** PUBLIC DISCLOSURE COPY **

Department of the Treasury

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 Open to Public

| Inter | nal Rever | nue Service The organization may have to use a copy of this return to satisfy sta | ate reporting requirements | inspection | | |
|-----------------------------|----------------------------------|---|--|-------------------------------|--|--|
| ΑI | For the | e 2011 calendar year, or tax year beginning and ending | | | | |
| B | Check if applicable Addreschange | NATIONAL ARCHERY ASSOCIATION OF THE U.S. | D Employer identifi | ication number | | |
| H | □Name | | | 110107 | | |
| F | lchang □ Initial | Doing Business As | | 118407 | | |
| | return ☐Termir ated | Number and street (or P.0. box if mail is not delivered to street address) 711 N. TEJON STREET | | er 866-4721 | | |
| | Ameno return | City or town, state or country, and ZIP + 4 | G Gross receipts \$ | 2,494,537. | | |
| | Applic tion | COLORADO SERINGS, CO 80303 | H(a) Is this a group r | eturn | | |
| | pendir | F Name and address of principal officer:DENISE PARKER SAME AS C ABOVE | for affiliates? H(b) Are all affiliates in | Yes X No | | |
| $\overline{}$ | Tax-exe | | ─ ` ' | list. (see instructions) | | |
| | | e: WWW.USARCHERY.ORG | H(c) Group exemption | | | |
| _ | | | | M State of legal domicile: CO | | |
| | art I | Summary | <u>. </u> | ·· | | |
| | | Briefly describe the organization's mission or most significant activities: THE ASSC | CIATION IS TH | E NATIONAL | | |
| ĕ | | GOVERNING BODY FOR THE SPORT OF ARCHERY IN T | | | | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or disposed of r | nore than 25% of its net a | ssets. | | |
| Ne. | 1 | Number of voting members of the governing body (Part VI, line 1a) | 1 | 10 | | |
| Ğ | | Number of independent voting members of the governing body (Part VI, line 1b) | | 10 | | |
| စ္ | | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | 13 | | |
| Ìţį | | Total number of volunteers (estimate if necessary) | | 30 | | |
| ċÈ | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 0. | | |
| ⋖ | | Net unrelated business taxable income from Form 990-T, line 34 | | | | |
| | | , | Prior Year | Current Year | | |
| ø. | 8 | Contributions and grants (Part VIII, line 1h) | 1,536,492. | | | |
| ž | | Program service revenue (Part VIII, line 2g) | 178,737. | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 823. | | | |
| œ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 44,667. | | | |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,760,719. | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 28,852. | 0. | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0 | | |
| S | 1 | Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10) | 513,771. | 714,818. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 14,680. | 0. | 0. | | |
| g | b | Total fundraising expenses (Part IX, column (D), line 25) 14,680. | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,096,322. | 1,629,810. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,638,945. | 2,344,628. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 121,774. | 43,809. | | |
| or | | | Beginning of Current Year | End of Year | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 804,335. | 893,316. | | |
| t As | 21 | Total liabilities (Part X, line 26) | 109,830. | 155,002. | | |
| ENE PER | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 694,505. | 738,314. | | |
| Pa | art II | Signature Block | | | | |
| | - | lties of perjury, I declare that I have examined this return, including accompanying schedules and st | | y knowledge and belief, it is | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare | parer has any knowledge. | | | |
| | | | | | | |
| Sig | n | Signature of officer | Date | | | |
| Her | re | DENISE PARKER, CEO | | | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name Preparer's signature | Date Check | PTIN | | |
| Pai | d | KENNETH E. WAUGH | if self-employ | | | |
| Pre | parer | Firm's name WAUGH & GOODWIN, LLP | Firm's EIN | 20-1766527 | | |
| Use | Only | Firm's address 1365 GARDEN OF THE GODS, SUITE 150 | | | | |
| | | COLORADO SPRINGS, CO 80907 | Phone no. (| 719) 590-9777 | | |
| Ma | y the IF | RS discuss this return with the preparer shown above? (see instructions) | | X Yes No | | |

| Pai | t III Statement of Program Service Accomplishments |
|----------|---|
| _ | Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly describe the organization's mission: THE ASSOCIATION IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF |
| | ARCHERY IN THE UNITED STATES. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to |
| | others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 456,198. including grants of \$) (Revenue \$) INTERNATIONAL EVENTS - 86 ELITE ATHLETES REPRESENTED THE U.S. IN 15 |
| | INTERNATIONAL EVENTS - 66 ELITE ATHLETES REPRESENTED THE U.S. IN 15 INTERNATIONAL ARCHERY EVENTS WHICH INCLUDED THE WORLD CUPS EVENTS, |
| | WORLD CHAMPIONSHIPS, AND PAN AMERICAN GAMES. |
| | WORLD CHAMFIONSHIPS, AND FAN AMERICAN GAMES. |
| | |
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| | |
| 4b | (Code:) (Expenses \$ 263,418 • including grants of \$ 24,800 •) (Revenue \$ 144,904 •) |
| | NATIONAL EVENTS AND TRIALS - THERE WERE 21 NATIONAL EVENTS INVOLVING |
| | APPROXIMATELY 3800 ARCHERS. EVENTS WERE SUPPORTED WITH A SCORING TEAM |
| | AND MEDIA AND PUBLIC RELATIONS. NEW BANNERS, FLAGS AND FIELD EQUIPMENT |
| | WERE ADDED TO INCREASE THE QUALITY AND LEVEL OF EVENTS TO BETTER |
| | PREPARE THE NATIONAL TEAM FOR INTERNATIONAL EVENTS. TOP QUALIFYING |
| | ARCHERS WERE GIVEN CASH AWARDS AT DESIGNATED TOURNAMENTS. |
| | |
| | |
| | |
| | |
| | |
| <u> </u> | (Code:) (Expenses \$ 22,232 • including grants of \$) (Revenue \$) |
| 4c | (Code:) (Expenses \$ 22,232. including grants of \$) (Revenue \$) NATIONAL TEAM - US AND JR ARCHERY TEAMS WERE SELECTED TO PARTICIPATE IN |
| | VARIOUS NATIONAL AND INTERNATIONAL EVENTS. |
| | VIII. 1000 IVIII 101/III 11/10 IVIII 101/III 11/101/III |
| | |
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| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 1,320,266 • including grants of \$ 55,334 •) (Revenue \$ 291,288 •) |
| 4e | Total program service expenses ► 2,062,114. |
| | Form 990 (2011) |

