by the program of the program$				2 228,03	37.
	3	Membership dues and assessments				3 181,19	
	4	Interest on savings and temporary cash investments					97.
	5	Dividends and interest from securities				5	
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
ō	7	Other investment income (describe)	7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities		(B) Other			
ě.		than inventory	8a				
_	D	Less: cost or other basis and sales expenses	8b				
		Gain or (loss) (attach schedule)	8c				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
	9	Special events and activities (attach schedule). If any amount is from gaming , check	k here				
	a	Gross revenue (not including \$ of contributions		1			
		reported on line 1a)	9a				
	1	Less: direct expenses other than fundraising expenses	9b	1			
	1	Net income or (loss) from special events (subtract line 9b from line 9a)		I 50 2		9c	
		Gross sales of inventory, less returns and allowances	10a	58,3			
		Less: cost of goods sold	10b	45,8		10.50	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from sale		,		10c 12,52	<u> </u>
	11	Other revenue (from Part VII, line 103)				11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 1,098,46	
Ś	13	Program services (from line 44, column (B))				13 876,99	
nse	14	Management and general (from line 44, column (C))				14 145,80	
Expenses	15	Fundraising (from line 44, column (D))			·····-	15 37,63	5U •
ũ		Payments to affiliates (attach schedule)				16 1 0 0 0 4 3	
	17	Total expenses (add lines 16 and 44, column (A))				17 1,060,43	
Ų	18					18 38,03	
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19 123,14	_
- V	•	Other changes in net assets or fund balances (attach explanation)				20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 161,17	/6.		

NATIONAL ARCHERY ASSOCIATION OF THE

Form 990 (2005)

UNITED STATES

36-6118407

Page 2

6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) (cash \$ 0 ⋅ noncash \$ 0 ⋅ if this amount includes foreign grants, check here	and general	
(cash \$ 0 ⋅ noncash \$ 0 ⋅ if this amount includes foreign grants, check here		
If this amount includes foreign grants, check here 22 23 25 25 25 25 25 25		
23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) 25 Compensation of officers, directors, etc. 26 Other salaries and wages 27 Pension plan contributions 28 Other employee benefits 29 Payroll taxes 29 Payroll taxes 29 Pofessional fundraising fees 31 Accounting fees 32 Legal fees 32 Legal fees 33 Supplies 33 16,591. 11,711. 34 Telephone 34 5,920. 1,844. 35 Postage and shipping 36 Occupancy 37 Equipment rental and maintenance 38 Printing and publications 39 Printing and publications 39 Printing and publications 30 Ocferences, conventions, and meetings 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43		
schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25 Compensation of officers, directors, etc. 25 72,100. 58,218. 26 Other salaries and wages 26 232,980. 166,284. 27 Pension plan contributions 27 6,169. 3,742. 28 Other employee benefits 28 50,027. 31,395. 29 Payroll taxes 29 30 Professional fundraising fees 30 31 Accounting fees 31 32 Legal fees 32 33 Supplies 33 16,591. 11,711. 34 Telephone 34 5,920. 1,844. 35 Postage and shipping 35 27,361. 21,828. 36 Occupancy 36 37 Equipment rental and maintenance 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 41 41 Interest 42 8,548. 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43a 43b 43c 4d 43d		
Schedule 24 25 Compensation of officers, directors, etc. 25 72,100		
25 Compensation of officers, directors, etc. 26 Other salaries and wages 27 Pension plan contributions 28 Other employee benefits 28 Depreciation, depletion, etc. (attach schedule) 29 Tension plan contributions 27		
26 Company 26 232,980. 166,284. 27 Pension plan contributions 27 6,169. 3,742. 28 Other employee benefits 28 50,027. 31,395. 29 31,395. 29 30 Professional fundraising fees 30 31 Accounting fees 31 32 Legal fees 32 33 16,591. 11,711. 34 5,920. 1,844. 35 Postage and shipping 35 27,361. 21,828. 36 Occupancy 36 37 Equipment rental and maintenance 37 16,955. 15,690. 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 41 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43a 43b 43b 6 43c 43d	13,882.	0.
27 6,169. 3,742. 28 Other employee benefits 28 50,027. 31,395. 29 31,395. 32 31 32 33 31 33 33 34 34 35 36 34 35 36 36 36 36 37 34 34 34 35 36 36 36 37 36 37 36 36 37 36 37 36 37 36 37 36 37 36 37 36 37 36 37 36 36 37 36 37 36 37 36 36 37 36 37 36 37 36 37 36 37 36 37 36 37 36 37 36 37 36 37 37 36 37 37 36 37 37 37 36 37 37 36 37 37 37 37 37 37 37 37 37 37 37 37 37	39,648.	27,048.
28 Other employee benefits 29 Payroll taxes 29 30 Professional fundraising fees 30 Professional fundraising fees 31 Accounting fees 32 Legal fees 33 Supplies 34 Telephone 35 Postage and shipping 36 Occupancy 37 Equipment rental and maintenance 38 Printing and publications 39 Travel 40 Conferences, conventions, and meetings 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a b c d d 28 50,027. 31,395. 29 31,395. 29 30 31 30 31 31 32 32 33 316,591. 11,711. 34 711. 35 27,361. 21,828. 36 37 36 37 37 16,955. 15,690. 38 44,990. 41,353. 39 132,876. 118,637. 40 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 43 43a 43b 43c 43d 43d	2,035.	392.
29 Payroll taxes 29 30 Professional fundraising fees 30 31 Accounting fees 31 32 Legal fees 32 33 Supplies 33 16,591. 11,711. 34 Telephone 34 5,920. 1,844. 35 Postage and shipping 35 27,361. 21,828. 36 Occupancy 36 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43 Other expenses not covered above (itemize): 43a a 43a b 43a c 43c d 43d	15,630.	3,002.
30 Professional fundraising fees 30 31 Accounting fees 31 32 Legal fees 32 33 Supplies 33 16,591. 11,711. 34 Telephone 34 5,920. 1,844. 35 Postage and shipping 35 27,361. 21,828. 36 Occupancy 36 37 Equipment rental and maintenance 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43a 43b 5 C 43c 6 C 43d 6 C 43d 6 C 43d		
31 Accounting fees 31 32 Legal fees 32 33 Supplies 33 16,591. 11,711. 34 Telephone 34 5,920. 1,844. 35 Postage and shipping 35 27,361. 21,828. 36 Occupancy 36 37 Equipment rental and maintenance 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43 Other expenses not covered above (itemize): 43a a 43a b 43a c 43c d 43d		
32 Legal fees 32 33 Supplies 33 16,591. 11,711. 34 Telephone 34 5,920. 1,844. 35 Postage and shipping 35 27,361. 21,828. 36 Occupancy 36 37 Equipment rental and maintenance 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43 Other expenses not covered above (itemize): 43a 43a 43b 43c 43d		
34 Telephone 34 5,920 1,844 1 35 Postage and shipping 35 27,361 21,828 1 36 Occupancy 36 37 Equipment rental and maintenance 37 16,955 15,690 1 38 Printing and publications 38 44,990 115,690 1 39 Travel 39 132,876 1118,637 1 40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 8,548 1 43a 43b 43b 43c 43d 43c 43d		
34 Telephone 34 5,920. 1,844. 35 Postage and shipping 35 27,361. 21,828. 36 Occupancy 36 37 Equipment rental and maintenance 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43 Other expenses not covered above (itemize): 43a 43a 43b 43c 43d	4,474.	406.
35 Postage and shipping 35 27,361. 21,828. 36 36 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43a 43a 43b 43c 43c 43d	3,689.	387.
37 Equipment rental and maintenance 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 40 41 41 42 8,548. 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43a 43a 43a 43c 43d 43d	4,614.	919.
37 Equipment rental and maintenance 37 16,955. 15,690. 38 Printing and publications 38 44,990. 41,353. 39 Travel 39 132,876. 118,637. 40 40 41 41 42 8,548. 42 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43a 43a 43a 43c 43d 43d		
39 Travel 39 132,876. 118,637. 40 Conferences, conventions, and meetings 40 40 41 42 42 8,548. 41 Depreciation, depletion, etc. (attach schedule) 42 8,548. 43a 43b 43b 43c 43d 43d	1,265.	
40 Conferences, conventions, and meetings 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a b c d 43b 43c 43c 43d	1,963.	1,674.
40 Conferences, conventions, and meetings 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a 43a b 43b c 43c d 43d	12,276.	1,963.
42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a b c d 43		
43 Other expenses not covered above (itemize): 43a a 43b b 43b c 43c d 43d		
a 43a b 43b c 43c d 43d	8,548.	
b 43b 43c 43d 43d		
c 43c 43d 43d		
d 43d		
140al		
e 43e		
f 43f 445 013 406 006	25 550	1 020
g SEE STATEMENT 2 43g 445,913. 406,296.	37,778.	1,839.
44 Total functional expenses. Add lines 22		
through 43. (Organizations completing		
columns (B)-(D), carry these totals to lines 13-15)	145,802.	37,630.

N/A

N/A

Form	aan	(2005)

N/A

N/A

; (ii) the amount allocated to Program services \$

; and (iv) the amount allocated to Fundraising \$

If "Yes," enter (i) the aggregate amount of these joint costs \$

(iii) the amount allocated to Management and general \$

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	nat is the organization's primary exempt purpose? SEE STATEMENT 3	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	INTERNATIONAL - APPROXIMATELY 103 MEMBERS PARTICIPATED IN APPROXIMATELY 8 INTERNATIONAL ARCHERY EVENTS.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ TOURNAMENTS - THERE WERE 14 NATIONAL EVENTS INVOLVING APPROXIMATELY 2500 ARCHERS.	206,956.
c	(Grants and allocations \$) If this amount includes foreign grants, check here ► MEMBERSHIP - APPROXIMATELY 4100 MEMBERS RECEIVE USA ARCHERY MAGAZINE.	169,330.
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ DEVELOPMENT - TO PROMOTE AND DEVELOP THE SPORT OF ARCHERY IN THE UNITED STATES.	167,785.
e	(Grants and allocations \$) If this amount includes foreign grants, check here Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations \$) If this amount includes foreign grants, check here □	176,564. 156,363.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	876,998.

UNITED STATES

Part IV | Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) (B) Beginning of year should be for end-of-year amounts only. End of year 17,649. 100,060. 45 Cash - non-interest-bearing 45 46 Savings and temporary cash investments 46 9,115. 47a 47 a Accounts receivable b Less: allowance for doubtful accounts 47b 3.116. 9,115. 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 Receivables from officers, directors, trustees, and key employees 50 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c 32,322. 31,981. Inventories for sale or use 52 52 22,624. Prepaid expenses and deferred charges 21,113. 53 53 54 54 Investments - securities _____ ___ Cost L 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55c Investments - other 56 **57 a** Land, buildings, and equipment: basis 173,091. 57a b Less: accumulated depreciation 54,579. 121,616. 118,512. 57b 57c Other assets (describe 58 58 195,816. Total assets (must equal line 74). Add lines 45 through 58 282,292. 59 59 26,226. 16,650. 60 Accounts payable and accrued expenses 60 61 Grants payable 61 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees 63 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable 64b Other liabilities (describe ► DEFERRED REVENUE 56,020. 94,890. 65 65 72,670. 121,116. Total liabilities. Add lines 60 through 65) 66 Organizations that follow SFAS 117, check here ▶ X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 114,975. 121,363. Unrestricted 67 67 8.171. 39.813. 68 Temporarily restricted Permanently restricted ______ Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74. Capital stock, trust principal, or current funds 70 70 Paid-in or capital surplus, or land, building, and equipment fund 71 71 Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 123,146. 73 161,176. 282,292. Total liabilities and net assets/fund balances. Add lines 66 and 73 195,816. 74

Form 990 (2005	5) UNITED STATES	36-6118407	Page
Part IV-A	Reconciliation of Revenue per Audited Financial Statements V	With Revenue per Return (See the	

	instructions.)					
a	Total revenue, gains, and other support per audited financial statements	ents			a 1	,098,460.
	Amounts included on line a but not on Part I, line 12:					, ,
	Net unrealized gains on investments		ь1			
	Donated services and use of facilities				1	
3	Recoveries of prior year grants				1	
4	Other (specify):		b4		1	
	Add lines b1 through b4				ь	0.
С	Subtract line b from line a				c 1	,098,460.
	Amounts included on Part I, line 12, but not on line a:					, ,
1	Investment expenses not included on Part I, line 6b		d1			
	Other (specify):		d2			
	Add lines d1 and d2				d	0.
е	Total revenue (Part I, line 12). Add lines c and d				e 1	,098,460.
Pa	Total revenue (Part I, line 12). Add lines c and d	ancial Statements	With Expenses	per	Return	-
a	Total expenses and losses per audited financial statements				a 1	,060,430.
	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20					
3	Losses reported on Part I, line 20		b3			
	Other (specify):		b4			
	Add lines b1 through b4				b	0.
C	Subtract line b from line a				c 1	,060,430.
	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
	Other (specify):		d2			
	Add lines d1 and d2				d	0.
е	Total expenses (Part I, line 17). Add lines c and d			. ▶		,060,430.
Pa	rt V-A Current Officers, Directors, Trustees, and K		•		fficer, dir	ector, trustee,
	or key employee at any time during the year even if they w	ere not compensated.) (S	ee the instructions.)	1/ D \ca	ntuibutione t	al (E) Eypopoo
	(A) Name and address	(B) Title and average hour per week devoted to position	(If not paid, enter	emple	oyee benefit	o (E) Expense account and
		position	-0)	compe	ensation plan	other allowances
- -			70 100	١ ,	0.57	
SE	E STATEMENT 5		72,100.		,057	. 0.
		1				_ i