UNITED STATES

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Form 990 (2011) UNITED STATE Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | х |
| _ | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | Α. |
| 5 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | x |
| 40 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | u | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | ., |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form 990 (2011) UNITED STATES

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | x | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | OFF | | х |
| 26 | Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 25b | | |
| 20 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | ,, |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | 37 | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | ,, | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | I |

| | 990 (2011) UNITED STATES | 20-0110 | 40/ | P | age र |
|---------|--|-------------------------------|-----|-----|-------|
| Par | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | | |
| | Officer if Schedule S contains a response to any question in this rait v | | | Yes | No |
| 12 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | _{1a} 55 | | 162 | INO |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and r | | | | |
| · | (gambling) winnings to prize winners? | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | -10 | | |
| Zu | filed for the calendar year ending with or within the year covered by this return | 2a 13 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions | | | | |
| 3a | Didd | -, | За | | х |
| | 15 IN A HILL STORY IN THE COOKER HIS CONTROL OF THE | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: | , | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accounts. | | | |
| 5a | | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5b | | Х |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | any contributions that were not tax deductible? | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribute | | | | |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | rvices provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | | | l |
| | to file Form 8282? | 1 1 | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Formation of the Fo | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | | | | |
| • | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| 10 | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 100 | | | |
| a h | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a 10b | | | |
| ь 11 | Section 501(c)(12) organizations. Enter: | 100 | | | |
| '' | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | . 14 | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 4 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| | Did the consideration we also accompanies for independent and an electronic design and a second of the formation of the constant of the consta | | 14a | | Х |
| | | | | | |

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

14b

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Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\overline{\triangleright}CO$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website **X** Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 719-866-4721 711TEJON STREET, COLORADO SPRINGS, 80903 N.

UNITED STATES

Form 990 (2011)

| Part VII | Compensation of Officers, I | Directors, | Trustees, I | Key Employees, | Highest C | Compensated | i |
|----------|-----------------------------|------------|-------------|----------------|-----------|-------------|---|
| | Employees, and Independent | nt Contrac | tors | | | | |

Check if Schedule O contains a response to any question in this Part VII

36-6118407

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) | |
|----------------------|---|-----|--|---------|--------------|------------------------------|--------|--|--|--|--|
| Name and Title | Average hours per week | box | Position o not check more than one x, unless person is both an ficer and a director/trustee) | | | | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other | |
| | (describe hours for related organizations in Schedule O) | _ | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | |
| (1) BILL CORBIN | | | | l | | | | | | | |
| CHAIRMAN | 1.00 | Х | | Х | | | | 0. | 0. | 0 | |
| (2) TOM GREEN | | | | | | | | 4 40- | | _ | |
| DIRECTOR | 1.00 | Х | | | | | | 1,625. | 0. | C | |
| (3) BELINDA FOXWORTH | | | | | | | | | | _ | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | C | |
| (4) BRIAN SHEFFLER | | l | | | | | | 4 000 | | | |
| DIRECTOR | 1.00 | Х | | | | | | 1,000. | 0. | 0 | |
| (5) ERIKA ANSCHUTZ | | l | | | | | | | | _ | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | C | |
| (6) CINDY BEVILACQUA | | l | | | | | | 2 | | _ | |
| DIRECTOR | 1.00 | Х | | | | | | 3,600. | 0. | 0 | |
| (7) GREG EASTON | | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 | |
| (8) HELEN SAHI | | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 | |
| (9) LINDA BECK | | | | | | | | | | _ | |
| DIRECTOR | 1.00 | Х | | | | | | 550. | 0. | 0 | |
| (10) BRADY ELLISON | | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 5,000. | 0. | C | |
| (11) DENISE PARKER | | | | | | | | | _ | | |
| CEO | 40.00 | | | Х | | | | 92,481. | 0. | 9,976 | |
| (12) KISIK LEE | | | | | | | | | _ | | |
| HEAD COACH | 40.00 | | | | | Х | | 134,751. | 0. | 10,878 | |
| | | | | | | | | | | | |
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| | | 1 | 1 | l | l | 1 | | 1 | | | |

Form **990** (2011) 132007 01-23-12

| | † VII Section A. Officers, Directors, Tru | stees, Key Er | mplo | oyee | es, a | nd l | ligh | est | Compensated Employ | rees (continued) | | | | <u>9</u> - |
|-----|---|------------------------------|-------------|-----------------------|------------------|---------------|------------------------------|----------|-------------------------|------------------------------|-------|--------|----------------|------------|
| | (A) | (B) | Ė | | (0 | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | not c | Pos | ition more | than | one | Reportable | Reportable | | Es | stimate | ed |
| | | hours per week | box | , unle | ss pe | rson | is bot or/trus | h an | compensation | compensatio | | ar | nount | of |
| | | (describe | Η. | | | | | Ĺ | from the | from related organization | | com | other pensa | ation |
| | | hours for | or director | | | | pa | | organization | (W-2/1099-MIS | | | rom th | |
| | | related | 8 | rustee | | | ensat | | (W-2/1099-MISC) | | | _ ~ | janizat | |
| | | organizations in Schedule | nal tru | onal t | | ployee | t comp | | | | | l . | d relat | |
| | | O) | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| | | | = | = | 0 | ~ | _ ω | ш. | | | | | | |
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| | | | | | | | | | | | _ | | | |
| | Sub-total | | | | | | | | 239,007. | | 0. | 2 | 0,8 | |
| | Total from continuation sheets to Part VI | | | | | | | | 239,007. | | 0. | | | |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including but no | | | | | | | no r | | 0.000 of reportab | _ | | 0,0 | <u> </u> |
| | compensation from the organization | | | | | | , | | • | ., | | | | |
| • | 5.1 | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i> | | | | | | | | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | her compensation from | | | 3 | | 23 |
| · | and related organizations greater than \$150 | | | | | | | | | ino organization | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | idual for services | | | | |
| | rendered to the organization? If "Yes," comp | olete Schedul | e J f | or s | uch _i | pers | son . | | | | | 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest course the organization. Report compensation for the organization for the organization. | | - | | | | | | | | npens | sation | from | |
| | (A) | • | | | | | | | (B) | | | | C) | _ |
| | Name and business | address | NC | INC | <u> </u> | | | \dashv | Description of s | services | | ompe | nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in \$100,000 of compensation from the organization) | • | ot lii | mite | d to | | se lis) | stec | d above) who received n | nore than | | | | |