NATIONAL ARCHERY ASSOCIATION OF THE

36-6118407 Form 990 (2005) UNITED STATES Page 6

If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X	Pa	t V-A Current Officers, Directors, Trustees, and Ke	ey Employees (continu	red)			Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensation from any other regimentations. New Part I, or highest compensation in Schedule A, Part I, or highest compensation in Schedule A, Part I, or highest common supervision or common contract. 1 Price, statuch a statement that identifies the includuse, spolans the relationship between this organization. If Yes, statuch a statement that identifies the includuse section Soliday's supporting organization. 1 Prart V-II Promer Officers, Directors, Trustee, or key employee reserved compensation or or the benefits (lescottaed below) during the year, list that pesson below and enter the amount of compensation or or other benefits in the appropriate column. See the international profession or other benefits in the appropriate column. See the international profession or other benefits in the appropriate column. See the international profession or other benefits in the appropriate column. See the international profession or other benefits in the appropriate column. See the international profession or other benefits in the appropriate column. See the international profession or other benefits in the appropriate column. See the international profession or other benefits in the appropriate column. See the international profession or other benefi	75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board	1.4			
Issted in Schedule A, Part I, or highest componented professional and other independent contractors listed in Schedule A, Part I, or highest components the individuals and explains the relationships) or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships). Co. part Micros, directors, tristops, or key employees listed in Form 990, Part VA or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or travable, that are related to this organization still from the compensation from any other organizations and the other organizations (i.e., and discretises the compensation from any other discretises the compensation and the other organizations (i.e., and discretises the compensation and part of the compensation or compensation and the other organizations and the other organization and the other organization and the other organization and the other organization have a wetter condition of the compensation or other benefits in the appropriate columns for the part of the part of the compensation and the other organization or other benefits in the part of the other and other discretises and other discretises and other discretises and other discretises. Part Veil Other Information See the instructions		•			_			
the individuals and explains the relationships) © Do any offices, directors, insteads or key employees lated in form 990, Part VA. or highest compensated employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated profession or common control. Note, Related organizations include section 509(a)(3) supporting organizations. 1 Yes; 'table as statement that I dentifies the individuals, explains the relationship between the organizations and the other organization (s), and discretifies the compensation in or Other Part II Yes; 'table as statement that I dentifies the individuals, explains the relationship between the organization and the other organization. 2 Part VIII Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (Itanscribed below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the individual organization and the properties of the individual organization or other benefits in the appropriate column. See the Individual organization and the properties of the Individual organization or other benefits in the appropriate organization organization seems of the Individual organization or other benefits in the appropriate organization organization and enter individual organization or other benefits in the appropriate organization organization and enter individual organization and the other individual organization and the other individual organization and the other individual organization and	b	listed in Schedule A, Part I, or highest compensated professional an	d other independent contr	actors listed in Sc	hedule A,			
It sted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or II B, raceive compensation from any other organizations, whether tax seems or taxable, that are related to this organization through common supervision or common control? Note, Related organizations include section 50(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation amount of the other organization and the other organization(s), and describes the compensation have a written conflict of interest policy? Part V-II The organization have a written conflict of interest policy? Part V-II The organization have a written conflict of interest policy? (A) Name and address NONE (B) Loans and Advances (C) Compensation or Other Denefits (described below) during the year, list this person below and enter the amount of compensation or other benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list this person below and enter the amount of compensation or other benefits (described below) during the year, list this person below and enter the amount of compensation or other benefits (described below) during the year, list this person below and enter the amount of compensation or other benefits (described below) during the year, list this person below and enter the amount of compensation or other benefits (described below) during the year, list this person below and enter the amount of compensation or other benefits (described benefits) and the person below and enter the amount of compensation or other benefits (described benefits) and the person below and enter the amount of compensation or described benefits (described benefits) and the person below and enter the amount of compensation or described benefits (described benefit		the individual and explains the valuation like in (a)						X
Part II A or II B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note, Related organizations include section 509(a)(3) supporting organizations. If "res," attach a statement that identifies the individuals, optians the relationship between this organization and the other organization(s), and dearthes the compensation arrangements, including amounts paid the each individual by each related organization. 4 Does the organization have a written conflict of interest policy? 75d	C	Do any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest c	ompensated empl	oyees			
organization through common supervision or common control? Note. Related organizations include section 50(8)(8) supporting organizations. If "ves, tatch a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compressation arrangements, including amounts paid to each individual by each related organization. 4 Doos the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employees review compensation or other benefits (since the below) during the year, is that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address NONE (B) Loans and Advances (C) Compensation								
Fire state in a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid the achi individual by each related organization in the other organization have a written conflict of interest policy? Part VI Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (elsevible below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address NONE (B) Loans and Advances (C) Compensation (D) Comp						75c		X
describes the compensation arrangements, including amounts paid to each individual by each related organization. Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, or key employee received compensation or or other benefits in the appropriate columns, and enter the amount of compensation or other benefits in the appropriate columns, and the instructions.) (A) Name and address NONE (B) Loans and Advances (C) Compensation (C) Compen								
Part VI Other Information (See the instructions.) Part					ization(s), and			
Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate i	d							X
the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions. (A) Name and address NONE (B) Loans and Advances (C) Compensation (C) Co	Pa							ina
Part VI Other Information (See the instructions.) Yes No								
Part VI Other Information (See the instructions.) 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 77 Were any changes made in the organization growning documents but not reported to the IRS? 78 a Did the organization engage in any activity not previously reported to the IRS? 79 If "Yes," has if filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year covered by this return? 78 a X 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 78 Was there a liquidation, dissolution, termination, or substantial contraction durin			(B) Loans and Advances	(C) Compensation	employee benefit plans & deferred	àc	ccount	and
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See					oomponoanon piai	╁		
Part VI Other Information (See the instructions.) Pert VI Other Information (See the instructions.) Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement was the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Bif "Yes," enter the name of the organization SEE STATEMENT 6 and check whether it is exempt or nonexempt organization for nonexempt organization file Form 1120-POL for this year?								
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See						+		
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See								
Part VI Other Information (See the instructions.) Pert VI Other Information (See the instructions.) Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement was the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Bif "Yes," enter the name of the organization SEE STATEMENT 6 and check whether it is exempt or nonexempt organization for nonexempt organization file Form 1120-POL for this year?						+		
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See								
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See						┷		
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See								
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See								
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See						1		
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See								
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See						+		
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See								
Part VI Other Information (See the instructions.) Part Ves, "attach a detailed (See the instructions) or more during the year covered by this return? Part VI Other Information (See the instruction of the IRS? If "Yes," attach a detailed (See Information (See						+		
Part VI Other Information (See the instructions.) 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 a Is "Yes," enter the name of the organization SEE STATEMENT 6 and check whether it is exempt or nonexempt organization? 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81 b Did the organization file Form 1120-POL for this year?								
Part VI Other Information (See the instructions.) 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 a Is "Yes," enter the name of the organization SEE STATEMENT 6 and check whether it is exempt or nonexempt organization? 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81 b Did the organization file Form 1120-POL for this year?						+		
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Build the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement statement as the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization SEE STATEMENT 6 Enter direct or indirect political expenditures. (See line 81 instructions.) Build the organization file Form 1120-POL for this year?								
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Build the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement statement as the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization SEE STATEMENT 6 Enter direct or indirect political expenditures. (See line 81 instructions.) Build the organization file Form 1120-POL for this year?								
description of each activity Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 8 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement But a list the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? But a list "Yes," enter the name of the organization solution and check whether it is exempt or nonexempt organization. But a list of the list of		·	a the IDC2 If "Vee " attach	a datailed			Yes	No
Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 b If "Yes," enter the name of the organization SEE STATEMENT 6 and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81 b Did the organization file Form 1120-POL for this year?	70					76		Х
The proof of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The proof of this year? The proof of this ye	77					77		X
b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement But a list the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? But a list in the organization of the organiza	79 -		O or more during the	oovered by this	1 IVD 2	70.	y	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Big Statement Sta								
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization SEE STATEMENT 6 and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt b Did the organization file Form 1120-POL for this year? 80a X 80a X 81b X								Х
b If "Yes," enter the name of the organization SEE STATEMENT 6 and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt b Did the organization file Form 1120-POL for this year?	80 a	80 a Is the organization related (other than by association with a statewide or nationwide organization) through common						
and check whether it is exempt or nonexempt B1 a Enter direct or indirect political expenditures. (See line 81 instructions.) B1 b Did the organization file Form 1120-POL for this year? B1 b X	h			anization?		80a	X	
b Did the organization file Form 1120-POL for this year?	J	11 100, Office the frame of the organizations		exempt or	nonexempt			
Forms 000 (000F)								77
							990 (