| Pa | rt VII | Statement of Rever | nue | | | | | |
|--|------------------------------|---|--|---|----------------------|---|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above | 1c 1d 1d 1e 1s, and 1e 1 , 1a-1f: \$ | 724,537. 202,808. | 1,926,719. | | | |
| Program Service (Revenue | 2 a b c d e f | TOURNAMENT INCO COACH DEVELOPME CAMPS & TRAININ All other program service reve | ME NT G | Business Code 900099 900099 900099 | | 186,815. 126,547. 51,140. | | |
| | 3 4 5 | Investment income (including other similar amounts) Income from investment of tax Royalties | dividends, intere | est, and oroceeds | 1,068. | | | 1,068. |
| | b c d | Rental income or (loss) Net rental income or (loss) | | > | | | | |
| | b | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses | | (ii) Other | | | | |
| Other Revenue | 8 a | Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses | g events (not of 1c). See a | | | | | |
| Oth | c 9 a b | Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam | Iraising events tivities. See a b | > | | | | |
| | 10 a b | Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales | returns a b s of inventory | | 62,913. | 62,913. | | |
| | b c d | Miscellaneous Revenue OTHER INCOME All other revenue | | Business Code 900099 | 33,235. | 33,235. | | |
| | e | Total. Add lines 11a-11d | | | 33,235. | 460 650. | 0. | 1 068. |

UNITED STATES

36-6118407 Page **10**

Form 990 (2011) UNITED STATES Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to

| com | olete columns (B), (C), and (D). | | | | |
|----------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respon- | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| _ | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 259,861. | 224,001. | 25,614. | 10,246 |
| _ | trustees, and key employees | 239,001. | 224,001. | 23,014. | 10,240 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 335,230. | 286,476. | 47,330. | 1,424 |
| 8 | Pension plan accruals and contributions (include | 223,230. | 200,2700 | 27,3334 | 2,124 |
| 3 | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 69,327. | 59,319. | 10,008. | |
| 10 | Payroll taxes | 50,400. | 31,438. | 18,962. | |
| 11 | Fees for services (non-employees): | • | , | | |
| а | Management | | | | |
| b | | | | | |
| С | | | | | |
| | | | | | |
| е | D (' ' ' ' ' ' ' O D ' ' ' ' ' ' ' ' ' | | | | |
| f | Investment management fees | | | | |
| g | Other | 213,611. | 172,247. | 39,864. | 1,500 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 007 000 | 024 254 | E2 124 | 1 510 |
| 17 | Travel | 887,898. | 834,254. | 52,134. | 1,510 |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 | Depreciation, depletion, and amortization | 20,287. | | 20,287. | |
| 23 | Insurance | 19,120. | 11,798. | 7,322. | |
| 23 24 | Other expenses. Itemize expenses not covered | == ,== 3 0 | ==,,,,,, | ,,,,,,, | |
| | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | AWARDS AND GRANTS | 98,659. | 98,659. | | |
| b | OTHER COSTS | 91,909. | 89,902. | 2,007. | |
| С | APPAREL/UNIFORMS | 69,057. | 69,057. | | |
| d | STIPENDS/HONORARIUMS | 60,625. | 60,625. | | |
| е | All other expenses | 168,644. | 124,338. | 44,306. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,344,628. | 2,062,114. | 267,834. | 14,680 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Faura 000 (0011 |

Form 990 (2011)

UNITED STATES

36-6118407 Page **11**

Part X | Balance Sheet (A) (B) Beginning of year End of year 45,134. 46,098. 1 Cash - non-interest-bearing 1 327,532. 497,038. 2 Savings and temporary cash investments 2 240,466. 44,959. 3 3 Pledges and grants receivable, net 9,983. 11,482. 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 38,692. 62,636. 8 Inventories for sale or use 8 7,038. 17,721. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 251,725. basis. Complete Part VI of Schedule D ______ 10a 60,725. 120,677. 191,000. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 13,314 23,881. 15 Other assets. See Part IV, line 11 15 804,335. 893,316. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 64,992. 78,691. Accounts payable and accrued expenses 17 17 18 18 Grants payable 31,725. 67,110. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 13,113. 9,201. 25 Schedule D 109,830. 155,002. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 501,208. 678,608. 27 Unrestricted net assets 27 193,297. 59,706. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 738,314. 893,316. 694,505. Total net assets or fund balances 33 33 804,335. Total liabilities and net assets/fund balances . 34

Form **990** (2011)

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Form 990 (2011) UNITED STATES 36-6118407 Page 12

| Ра | rt XI Reconciliation of Net Assets | | | | | | |
|----------------------------|---|------------|------|-----|----------|--|--|
| | Check if Schedule O contains a response to any question in this Part XI | | | | | | |
| 1 2 3 4 5 6 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) 1 2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | |
| | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | Yes | No | | |
| ' | | | | | | | |
| 20 | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | |
| 2a | 7 1 | | | Х | <u>X</u> | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 20 | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | 2c | х | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | Λ | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | | |
| a | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| _ | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngie Audit | | | v | | |
| | Act and OMB Circular A-133? | | . 3a | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | |
| | or audite, explain why in Schedule O and describe any steps taken to undergo such audits | | 3h | | | | |