NATIONAL ARCHERY ASSOCIATION OF THE

UNITED STATES 36-6118407 Page 7 Form 990 (2005)

	rt VI Other Information (continued)	011040	Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at subs	stantially	1.00	110
	less than fair rental value?	·		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/	'A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		Х	
	Did the organization solicit any contributions or gifts that were not tax deductible? N/			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we			
	tax deductible? N/	/A 84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	/A 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	/A 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization receive			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d N/			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/	/A 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	/ <u>A</u> 85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	,_		
	line 12 86a N/			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders N/	A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	/ 3		
	against amounts due or received from them.) 87b N/			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnersh			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			37
••	If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶	0.		
D	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	896		Х
	If "Yes," attach a statement explaining each transaction			
·	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0.
ч	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>		0.
	List the states with which a copy of this return is filed ▶NONE			•
	Number of employees employed in the pay period that includes March 12, 2005 90b			7
	The books are in care of ► NATIONAL ARCHERY ASSOCIATION Telephone no. ► 7	719-866-4	1576	
		IP+4 ► 8090		
h	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		Yes	No
	account)?	91b	+	Х
	If "Yes," enter the name of the foreign country ▶ N/A	318		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		Х
·	If "Yes," enter the name of the foreign country N/A	[510	-	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶ 「	
_	and enter the amount of tax-exempt interest received or accrued during the tax year			0.

Form **990** (2005)

Page **8**

NATIONAL ARCHERY ASSOCIATION OF THE

Form 990 (2005)

UNITED STATES

Part V	Analysis of income-i	Producing A					
Note: En	ter gross amounts unless other	wise _	(A)	d business income	(C)	by section 512, 513, or 514	(E)
indicated	<i>1.</i>		Business	(B) Amount	Exclu-	(D) Amount	Related or exempt
93 Prog	ram service revenue:		code	Amount	sion code	Amount	function income
а ТС	URNAMENT FEES						174,329.
b CA	MPS & CLINICS						53,708.
С							•
d							
e			+				
	icare/Medicaid payments						
	and contracts from governmen	_					181,194.
	bership dues and assessments				14	597.	101,194.
	est on savings and temporary cash i				14	337.	
	lends and interest from securities						
	rental income or (loss) from real	-					
	-financed property						
b not d	lebt-financed property						
98 Net i	ental income or (loss) from pers	onal property					
99 Othe	r investment income						
100 Gain	or (loss) from sales of assets						
othe	r than inventory						
	ncome or (loss) from special eve						
	s profit or (loss) from sales of in				03	12,522.	
	r revenue:	, F					
a	. revende.						
b							
Ğ —							
, <u> </u>							
<u> </u>							
404 O L	(7) (7)	(E)			0.	12 110	100 221
	otal (add columns (B), (D), and (13,119.	409,231.
105 lota	I (add line 104, columns (B), (D)	, and (E))		Devit			422,350.
	e 105 plus line 1d, Part I, should				met Dure	2000 (0 - 1/- ' 1 - 1/-	
	II Relationship of Activ						
Line No.	Explain how each activity for which				ited importan	tly to the accomplishment o	f the organization's
	exempt purposes (other than by	providing lunds to	r such purpose	es).			
	SEE STATEMENT	./					
Part IX			Subsidiarie		rded Enti		-
Name a	(A) ddress, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
partr	nership, or disregarded entity	ownership interes	t	Naturo or activitios		Total moonio	assets
		9	6				
	N/A	9,	6				
	·	9	6				
		9					
Part X	Information Regarding			ed with Person	al Benefi	t Contracts (See the	instructions.)
(a) Did	the organization, during the year, re					·	Yes X No
	the organization, during the year, pa	-	-		-		Yes X No
` '	"Yes" to (b), file Form 8870 and	• •			i contiact:		1e3 <u>21</u> NO
	Under penalties of perjury, I declare that correct, and complete. Declaration of pre				and statements.	and to the best of mv knowledg	e and belief, it is true.
Please	correct, and complete. Declaration of pre	eparer (other than office	cer) is based on a	I information of which pre	parer has any kn	owledge.	,
Sign	Cianatura of officer			Doto	Tung or prim	t name and title	
Here	Signature of officer		L	Date	_ '' '	t name and title.	Droporovio CCNI ov DTINI
Paid	Preparer's				Date	Check if self-	Preparer's SSN or PTIN
Preparer's	signature					employed 🕨 💹	
Use Only				SOCIATES,	$_{ m LLP}$	EIN ▶ 05-0	0523988
•	self-employed), 5390 N			, STE 300			
523163	ZIP + 4 COLORAI	OO SPRING	29 COT.C	B V DO		Dhono no 71	L9-596-6110