Form **990** (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES

Employer identification number 36-6118407

| Part | I Reason | for Public Char | ity Status (All organiz | zations mu | st comple | te this par | t.) See ins | tructions. | | | | |
|------------|---|---------------------------------------|------------------------------------|-------------|------------------------------|----------------------------------|-------------------------|--------------------|--------------------|--------------|----------|----------|
| he org | anization is not | a private foundation | because it is: (For lines | 1 through | 11, check | only one b | ox.) | | | | | |
| 1 | A church, co | nvention of churche | s, or association of chur | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) |). | | | | |
| 2 | A school des | scribed in section 17 | '0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| з 🗆 | | | tal service organization | | | 170(b)(1) | (A)(iii). | | | | | |
| 4 | - · | · | operated in conjunction | | | | | (b)(1)(A)(i | ii). Enter th | e hospital | 's nam | e. |
| | city, and sta | - | | | | | | | • | | | , |
| 5 | ¬ ' | | benefit of a college or ur | niversity o | wned or or | perated by | a governi | mental un | it describe | d in | | |
| • – | - | (b)(1)(A)(iv). (Comple | | , | | · - · · · · , | 3 | | | | | |
| 6 | 7 | | ent or governmental uni | t doscribo | d in coctic | n 170/h)/- | 1\/ A\/\ _\ \ | | | | | |
| 7 | _ | | eives a substantial part | | | | | r from the | acporal p | ublic docc | ribad i | n |
| , _ | | | | oi its supp | on nom a | governine | ilai uili C | ווטווו נוופ | general p | ublic desc | iibeu ii | '' |
| ۰ _ | | (b)(1)(A)(vi). (Comple | | (Caman lata | Doub II \ | | | | | | | |
| 8 L 9 X | - | | section 170(b)(1)(A)(vi). | | | | مسمئة بما | | | d | !_ | £ |
| 9 LX | 9 | | eives: (1) more than 33 | | | | | | | | | |
| | activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. | | | | | | | | | | | |
| | | | • | tion 511 ta | ix) from bu | sinesses a | acquired b | y the orga | anization at | iter June 3 | iU, 197 | 5. |
| | _ | 509(a)(2). (Complete | | | | | 500/ W | • ` | | | | |
| 10 | 7 | | perated exclusively to te | | | | | | | | , | |
| 11 ∟ | • | | perated exclusively for the | | | | | | | • | | or |
| | | | ations described in secti | | | | 2). See se 0 | ction 509(| a)(3). Ched | ck the box | tnat | |
| | | · · | organization and compl | | | | | | | - | 211 | |
| | a ∟ Type | | ,, | • • | e III - Fund | - | - | | | Type III - C | | |
| e | | · · · · · · · · · · · · · · · · · · · | at the organization is not | | • | - | - | | - | | | n |
| _ | | | han one or more publicly | | | | | | 9(a)(1) or s | ection 509 | I(a)(2). | |
| f | ū | | tten determination from t | tne IRS tha | at it is a Ty | pe i, i ype | II, or Type | e III | | | | |
| | | organization, check th | | | | | | | | | | |
| g | _ | | organization accepted ar | | | • | | | | | | |
| | | | lirectly controls, either al | | | | | | | | Yes | No |
| | | | upported organization? | | | | | | | | | |
| | | | n described in (i) above? | | | | | | | 11g(ii) | | |
| | | | person described in (i) o | | | | | | | 11g(iii) | | |
| h | Provide the f | following information | about the supported or | ganization | (s). | | | | | | | |
| | | 1 | /iii) Type of | l | | | | 1 () | 46.0 | | | |
| | ne of supported | (ii) EIN | (iii) Type of organization | | organization sted in your | (v) Did yol organizat | u notify the | Torganizati | on in col. I | (vii) Am | | f |
| 0 | rganization | | (described on lines 1-9 | | document? | | r support? | (i) organiz U.S | red in the | sup | port | |
| | | | above or IRC section | | | ``, | | | | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| otal | | | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|------|---|-----------------------------|----------------------|-------------------------|----------------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor |) here | | | | | . |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2011 (I | ine 6, column (f) d | ivided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2010 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2011. If the o | - | | | | | |
| | $\ensuremath{\mathbf{stop}}$ here. The organization qualifies | as a publicly supp | orted organization | n | | | ▶□ |
| b | 33 1/3% support test - 2010. If the o | | | | | | |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | ation | | | ▶□ |
| 17a | 10% -facts-and-circumstances tes | t - 2011. If the org | janization did not | check a box on lin | ne 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstan | ices" test, check t | his box and stop | here. Explain in Pa | rt IV how the orgar | nization |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | publicly supporte | ed organization | | ▶□ |
| b | 10% -facts-and-circumstances tes | t - 2010. If the org | anization did not | check a box on lin | ne 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | • | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization | qualifies as a publ | licly supported org | anization | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box a | and see instruction | s ▶□ |

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

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

| Se | ction A. Public Support | oroni, produce comp | | | | | |
|----------|--|--------------------------|-----------------------|------------------------|---------------------|---------------------|-----------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1046861. | 1292054. | 1467297. | 1536492. | 1808786. | 7151490. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 167,058. | 168,273. | 158,280. | 223,404. | 578,583. | 1295598. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1213919. | 1460327. | 1625577. | 1759896. | 2387369. | 8447088. |
| | A Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| (| Add lines 7a and 7b | | | | | | 0. |
| | Public support (Subtract line 7c from line 6.) | | | | | | 8447088. |
| Se | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | 1213919. | 1460327. | 1625577. | 1759896. | 2387369. | 8447088. |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 806. | 190. | 1,139. | 823. | 1,068. | 4,026. |
| k | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 806. | 190. | 1,139. | 823. | 1,068. | 4,026. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | 5,000. | 528. | | | 5,528. |
| | Total support (Add lines 9, 10c, 11, and 12.) | 1214725. | 1465517. | 1627244. | 1760719. | 2388437. | 8456642. |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation, |
| <u> </u> | check this box and stop here | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | I I | 99.89 % |
| | Public support percentage for 2011 (| | | | | 15 | 00 00 |
| | Public support percentage from 2010 ction D. Computation of Investigation | | | | | 16 | 99.87 % |
| | Investment income percentage for 20 | | | 20 12 column (fl) | | 17 | .05 % |
| | Investment income percentage for 20 | | | | | 18 | .05 % |
| | a 33 1/3% support tests - 2011. If the | | | | | | |
| | more than 33 1/3%, check this box a | nd stop here. The | organization quali | fies as a publicly s | supported organiza | ation | ►X |
| k | o 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 | Private foundation. If the organization | | · · | =" | | - | |
| | | | | , , | 000 1110 | | ······ - |

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

OMB No. 1545-0047

2011

Employer identification number

UNITED STATES 36-6118407 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

religious, charitable, etc., contributions of \$5,000 or more during the year.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NATIONAL ARCHERY ASSOCIATION OF THE U.S.
UNITED STATES

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 621,058. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$6,870. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$5,691. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization
NATIONAL ARCHERY ASSOCIATION OF THE U.S.
UNITED STATES

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$ 72,314. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$ 36,386. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$ 623,700. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$ <u>117,933.</u> | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization
NATIONAL ARCHERY ASSOCIATION OF THE U.S.
UNITED STATES

Employer identification number

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|---|--|-------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | ARCHERY EQUIPMENT | _ | |
| 2 | | _ | |
| | | \$6,870. | 12/01/11 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | ARCHERY EQUIPMENT | _ | |
| 5 | | _ | |
| | | \$5,691. | 12/10/11 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | NIKE CLOTHING | _ | |
| 7 | | _ | |
| | | \$ | 12/31/11 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | AIRLINE TICKETS | _ | |
| 8 | | _ | |
| | | \$ | 12/31/11 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - 11 | ARCHERY EQUIPMENT, INST MAT. | _ | |
| 11 | | _ | |
| | | | 01/01/11 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | _ | |
| 123453 01-23 | 240 | Schedule B (Form 0 | 90, 990-EZ, or 990-PF) (2011) |

Name of organization

Employer identification number

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

UNITED STATES

| Part III | Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional | idual contributions to section 501(e following line entry. For organizati ., contributions of \$1,000 or less fo | c)(7), (8), ons comp r the year. | or (10) organizations that total more than \$1,000 for the leting Part III, enter (Enter this information once.) \$ |
|---------------------------|--|---|--|---|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| : | | (e) Transfer of gi | ft | |
| - - - - | Transferee's name, address, an | ad ZIP + 4 | Re | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gi | | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gi | | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gi | | elationship of transferor to transferee |
| | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES

 $\begin{array}{c} \text{Employer identification number} \\ 36-6118407 \end{array}$

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|---|--|
| | organization answered "Yes" to Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advise | ed funds |
| | are the organization's property, subject to the organization's | _ | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| | | | |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or e | | corically important land area |
| | Protection of natural habitat | Preservation of a certif | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form o | of a conservation easement on the last |
| | day of the tax year. | | |
| | , | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | l |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | | |
| | year > | , , , | 3 |
| 4 | Number of states where property subject to conservation eas | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIV, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organizat | • | |
| | conservation easements. | | 3 |
| Pai | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or Ot | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | C 958), not to report in its revenue statem | ent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exh | nibition, education, or research in furtherar | nce of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that descril | bes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statement | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pub | olic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | • \$ |
| | | | |
| 2 | If the organization received or held works of art, historical treat | | <u> </u> |
| | the following amounts required to be reported under SFAS 1: | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | • \$ |
| b | Assets included in Form 990, Part X | | |

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES 36-6118407 Page 2 Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes." explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (c) Two years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes by: No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) **b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 17,213.

91,804.

10,964.

131,744.

Schedule D (Form 990) 2011

22,951.

2,585

35,189.

17,213.

68,853.

96,555.

191,000.

8,379.

1a Land

b Buildings

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES 36-6118407 Page 3 Schedule D (Form 990) 2011 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives Closely-held equity interests Other (B) (C) (D) (E) (F) (G) (H) **(I)** Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2)(3)(4)(5) (6)(7)(8) (9)(10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4) (5) (6)(7)(8)(9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, line 25. /h) Dooleyslus

| <u>1. </u> | (a) Description of liability | (b) Book value |
|---|--|----------------|
| (1) | Federal income taxes | |
| (2) | CAPITALIZED LEASE OBLIGATION | 9,201. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. | (Column (b) must equal Form 990, Part X, col (B) line 25.) | 9,201. |

FIN 48 (ASC 740).

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

| | dule D (Form 990) 2011 UNITED STATES | | _ | | 011840 / Page 4 |
|----------|--|----------------|-------------------|---------------|-------------------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to | Audited F | inancial Sta | tement | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 2,388,437. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | | 2,344,628. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | | 43,809. |
| 4 | Net unrealized gains (losses) on investments | | 4 | | |
| 5 | Donated services and use of facilities | | | | |
| 6 | Investment expenses | | | | |
| 7 | Prior period adjustments | | | | |
| 8 | Other (Describe in Part XIV.) | | 1 _ 1 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | | | 43,809. |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statemer | nts With R | evenue per | Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | . 1 | 2,388,437. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | | | | |
| d | | | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | | 2,388,437. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | | | | |
| | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 2,388,437. |
| | rt XIII Reconciliation of Expenses per Audited Financial Stateme | ents With I | Expenses pe | er Retu | |
| 1 | Total expenses and losses per audited financial statements | | | $\overline{}$ | 2,344,628. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | | | | |
| С | Other losses | | | | |
| d | | | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | | 2,344,628. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIV.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | • | 2,344,628. |
| | rt XIV Supplemental Information | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III | . lines 1a and | 4: Part IV. lines | 1b and 2 | b: Part V. line 4: Part |
| | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl | | | | |
| | RT X, LINE 2: NO PROVISION FOR INCOME TAXES | | | | |
| | | | | | |
| AC | COMPANYING FINANCIAL STATEMENTS BECAUSE THE | E ASSOC | IATION I | S EXI | EMPT FROM |
| FEI | DERAL INCOME TAXES UNDER SECTION 501(C)(3) | OF THE | INTERNA | L RE | ENUE CODE |
| OF | 1986. | | | | |
| <u> </u> | 1300. | | | | |
| | | | | | |
| THI | E FINANCIAL ACCOUNTING STANDARDS BOARD (FAS | B) ISS | UED FASE | ASC | 740, |
| "II | NCOME TAXES", WHICH CLARIFIES THE ACCOUNTIN | IG AND | RECOGNIT | ION E | FOR INCOME |
| TAX | K POSITIONS TAKEN OR EXPECTED TO BE TAKEN I | N THE | ASSOCIAT | 'ION'S | SINCOME |

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES

36-6118407 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) TAX RETURNS. THE ASSOCIATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE ASSOCIATION'S OPEN AUDIT PERIODS ARE 2008 TO THE ASSOCIATION BELIEVES THAT ITS OPERATIONS HAVE BEEN CONDUCTED IN 2011. ACCORDANCE WITH ITS TAX-EXEMPT STATUS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2011)

| UNITED STATES | | | | | | | Employer identification number $36-6118407$ | |
|---|-------------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|--|
| Part I General Information on Grants a | and Assistance | | | | | | | |
| Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr | istance? | | | | | | | |
| Part II Grants and Other Assistance to recipient that received more than | | - | | | • | · | · · · · · · — | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant | |
| ARIZONA ARCHERY STATE ASSOCIATION 8681 E. VIA DE NEGOCIO | | | | | | | | |
| SCOTTSDALE, AR 85258 | 86-0666694 | | 10,000. | . 0. | CASH | | TOURNAMENT EQUIPMENT | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | and government or | ganizations listed in t | he line 1 table | | | | > | |
| 3 Enter total number of other organization | | | | | | | | |