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES

Employer identification number

36 6118407

ONTIED DINIED			20: 0TT0=	
Part I Compensation of the Five Highest Paid En (See page 1 of the instructions. List each one. If there are none,		Officers, Dire	ctors, and T	rustees
	(b) litle and average hours	ı	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	account and other allowances
KATHLEEN FRAZIER	DIR FINANCE			
COLORADO SPRINGS, CO	40.00	50,466.	4,112.	
TOM PARRISH	HI PERFOR DIR			
COLORADO SPRINGS, CO	40.00	57,409.	2,057.	
	-			
	-			
	_			
Total number of other employees paid				
over \$50,000	· 0			
Part II-A Compensation of the Five Highest Paid Inc			ional Service	es
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services	. 0			
Part II-B Compensation of the Five Highest Paid Inc (List each contractor who performed services other than profess firms. If there are none, enter "None." See page 2 of the instruction	lependent Contractor sional services, whether individu		ervices	
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	service	(c) Compensation
NONE				
Total number of other contractors receiving over \$50,000 for other services	. 0			

36-6118407 Page 2

P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities > \$\$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	ı Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b		Х
C	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 8	2d	Х	
е	Transfer of any part of its income or assets?	2e		Х
	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you determine that recipients qualify to receive payments.)	3a		Х
b	Do you have a section 403(b) annuity plan for your employees?	3b		Х
C	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	Зс		Х
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice			
	on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
P	art IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	e organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8				
9				
	and state			
10	(Also complete the Support Schedule in Part IV-A.)	-		
11				
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11				
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descr			
	(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the test of section 509(a)(2). Check the box that describes the test of section 509(a)(2).	ibes		
	the type of supporting organization: Type 1 Type 2 Type 3 Provide the following information about the supported organizations. (See page 6 of the instructions.)			
	Frovide the following information about the supported organizations. (See page o of the instructions.)	/h\l ir	ıo num	hor
	(a) Name(s) of supported organization(s)		e num om abo	
	An organization organized and appraised to test for public cafety. Section 500(a)///. (See page 6 of the instructions.)			

Page 3

Pa	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.								
Cale	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total			
15	Gifts grants and contributions	(4) 2004	(b) 2000	(0) 2002	(u) 2001	(0) 10.001			
	received. (Do not include unusual grants. See line 28.)	752,472.	687,108.	697,772.	729,638.	2,866,990. 719,336.			
_16	Membership fees received	186,590.	187,166.	183,101.	162,479.	719,336.			
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	184,996.	217,275.	162,264.	159,896.	724,431.			
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	91.	92.	1,990.	4,952.	7,125.			
19	Net income from unrelated business								
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
22	Other income. Attach a schedule. Do not include gain or (loss) from			SEE STATEME		2 262			
23	sale of capital assets \(\)	1 12/ 1/0	1 001 6/1	-723. 1,044,404.	-2,540. 1,054,425.				
24	Line 23 minus line 17	939,153.	874,366.		894,529.				
25	Enter 1% of line 23	11,241.	10,916.		10,544.	3,330,100.			
26	Organizations described on lines 1	•	<u> </u>			N/A			
b	Prepare a list for your records to sho					-,			
	unit or publicly supported organization	on) whose total gifts for 2	001 through 2004 excee	ded the amount shown in	line 26a.				
	Do not file this list with your return.	. Enter the total of all thes	e excess amounts		► 26b	N/A			
C	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)		▶ 26c	N/A			
	Add: Amounts from column (e) for li		19						
		22	26b		▶ 26d	N/A			
е	Public support (line 26c minus line 2	ed total)			▶ 26e	N/A			
f	Public support percentage (line 26					N/A %			
27	Organizations described on line 12 records to show the name of, and to such amounts for each year:	tal amounts received in ea	nch year from, each "disq	ualified person." Do not fi	le this list with your retu	ırn . Enter the sum of			
		. (2003)				0.			
b	For any amount included in line 17 th and amount received for each year, t				•	·			
	described in lines 5 through 11b, as the larger amount described in (1) o	r (2), enter the sum of the	se differences (the exces	s amounts) for each year	• •	_			
c	(2004) U Add: Amounts from column (e) for li	es: (2003) nes: 15 24,431. 20 an	2,866,990.	16 719 -	336.	0.			
J	17 7	24,431. ₂₀	, ,	21	▶ 27c	4,310,757.			
d	Add: Line 27a total	0 • an	d line 27b total	· 	0 • ≥ 27d	4,310,757. 0. 4,310,757.			
е	Public support (line 27c total minus	line 27d total)			2 7e	4,310,757.			
f	Total support for section 509(a)(2) to				314,619.				
g									
	Investment income percentage		•	-		.1651%			
28 I	Jnusual Grants: For an organization	described in line 10, 11,	or 12 that received any u	inusual grants during 200	11 through 2004, prepare	a list for your records to			

show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return**. Do not include these grants in line 15.

36-6118407

Page 4

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

1/A

9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
		_		
	Does the organization maintain the following:	_		
	Records indicating the racial composition of the student body, faculty, and administrative staff?			<u> </u>
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<u> </u>
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		<u> </u>
	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
	Does the organization discriminate by race in any way with respect to:	- 33a		
	Students' rights or privileges?			
D.	Admissions policies?	330		
4	Employment of faculty or administrative staff? Scholarships or other financial assistance?	33d		$\overline{}$
				_
f	Educational policies? Use of facilities?			
	Use of facilities? Athletic programs?			
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			1

Schedule A (Form 990 or 990-EZ) 2005

Page 5

Part VI-A | Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) N/A (To be completed ONLY by an eligible organization that filed Form 5768)

Checl	$k \triangleright a$ if the organization belongs to an affiliated group. Check \triangleright b if	you che	ecked "a" and "limited control"	provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
37 T 38 T 39 (40 T	Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table -	36 37 38 39 40	N/A	
I N C C C	The lobbying nontaxable amount is - lot over \$500,000 20% of the amount on line 40 over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 41)	41		
43 S 44 S	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.	43		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to		Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	169	NU	Aillouilt
а	Volunteers		X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
C	Media advertisements		Х	
d	Mailings to members, legislators, or the public		Х	
е	Publications, or published or broadcast statements		Х	
f	Grants to other organizations for lobbying purposes		Х	
	Direct contact with legislators, their staffs, government officials, or a legislative body		Х	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
	Total lobbying expenditures (Add lines c through h .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

			(eee page 12 er alle mear	a o a o a o a				
51			irectly or indirectly engage in any of t		-			
	50	1(c) of the Code (other than s	section 501(c)(3) organizations) or in	section 527, relating to pol	litical organizations?			
а			ganization to a noncharitable exempt	-		- · · · ·	Yes	No
						51a(i)		<u> </u>
	(i	i) Other assets				a(ii)		X
b		her transactions:						
						b(i)		<u> </u>
						b(ii)		X
						b(iii)		X
						b(iv)		X
	•					b(v)		X
						b(vi)		X
C			mailing lists, other assets, or paid er		hunga ah ay tha fair manish yalva af tha			X
d		•	e is Yes, complete the following sch given by the reporting organization.	, ,	lways show the fair market value of the			
	-		nent, show in column (d) the value of	-			N/A	
/0		(b)	(c)	the goods, other assets, or	(d)		IV / A	
	(a) (b) (c) ine no. Amount involved Name of noncharitable exempt organization			empt organization	Description of transfers, transactions, and sh	aring ar	rangem	ents
				1 3	, , ,			
52 a					anizations described in section 501(c) of the			_
	Co	de (other than section 501(c)	(3)) or in section 527?		▶ ∟	Yes	X	No
b	lf'	Yes," complete the following s	· · · · · · · · · · · · · · · · · · ·	1				
		(a) Name of org) ganization	(b) Type of organization	(c) Description of relationship)		
0045	_			l	l			

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Name of organization

NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES

Employer identification number

36-6118407

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule . (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes and a Special Rule-see instructions.)					
General Rule-						
-	illing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one olete Parts I and II.)					
Special Rules-						
sections 1.509(a)-3	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations 3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% ine 1 of these forms. (Complete Parts I and II.)					
aggregate contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)					
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)						
Caution: Organizations tha	t are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but					

they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing

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

requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization
NATIONAL ARCHERY ASSOCIATION OF THE
UNITED STATES

Employer identification number

36-6118407

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EASTON TECHNICAL PRODUCTS, INC. SALT LAKE CITY, UT	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4 GLOBAL SPORTS CONSULTANTS D/B/A JET SET SPORTS	\$ 10,000.	Person X Payroll Noncash
	FAR HILLS, NJ		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	NATIONAL ARCHERY ASSOCIATION FOUNDATION COLORADO SPRINGS, CO	\$68,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	UNITED STATES OLYMPIC COMMITTEE COLORADO SPRINGS, CO	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	HOYT SALT LAKE CITY, UT	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 1
INCOME			
1. GROSS RECEIPTS		58,373	
3. LINE 1 LESS LINE 2			58,373
	(LINE 13)	45,851	12,522
COST OF GOODS SOLD			
7. MERCHANDISE PURCHAS 8. COST OF LABOR 9. MATERIALS AND SUPPL 10. OTHER COSTS	ING OF YEAR	32,322 45,510	77,832
12. INVENTORY AT END OF	YEAR (LINE 11 LESS LINE 12)	31,981	45,851

FORM 990	OTHER EXPENSES STATEMENT				
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	JG
BUILDING EXPENSES	4,640.		4,640.		
GIFTS & AWARDS GROUND	11,524.	11,180.	344.		
TRANSPORTATION	12,991.	12,485.	280.	22	26.
INSURANCE	29,794.	21,329.	8,465.		
MAINTENANCE	667.	05 040	667.	1 2	
MEALS & LODGING	103,558.	97,848.	4,410.	1,30)0.
PER DIEM PROFESSIONAL FEES	9,433. 118,027.	9,133. 106,120.	300. 11,907.		
PUBLICATIONS	771.	100,120.	745.	,	26.
REGISTRATION FEES	14,459.	12,948.	1,386.		25.
RENTALS	6,409.	4,545.	1,776.		88.
SERVICE CHARGES	2,896.	2,0101	2,822.		74.
WEARING APPAREL	6,934.	6,898.	36.		
ADVERTISING	1,835.	1,835.			
BANQUET	4,781.	4,781.			
GRANTS	61,910.	61,910.			
STIPEND	45,858.	45,858.			
TARGETS	4,212.	4,212.			
MISCELLANEOUS	5,214.	5,214.			
TOTAL TO FM 990, LN 43	445,913.	406,296.	37,778.	1,83	39.

EXPLANATION

THE NATIONAL ARCHERY ASSOCIATION IS THE NATIONAL GOVERNING BODY FOR OLYMPIC ARCHERY MAKING IT RESPONSIBLE FOR THE PROMOTION OF AMATEUR ARCHERY IN THE U.S.

PART III

MARANA, AZ

FORM 990	OTHER PROGRAM SERVICE	ES 	STAT	EMENT	4
DESCRIPTION	GRANTS AND ALLOCATIONS		S EX	EXPENSES	
CAMPS U.S. ARCHERY TEAM JOAD ACHIEVEMENT				101,53 25,26 29,56	63.
TOTAL TO FORM 990, PART	III, LINE E			156,36	53.
	-A - LIST OF OFFICERS, DIRECTED TRUSTEES AND KEY EMPLOYEES	ECTORS,	STAT	EMENT	5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENS	
MARK MILLER	PAST PRESIDENT 2.00	0.	0.		0.
CHICAGO, IL					
DARRELL PACE	PRESIDENT 2.00	0.	0.		0.
HAMILTON, OH					
NEIL R. FOSTER	BOARD MEMBER 2.00	0.	0.		0.
MARIETTA, GA	2.00	••	•		•
JANE JOHNSON	BOARD MEMBER 2.00	0.	0		0
EDMOND, OK	2.00	0.	0.		0.
LIONEL CALDWELL	BOARD MEMBER	•	0		•
SMOKETOWN, PA	2.00	0.	0.		0.
RANDEL TURNER	BOARD MEMBER	•	2		•
BETHPAGE, NY	2.00	0.	0.		0.
ALLEN RASOR	VICE PRESIDENT 2.00	0.	0.		0.

NATIONAL ARCHERY ASSOCIATION OF	THE UNIT			36-6118407
JOE MCGLYN	VICE PRESIDENT 2.00	0	0	. 0.
FLORAL PARK, NY	2.00	0.	U	. 0.
STEVE DICKOVER	BOARD MEMBER 2.00	0.	0	. 0.
NOBLESVILLE, IN	2.00	0.	U	. 0.
BRIAN SHEFFLER	NFAA REPRESENTAT	IVE 0.	0	. 0.
INDIANAPOLIS, IN	2.00	0.	U	. 0.
BRADLEY CAMP	EXECUTIVE DIRECT	OR 72,100.	2 057	. 0.
COLORADO SPRINGS, CO	40.00	72,100.	2,057	. 0.
LLOYD BROWN	BOARD MEMBER 2.00	0.	0	. 0.
SAN DIEGO, CA	2.00	0.	U	. 0.
DAVID COUSINS	BOARD MEMBER 2.00	0.	0	. 0.
STANDISH, ME	2.00	0.	U	. 0.
GUY GERIG	BOARD MEMBER 2.00	0.	0	. 0.
DEER PARK, NY	2.00	0.	U	. 0.
ROBERT C.W. SMITH	FITA COUNCIL REF	RESENTATIV		. 0.
BETHLEHEM, PA	2.00	0.	U	. 0.
TOTALS INCLUDED ON FORM 990, PART	V-A	72,100.	2,057	. 0.
				
	N OF RELATED ORGAN	IIZATIONS	STA	TEMENT 6
NAME OF ORGANIZATION		E	XEMPT	NONEXEMPT
UNITED STATES OLYMPIC COMMITTEE NATIONAL ARCHERY ASSOCIATION FOUND	DATION	_	X X	

TO THE MAGAZINE.