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

Page 2

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
| COACH EDUCATION GRANTS. | 40 | 11,600. | 0. | CASH | |
| | | | | | |
| ARCHER AWARDS | 9 | 12,100. | 0. | CASH | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Complete this part to prov | | | | | |
| SCHEDULE I, PART I, LINE 2: GRANTS | | RDED TO CC | ACHES, ATH | ILETES, JUAD | |
| CLUBS, AND STATE ARCHERY ASSOCIATE | LONS. | | | | |
| | MICH CUDM | T. D. D. O. C. | NE AMMENDEN | IC AN ADDDOLLED | |
| COACHES AWARDED EDUCATION GRANTS I | | | | | |
| COURSE AND SUBMIT RECEIPTS FOR RE | MBURSEME | NT OF COUR | SE FEES AN | ID TRAVEL | |
| EXPENSES. | | | | | |
| | | | | | |
| TOP THREE PLACING ATHLETES WERE G | IVEN CASH | AWARDS AT | CERTAIN N | IATIONAL | |
| TOURNAMENTS, NONE OF THESE ATHLETI | ES WERE A | WARDED MOR | E THAN A T | OTAL OF | |

| Schedule I (Form 990) 2011 UNITED STATES 36-63 | 118407 Page 2 |
|---|---------------|
| Part IV Supplemental Information | |
| \$5,000 IN THE YEAR. | |
| | |
| ODGINITATIONG AVAIDED TOUTDVENE GRAVES AGREE TO GREGIET CARROVS | |
| ORGANIZATIONS AWARDED EQUIPMENT GRANTS AGREED TO SPECIFICATIONS |)F. |
| ACCEPTABLE USE OF THE GRANT MONEY AND WERE REQUIRED TO SUBMIT REC | CEIPTS TO |
| DOCUMENT HOW GRANT FUNDS WERE USED. | |
| | |
| | |
| STATE ASSOCIATION GRANTS ARE MEMBERSHIP REBATES TO ASSOCIATIONS I | NHO SIGN A |
| FORMAL AGREEMENT WITH THE NATIONAL ARCHERY ASSOCIATION. THESE AG | GREEMENTS |
| STATE, IN PART, THAT "A STATE ASSOCIATION'S PURPOSE IS TO ENCOURA | AGE |
| SANCTION AND CONDUCT ARCHERY TOURNAMENTS, COMPETITIONS, CLINICS A | AND RELATED |
| ACTIVITIES THROUGH MEMBER CLUBS, OPEN TO ALL ATHLETES AND OTHER V | |
| | |
| REGARD TO RACE, CREED, COLOR OR NATIONAL ORIGIN AND UNDER THE BES | ST |
| CONDITIONS POSSIBLE SO AS TO EFFECTIVELY PROMOTE THE SPORT OF ARC | CHERY WITH |
| THE GENERAL PUBLIC". THE NATIONAL ARCHERY ASSOCIATIN HAS THE RIC | GHT TO |
| GENERAL SUPERVISION OF THE STATE ASSOCIATIONS. ADDITIONALLY, A | GRANT WAS |
| AWARDED TO A STATE ASSOCIATION TO ASSIST WITH THE PURCHASE OF EQU | UIPMENT |
| | |
| NEEDED TO HOST A MAJOR TOURNAMENT. | |
| | |
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES

Employer identification number 36-6118407

| Pa | rt I Types of Property | | | | | | | |
|--------|--|-------------------------------|--------------------------------------|---|--------------------------|---------|-----|--------|
| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contributi amounts reported o | on noncash contrib | etermin | | :s |
| | A.A. Marilia of aid | | items contributed | Form 990, Part VIII, lin | e 1g | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art Freetings listered | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 6 | Clothing and household goods | | | | | | | |
| 7 | Cars and other vehicles | | | | | | | |
| 8 | Boats and planes | | | | | | | |
| 9 | Intellectual property Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Closely field stock Securities - Partnership, LLC, or | | | | | | | |
| •• | | | | | | | | |
| 12 | trust interests Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| .0 | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► (ARCHERY EQUIP) | X | 3 | | | | | |
| 26 | Other (APPAREL) | X | 1 | | | | | |
| 27 | Other (AIRLINE TICKE) | X | 1 | 36,38 | 6. | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organ | ization durin | g the tax year for o | contributions | | | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowled | gement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contribution | on any property re | ported in Part I, lines 1- | 28 that it must hold for | | | 1 |
| | at least three years from the date of the initial | | | | | | | |
| | the entire holding period? | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that r | equires the review | of any non-standard co | ontributions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | rganizations to soli | cit, process, or sell nor | ncash | | | |
| | contributions? | | | | | 32a | | Х |
| | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization did not report an amount in | column (c) t | or a type of prope | rty for which column (a |) is checked, | | | |
| | describe in Part II. | | | | | | | 1 |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES

Employer identification number 36-6118407

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION EXPANDED ITS GRASSROOTS PROGRAMS (JUNIOR OLYMPIC,

ADULT ARCHERY, AND JUDGE DEV.) TO INCLUDE OUTREACH EFFORTS TO LOCAL

LEVEL COMMUNITY ORGANIZATIONS SUCH AS BOY AND GIRLS SCOUTS, PARKS AND

REC. PROGRAMS, AND AMER. CAMP ASSOCIATION TO PROMOTE AMATEUR ARCHERY IN

THE U.S. AND ADDED ARCHERY EQUIPMENT SALES TO ITS ACTIVITIES. COACH

DEVELOPMENT ACTIVITIES WERE EXPANDED TO INCLUDE ALL LEVELS OF COACH

CERTIFICATION AND MATERIALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP SERVICES - APPROXIMATELY 4200 INDIVIDUAL AND 390 CLUB

MEMBERSHIP RECEIVE LIABILITY INSURANCE. THE ONLINE MEMBERSHIP SYSTEM

WAS UTILIZED FOR REGISTRATION AND ELECTRONIC NEWSLETTER COMMUNICATIONS.

EXPENSES \$ 85,808. INCLUDING GRANTS OF \$ 12,154. REVENUE \$ 0.

GRASSROOTS DEVELOPMENT - THE JR OLYMPIC DEV. PROG. PROVIDED TRAINING

CAMPS AND GENERAL ASSISTANCE TO OVER 325 JOAD CLUBS ACROSS THE COUNTRY.