FORM	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	7
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES		
93A	TOURNAMENT REGISTRATIONS ARE RELATED TO THE ASSOCIATION'S PURPOSE OF PROVIDING AMATEUR COMPETITIONS.	EXEMPT	
93B 94	CAMPS & CLINICS ARE HELD TO PROVIDE TRAINING IN THE SPORT MEMBERS RECEIVE LIABILITY AND ACCIDENT INSURANCE COVERAGE		

EXPLANATION OF TRANSACTIONS SCHEDULE A PART III, LINE 2D

STATEMENT

THE ORGANIZATION REIMBURSES THE BOARD OF DIRECTORS FOR TRANSPORTATION COSTS TO AND FROM BOARD MEETINGS AND OTHER BOARD RELATED EXPENSES UPON PRESENTATION OF VALID RECEIPTS.

SCHEDULE A	OTHER INC	OME	STATEMENT		
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
MISCELLANEOUS	0.	0.	-723.	-2,540	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	-723.	-2,540	0.

	990-T	E	xempt Organization Bus	sine ler se	ss Income	Tax Returr	1	OMB No. 1545-0687			
Intern	al Revenue Service	For c	alendar year 2005 or other tax year beginning		, and ending			2003			
Α	Check box if address changed		Name of organization (Check box if name of NATIONAL ARCHERY ASSOC			(Empl	oyer identification number byees' trust, see instruction ock D on page 7.)				
B E	xempt under section	Print	UNITED STATES				36-6118407				
	501(c)(3) 408(e) 220(e)	or	Number, street, and room or suite no. (If a P.O. both 1 OLYMPIC PLAZA	page 7 of instructions.)		E New unrelated bus. activity cod (See instructions for Block E on page 7.)					
	☐ 408A ☐ 530(a) ☐ 529(a)		City or town, state, and ZIP code COLORADO SPRINGS, CO	541800							
	pok value of all assets F Group exemption number (see instructions for Block F) ► 8273										
at	end of year 282,292.	G Check	c organization type X 501(c) corporatio	n L	501(c) trust	401(a) trust		Other trust			
H De	escribe the organization	n's prima	ary unrelated business activity. SALE OF	' AD	VERTISING	IN MAGAZIN	1E				
I Du	uring the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt-subs	sidiary controlled group	?	Ye	s X No			
lf '	"Yes," enter the name	and ident	ifying number of the parent corporation.								
J Th	ie books are in care o	f 🕨 1	NATIONAL ARCHERY ASSOCI	ATI	ON Telep	ohone number 🕨 🗇	719-	866-4576			
Pa	rt I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense	S	(C) Net			
1 a	Gross receipts or sal	es									
b	Less returns and allo	wances	c Balance ▶	1c							
2	Cost of goods sold (Schedule	A, line 7)	2							
3	Gross profit. Subtrac			3							
	Capital gain net income (attach Schedule D)										
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b							
C	Capital loss deduction	n for trus	sts	4c							
5	Income (loss) from p	artnersh	ips and S corporations (attach statement)	5							
6	Rent income (Sched	, .		6							
7	Unrelated debt-finan	ced incor	ne (Schedule E)	7							
8		-	nd rents from controlled organizations (Sch. F)	8							
9			on 501(c)(7), (9), or (17) organization	9							
10	Exploited exempt act	ivity inco	me (Schedule I)	10							
11	Advertising income (Schedule	s J)	11	9,350	. 12,8	369.	-3,519			
12	Other income (See in	struction	s - attach schedule.)	12							
			gh 12	13	9,350		369.	-3,519			
Pa	Deduction (Except for	ons No contribu	ot Taken Elsewhere (See instructions for utions, deductions must be directly connected	or limit d with	ations on deductions the unrelated busine	s.) ess income.)					
14	Compensation of of	fficers, di	rectors, and trustees (Schedule K)				14				
15							15				
16	Repairs and mainte	nance .					16				
17							17				
18	Interest (attach sch	edule) .					18				
19	Taxes and licenses						19				
20		tions (See	e instructions for limitation rules.)				20				
21	Depreciation (attach	n Form 48	562)		21						
22	Less depreciation c	laimed or	n Schedule A and elsewhere on return		22a		22b				
23							23				
24	Contributions to de	ferred co	mpensation plans				24				

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller

25

26 27

28

29

30 31

32

33 34

of zero or line 32

-3,519.

1,000.

25

26

27

28

29

30

31

32

34

Form 990-T (2005)

Part II	Tax Computation									
35	Organizations Taxable as Corpora	tions. See instructions for	tax computation.							
	Controlled group members (section	ns 1561 and 1563) - check	here . See instructions and	d:						
а	Enter your share of the \$50,000, \$2	25,000, and \$9,925,000 tax	xable income brackets (in that orde	er):						
	(1) \$ (2) \$ (3) \$									
b	Enter organization's share of: (1) A									
	(2) Additional 3% tax (not more the									
C	Income tax on the amount on line 3		35c			0.				
36	Trusts Taxable at Trust Rates. See									
	36									
37 Proxy tax. See instructions 37										
38	Alternative minimum tax					38				
	Total. Add lines 37 and 38 to line 3	5c or 36, whichever applies	S			39			0.	
	/ Tax and Payments						1			
	Foreign tax credit (corporations atta									
	Other credits (See instructions)			40b		_				
C	General business credit - Check he									
	Form 3800			40c		_				
	Credit for prior year minimum tax (4				
е	Total credits. Add lines 40a throug	jh 40d				40e				
41	Subtract line 40e from line 39 Other taxes. Check if from: Fo					41			0.	
						42				
43						43			0.	
	Payments: A 2004 overpayment cr					_				
	2005 estimated tax payments					_				
	Tax deposited with Form 8868 Foreign organizations - Tax paid or					_				
						_				
	Backup withholding (see instruction Other credits and payments:	IIS)		446		_				
'		Other		144						
45	Total payments. Add lines 44a thro	Cirici	10101			45				
46	Estimated tax penalty (See instructi	ions) Check ▶ ☐ if Fo	orm 2220 is attached			46				
	Tax due. If line 45 is less than the t					47			0.	
48	Overpayment. If line 45 is larger th					48			0.	
	Enter the amount of line 48 you wa	nt: Credited to 2006 estim	nated tax	Refur		49				
Part V	Statements Regardi	ng Certain Activiti	ies and Other Informati	on (See instruct	ions on pag	je 16.)				
1 At a	ly time during the 2005 calendar ye	ear, did the organization hav	ve an interest in or a signature or o	ther authority over	a financial ac	count ir	ı	Yes	No	
a for	eign country (such as a bank accou	unt, securities account, or c	other financial account)? If "Yes," t	he organization may	y have to file	Form			X	
TD F	90-22.1. If "Yes," enter the name of	of the foreign country here	>							
2 Duri	ng the tax year, did the organization	n receive a distribution from	n, or was it the grantor of, or transf	eror to, a foreign tr	ust?				X	
If "Y	es," see page 5 of the instructions fo	or other forms the organiza	ition may have to file.							
	r the amount of tax-exempt interest									
Sched	ule A - Cost of Goods S	fold. Enter method of in	nventory valuation 🕨 N/A	A						
		1 . 1				1				
	ntory at beginning of year	1	6 Inventory at end of yea			6				
	hases		7 Cost of goods sold. Su							
	of labor	3	from line 5. Enter here			7		1		
	tional section 263A costs	4a	8 Do the rules of section				-	Yes	No	
	r costs (attach schedule)	4b 5	property produced or the organization?						v	
5 1012	I. Add lines 1 through 4b		including accompanying schedules and					rue	X	
Sign	correct, and complete. Declaration of	preparer (other than taxpayer) is	s based on all information of which prepa	erer has any knowledge	·					
Here		I	👠			•	S discuss this i er shown below		vith	
	Signature of officer	Date	Title				s)? X Yes		□Nο	
	Preparer's		Date	Check if			SSN or PTIN			
Paid Brongror'	signature			self-employed						
Preparer' Use Only	Firm's name (or yours if self-	IANN, BOYCE &	ASSOCIATES, LI		EIN 05	5-05	23988			
·	employed), 5390 N		LVD., STE 300				-596-6	11	0	
523711 01-31-06	address and	DO SPRINGS (Form 9	90-T	(2005)	

Form **990-T** (2005)

Form 990-T (2005)

36-6118407

Form 990-T (2005) UNITED	STAT	ES		_					36-61	184	LO7 Page	
Schedule C - Rent Inco	ome (Fro	om Real	Proper	ty and	l Personal	Proper	ty Lea	ase	d With Real P	rope	erty)(See instr. on pg 17.)	
1 Description of property												
(1)												
(2)												
(3)												
(4)												
		Rent received							2 Deductions dire	ctly con	anected with the income in	
(a) From personal property (ir rent for personal property 10% but not more th	is more than	ige of	(b) F	f rent for pe	nd personal propert ersonal property ex t is based on profit	ceeds 50%	centage or if		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)								_				
(2)								_				
(3)								4				
(4)								_				
Total		0.	Total				0	┙.	Total deductions.			
Total income . Add totals of colum here and on page 1, Part I, line 6, 0	column (A)							E	Enter here and on page Part I, line 6, column (B)	ı, ▶	0.	
Schedule E - Unrelated	l Debt-F	inanced	Incom	e (See	instructions or	n page 17	7.)					
					2 Gross inc	come from			3 Deductions directly to debt-fin			
1 Description of	debt-finance	ed property			or allocable financed p	e to debt-		(a) s	traight-line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)												
(2)												
(3)												
(4)												
4 Amount of average acquisition debt on or allocable to debt-finance property (attach schedule)	ed	of or a debt-fina	adjusted ba illocable to nced proper n schedule)	by column 5				7 Gross income reportable (column 2 x column 6)			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)						0	%			-+		
(2)							%			+		
(3)							%			-		
(4)							%			-		
	<u> </u>						Ente	er here	e and on page 1,		Enter here and on page 1,	
									e 7, column (A).		Part I, line 7, column (B).	
Totals							ightharpoonup			0.	0.	
Total dividends-received deduct	ions includ	ed in columr	18							ightharpoonup	0.	
Schedule F - Interest, A	Annuitie	s, Royal	ties, ar	nd Rer	nts From C	ontrolle	ed Org	gan	izations (See i	nstruc	ctions on page 18.)	
				Exemp	t Controlled O	rganizatio	ons					
1 Name of Controlled Organizat	ion	Employer Ide Numl	entification				4 cal of specified yments made		5 Part of column (4) that included in the controllin organization's gross incor		at is ing connected with income in column (5)	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations			•		•			•		•	
7 Taxable Income 8 Net unrelated income (loss) (see instructions)						Part of column (9) that is included in the controlling organization's gross income			11 Deductions directly connected with income in column (10)			
(1)												
(2)												
(3)												
(4)												
							Add colu Enter her line 8, co	e and	on page 1, Part I,	Enter	olumns 6 and 11. here and on page 1, Part I, column (B).	
Totale									0.		0.	
Totals						🖊			U •		<u> </u>	

Form 990-T (2005) UNITED	STATES			0.	. 01 1112			36-	611840	7	Page 4
Schedule G - Investme	nt Income or ructions on pag		ection 501(d	c)(7),	, (9), or (17) Oı	rganizat	tion				
1 Description of income					2 Amount of income 3 Deductions directly connected (attach schedule)			4 Set-asides			ductions sides s col. 4)
(1)				+		(,			(00.1.0 p.ta.c	, ,
(2)											
(3)											
(4)											
					nter here and on page 1, art I, line 9, column (A).			<u> </u>		Enter here and of Part I, line 9, co	on page 1, lumn (B).
Totals				▶	0.						0.
Schedule I - Exploited (See instru	Exempt Act actions on page		ncome, Oth	ner 1	Than Advertis	ing Inco	me				
1 Description of exploited activity	income from	unrelated business			4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income		Expenses tributable to column 5	7 Excess exepenses (c 6 minus colubut not mor column	olumn umn 5, e than
(1)											
(2)											
(3)											
(4)											
page 1, Part I, page 1, Pa		Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.			
Totals		0.) .	0.)						0.
Schedule J - Advertision	ng Income	See inst	tructions on pa	age i	9.)						
Part I Income From I	eriodicais	nepor		01150	Jiluateu Dasis	<u>'</u>			<u> </u>	7 -	
1 Name of periodical	advert	2 Gross advertising income 3 D advertis		sts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income		6 Readership costs		7 Excess readership of (column 6 m column 5, bu more that column 4	osts inus t not า
(1) USA ARCHERY	9,	350.	12,86	59.							
(2)			1								
(3)											
(4)											
Totals (carry to Part II, line (5))	▶ 9,	350.	12,86	59.	-3,519						0.
Part II Income From I columns 2 through	Periodicals	Report	ted on a Se				odical liste	d in Pa	art II, fill in		
(1)											
(2)											
(3)											
(4)											
(5) Totals from Part I	9.	350.	12,86	59.		l					0.
Enter here and on Enter he page 1, Part I, page		Enter here and page 1, Part line 11, col. (E	on I					Enter here and on page 1, Part II, line 27.			
Totals, Part II (lines 1-5)		350.	1	·							0.
Schedule K - Compens					Trustees (See	instruction	ons on pag	ge 20.)			<u> </u>
1 N					2 Title		3 Perce time devo	nt of ted to		nsation attributab elated business	le
								0/			

0.

% % %

▶

Total - Enter here and on page 1, Part II, line 14