AN ACHIEVEMENT AWARD PROGRAM WAS OFFERED TO BOTH JOAD AND OVER 150

ADULT CLUBS TO PROMOTE THE DEVELOPMENT OF ARCHERY. OUTREACH ACTIVITIES

WERE INCREASED TO BECOME AN ACTIVE RESOURCE FOR CERTIFICATION, TRAINING

AND PROGRAM SUPPORT FOR PARKS AND REC PROGRAMS, CAMPS, BOY AND GIRL

SCOUTS CLUBS AND AFTER SCHOOL PROGRAM SUPPORT. ARCHERY EQUIPMENT WAS

OFFERED FOR RENT AND PURCHASE.

EXPENSES \$ 295,443. INCLUDING GRANTS OF \$ 41,880. REVENUE \$ 135,591.

ELITE ARCHERS WERE INVITED TO ATTEND VARIOUS TRAINING CAMPS.

EXPENSES \$ 481,727. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,630.

COACH DEVELOPMENT - OVER 2400 INSTRUCTORS WERE CERTIFIED INSTRUCTORS IN

2011. COACH TRAINING CAMPS, SEMINARS AND COURSES WERE OFFERED AS WELL

AS THE COACH OBSERVER PROGRAM WHICH PROVIDES THE COACHES THE

OPPORTUNITY TO ATTEND ELITE TRAINING CAMPS TO OBSERVE THE NATIONAL

TRAINING SYSTEM FIRST-HAND.

EXPENSES \$ 240,129. INCLUDING GRANTS OF \$ 1,300. REVENUE \$ 149,022.

PARALYMPIC TEAM - 28 ELITE AND EMERGING PARALYMPIC ATHLETES

PARTICIPATED IN TRAINING CAMPS, NATIONAL AND INTERNATIONAL COMPETITIONS

INCLUDING THE WORLD PARA CHAMPIONSHIPS AND PARA PAN AM GAMES.

EXPENSES \$ 217,159. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS SELECT A VOTING CATEGORY

AND THEY ARE SENT BALLOTS FOR THEIR VOTING CATEGORY FOR BOARD MEMBER

ELECTIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED TO THE

BOARD MEMBERS AT THEIR REGULARLY SCHEDULED MEETING AND REVIEWED WITH THE

ASSISTANCE OF THE INDEPENDENT ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE TAKES PLACE AT A BOARD MEETING AND DURING THE EMPLOYEE'S ANNUAL REVIEW.

FORM 990, PART VI, SECTION B, LINE 15: CEO AND HEAD COACH COMPENSATION WAS DETERMINED BY THE BOARD BASED ON SIMILAR POSITIONS IN COMPARABLE

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990.

► See separate instructions.

2011 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S. UNITED STATES

Employer identification number 36-6118407

| 0111125 | | | | | | | . • , | |
|--|--|---|-------------------------------|---------------------------------------|------------|-----------------------------------|-------|---|
| Part I Identification of Disregarded Entities (Complet | e if the organization answered "Yes | to Form 990, Part IV, line 33 | 3.) | | | | | |
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) Total inco | me End-of-yea | I . | (f) assets Direct controll entity | | 9 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year.) | ations (Complete if the organization | answered "Yes" to Form 990 |), Part IV, line 34 b | ecause it had one | or more re | elated tax-exer | npt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | | (f) t controlling entity | conti | g) 512(b)(13) rolled ity? |
| | | | | 501(c)(3)) | | | Yes | No |
| THE NATIONAL ARCHERY ASSOCIATION FOUNDATION, INC 58-1623149, 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909 | TO PROVIDE SUPPORT TO THE NATIONAL ARCHERY ASSOCIATION OF THE UNITED | COLORADO | 501(C)(3) | LINE 11C, III-FI | N/A | | | X |
| UNITED STATES OLYMPIC COMMITTEE - 13-1548339 | ADDOCIATION OF THE UNITED | COLORADO | 501(0)(3) | 111 11 | N/A | | + | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | TO PROVIDE SUPPORT FOR OLYMPIC SPORTS | DISTRICT OF COLUMBIA | 501(C)(3) | | N/A | | | x |
| | | | | | | | | |

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

Schedule R (Form 990) 2011

Page 2

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

| J 1 | 1 9 | , , | | | | | | | | | | | | |
|--|-----------------------|---|---------------------------|---|-----------------------|-----------------------------------|------------------------------------|--------|---|-------|---|-----------|------------------------|-------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | 1) | (i) | (j) | | (k) | | |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disproportion- ate allocations? | | con- cons? Code V-UBI amount in box 20 of Schedule | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | al or F ging er? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | | | |
| | | | | | | | | | | | | | | |
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| Identification of Related Ord | nanizations Taxable a | s a Corpo | oration or Trust (Co | mplete if the organizat | ion answered "Ye: | s" to Form 990. Pa | art IV. I | ine 34 | because it had or | ne or | more | e related | | |

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
|--|------------------|--|------------------------------|---|-----------------------|-----------------------------------|-------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | |
| | | | | | | | | |
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Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | |
|---|-----------------------|-----------------------------|-----------------------|----|-----|----|--|
| 1 During the tax year, did the organization engage in any of the following transaction | ns with one or more r | elated organizations listed | in Parts II-IV? | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | X | |
| b Gift, grant, or capital contribution to related organization(s) | | | | | | Х | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | X | | |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х | |
| e Loans or loan guarantees by related organization(s) | | | | | | Х | |
| | | | | | | | |
| f Sale of assets to related organization(s) | | | | 1f | | X | |
| g Purchase of assets from related organization(s) | | | | 1g | | Х | |
| h Exchange of assets with related organization(s) | | | | 1h | | Х | |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | 1i | | Х | |
| | | | | | | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | 1j | | Х | |
| k Performance of services or membership or fundraising solicitations for related orga | anization(s) | | | 1k | | Х | |
| I Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organizat | | | | | | Х | |
| n Sharing of paid employees with related organization(s) | | | | | | Х | |
| | | | | | | | |
| Reimbursement paid to related organization(s) for expenses | | | | 10 | | Х | |
| p Reimbursement paid by related organization(s) for expenses | | | | 1p | | Х | |
| , | | | | | | | |
| q Other transfer of cash or property to related organization(s) | | | | 1q | | Х | |
| r Other transfer of cash or property from related organization(s) | | | | | | Х | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on v | | | | | | | |
| • | (b) | | (d) | | | | |
| (a) Name of other organization | Transaction | (c) Amount involved | Method of determining | ı | | | |
| · · | type (a-r) | | amount involved | | | | |
| THE NATIONAL ARCHERY ASSOCIATION | | | | | | | |
| 1) FOUNDATION, INC. | С | 105,000. | CASH RECEIVED | | | | |
| | | • | | | | | |
| 2) UNITED STATES OLYMPIC COMMITTEE | С | 623,700. | CASH RECEIVED | | | | |
| - 1 | | , | | | | | |
| 3) UNITED STATES OLYMPIC COMMITTEE | С | 36,386. | VALUE IN KIND | | | | |
| 9 | | , | | | | | |
| 4) | | | | | | | |
| . 7 | | | | | | | |
| 5) | | | | | | | |
| - 1 | | | | | | | |
| 6) | | | | | | | |
| =1 | 1 | | | | | | |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (e |) all s sec.)(3) s.? | (f) Share of total income | (g) Share of end-of-year assets | Dispr tion alloca Yes | n) ropor- nate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gener mana partr Yes | al or P ging ler? | (k) Percentage ownership |
|--|-----------------------------|-----|----|-----------------------------------|------------------------------------|--|--------------------------------|--------------------------------|---|-------------------------------|-------------------------|--------------------------------|
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Schedule R (Form 990) 2011

| Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions). |
|--|
| PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: |
| TAKE II, IDENTIFICATION OF REPAILED TAK BARRIT OROMITATIONS. |
| NAME OF DELIVER ORGANIZATION |
| NAME OF RELATED ORGANIZATION: |
| THE NATIONAL ARCHERY ASSOCIATION FOUNDATION, INC. |
| PRIMARY ACTIVITY: TO PROVIDE SUPPORT TO THE NATIONAL ARCHERY ASSOCIATION |
| OF THE UNITED STATES |
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Form **8868** (Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| • If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | art I and check this box | | | ightharpoonup | | |
|---------------------------|--|------------------|--|---------------|-----------------------|---------------|--|--|
| | are filing for an Additional (Not Automatic) 3-Month Ex | | | | | | | |
| Do not c | omplete Part II unless you have already been granted | an automa | atic 3-month extension on a previous | sly filed Fo | orm 8868. | | | |
| Electron | ic filing (e-file). You can electronically file Form 8868 if | you need a | a 3-month automatic extension of tir | me to file (6 | 6 months for a co | rporation | | |
| required | to file Form 990-T), or an additional (not automatic) 3-mo | onth extens | sion of time. You can electronically t | file Form 8 | 868 to request an | extension | | |
| of time to | ofile any of the forms listed in Part I or Part II with the ex | ception of | Form 8870, Information Return for | Transfers A | Associated With 0 | Certain | | |
| Persona | Benefit Contracts, which must be sent to the IRS in page | oer format | (see instructions). For more details | on the elec | ctronic filing of thi | s form, | | |
| | v.irs.gov/efile and click on e-file for Charities & Nonprofits | | | | | | | |
| Part I | Automatic 3-Month Extension of Time | e. Only s | submit original (no copies ne | eded). | | | | |
| A corpor | ation required to file Form 990-T and requesting an auto | matic 6-mo | onth extension - check this box and | complete | | | | |
| Part I on | • | | | | | X | | |
| | corporations (including 1120-C filers), partnerships, REN | 1ICs, and t | rusts must use Form 7004 to reque | st an exter | nsion of time | | | |
| to file inc | ome tax returns. | | | | | | | |
| Type or | Name of exempt organization or other filer, see instru | | | Employe | r identification nui | mber (EIN) or | | |
| print | NATIONAL ARCHERY ASSOCIATION | ON OF | THE U.S. | | | | | |
| File by the | UNITED STATES | | | X | 36-61184 | 107 | | |
| due date fo | | see instruc | tions. | Social se | ecurity number (SS | SN) | | |
| filing your return. See | 711 N. TEJON STREET | | | | | | | |
| instructions | only, town of poor office, state, and zin occurrent | | dress, see instructions. | | | | | |
| | COLORADO SPRINGS, CO 8090 | 3 | | | | | | |
| | | | | | | | | |
| Enter the | Return code for the return that this application is for (fil | e a separa | te application for each return) | | | 0 7 | | |
| | | | | | | | | |
| Applicat | ion | Return | Application | | Return | | | |
| Is For | | Code | Is For | | Code | | | |
| Form 99 |) | 01 | Form 990-T (corporation) | | 07 | | | |
| Form 99 |)-BL | Form 1041-A | | | 08 | | | |
| Form 99 |)-EZ | 01 | Form 4720 09 | | | | | |
| Form 99 |)-PF | 04 | Form 5227 | | | | | |
| Form 99 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| | THE ORGANIZATION | | | | 00000 | | | |
| | ooks are in the care of \triangleright 711 N. TEJON S | TREET | | s, co | 80903 | | | |
| | none No. ► 719-866-4721 | | FAX No. > | | | | | |
| | organization does not have an office or place of busines | | | | | | | |
| If this | is for a Group Return, enter the organization's four digit | | | | | | | |
| box 🕨 | . If it is for part of the group, check this box | | | | ers the extension | is for. | | |
| 1 re | equest an automatic 3-month (6 months for a corporation | | | | | | | |
| _ | NOVEMBER 15, 2012, to file the exemp | ot organiza | tion return for the organization nam | ed above. | The extension | | | |
| | or the organization's return for: | | | | | | | |
| • | X calendar year 2011 or | | | | | | | |
| • | tax year beginning | , an | id ending | | <u> </u> | | | |
| | | | | | | | | |
| 2 If t | he tax year entered in line 1 is for less than 12 months, o | check reas | on: | Final retur | n | | | |
| L | ☐ Change in accounting period | | | | | | | |
| | | | | | 1 | | | |
| | his application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less any | | 1. | ^ | | |
| | nrefundable credits. See instructions. | | | 3a | \$ | 0. | | |
| | his application is for Form 990-PF, 990-T, 4720, or 6069, | - | | | 1. | ^ | | |
| | imated tax payments made. Include any prior year over | | | 3b | \$ | 0. | | |
| | lance due. Subtract line 3b from line 3a. Include your pa | | | | | 0. | | |
| | using EFTPS (Electronic Federal Tax Payment System). | | | 3c | <u> </u> | | | |
| Caution | If you are going to make an electronic fund withdrawal | with this H | orm 8453-FU and F | orm 88/9- | -⊢∪ tor pavment ir | ISTRUCTIONS | | |