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

CLIENT'S COPY

Tax Return Carryovers to 2009

| Disallowing Form | Description OF THE UNI | Originating Form | Entity/ Activity | Number: St/ City | 36-6118407 Amount |
|---------------------|--------------------------------|---------------------|---------------------|------------------------|----------------------|
| 90-T | PRIOR YEARS NET OPERATING LOSS | 990-т | | | 9,152 |
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OSBORNE, PARSONS & ROSACKER, LLP CERTIFIED PUBLIC ACCOUNTANTS 720 NORTH TEJON STREET COLORADO SPRINGS, CO 80903 PHONE 719.636.2321

August 3, 2009

National Archery Association of the United States 1 Olympic Plaza Colorado Springs, CO 80909

Dear Denise:

Enclosed are the organization's 2008 Exempt Organization returns. The returns should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before August 17, 2009.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before November 16, 2009.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Enclosed is an additional copy of Form 990, excluding the identifying information on the schedule of contributors. This copy should be kept available for public inspection.

Remember to update your information on the Colorado Secretary of State's charitable solicitations homepage. Updating this information is an annual Colorado requirement.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely. Very truly yours, Gregory P. Parsons, CPA

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047 Open to Public Inspection

| А | LOL IN | e 2006 Calendar year, or tax year beginning and end | iiig | | | | |
|-------------------------|-------------------------|--|--------------------------|-----------------------------------|--|--|--|
| В | Check if applicable | Please C Name of organization | | D Employer identif | ication number | | |
| _ | | line in MALLONAL ARCHERT ADDUCTATION OF THE | | | | | |
| | Addre | e print or UNITED STATES | | | | | |
| L | Name chang | le type. Doing Business As | | 36-6 | 5118407 | | |
| L | Initial return | Specific ' | m/suite | E Telephone number | | | |
| L | Termination | Instruc- L OLYMPIC PLAZA | | 719- | 866-4576 | | |
| L | Amen | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 1,476,596. | | |
| | Application pendication | COLORADO BERTINGO, CO 00909 | | H(a) Is this a group r | | | |
| | perion | F Name and address of principal officer: | | for affiliates? | Yes X No | | |
| | | | | H(b) Are all affiliates in | | | |
| | | empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 | | | a list. (see instructions) | | |
| | | te: ► HTTP: //WWW.USARCHERY.ORG/ | | | on number ▶ 8273 | | |
| | | · · | L Year | of formation: 1979 | M State of legal domicile: CO | | |
| P | art I | Summary | | | | | |
| é | | Briefly describe the organization's mission or most significant activities: THE AS | | | | | |
| Activities & Governance | 1 | GOVERNING BODY FOR THE SPORT OF ARCHERY IN | | | | | |
| ē | 1 | Check this box if the organization discontinued its operations or disposed | | 1 - | • | | |
| Š | 1 | | | 3 | | | |
| જ | 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 | | |
| ties | | Total number of employees (Part V, line 2a) | | | 9 | | |
| Ξ. | | Total number of volunteers (estimate if necessary) | | | _ | | |
| ĄĊ | | Total gross unrelated business revenue from Part VIII, line 12, column (C) | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | ····· | | | | |
| Revenue | | Contributions and grants (Part VIII line 1b) | - | Prior Year 855,163. | Current Year 1,292,054. | | |
| | 8 | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | | 341,185. | | | |
| | 10 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 806. | | | |
| æ | 11 | Other revenue (Part VIII, column (A), lines 5, 4, and 7d) | | 17,571. | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,214,725. | | | |
| _ | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 10,639. | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 10,000 | 31/10/1 | | |
| S | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 375,782. | 454,865. | | |
| Se | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0.07.020 | 101/0001 | | |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) 11,031 | . – | | | | |
| ũ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 781,643. | 723,027. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,168,064. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 46,661. | 253,458. | | |
| O. O. | 3 | <u> </u> | | Beginning of Year | End of Year | | |
| sets | 20 | Total assets (Part X, line 16) | | 338,755. | 521,909. | | |
| L As | 21 | Total liabilities (Part X, line 26) | 🗀 | 120,796. | 50,492. | | |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 217,959. | 471,417. | | |
| P | art II | Signature Block | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kr | itements, a nowledge. | and to the best of my knowled | dge and belief, it is true, correct, | | |
| | | | | • | | | |
| Sig | ın | | | | | | |
| He | re | Signature of officer | | Date | | | |
| | | Tone as a wint name and title | | | | | |
| | | Type or print name and title | LCh | ook if Drone | uaula idaatifuina numbau | | |
| Pai | d | Preparer's Date | self | f (see ir | rer's identifying number nstructions) | | |
| _ | parer's | signature Parcone c rocacter IID | em | ployed X | | | |
| Use | only | Vours if USBORNE, PARSONS & ROSACRER, LLP | | EIN ► | | | |
| | - | self-employed), address, and COLORADO GRADINGS GO. 20003 1013 | | | 110 626 1211 | | |
| | | ZIP + 4 COLORADO SPRINGS, CO 80903-1012 | | Phone no. > / | 19.636.2321 | | |
| Ма | y the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | |

| | 930 (2006) UNITED STATES 50-011040 / Page 2 |
|-----|---|
| Pai | t III Statement of Program Service Accomplishments (see instructions) |
| 1 | Briefly describe the organization's mission: |
| | THE ASSOCIATION IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF |
| | ARCHERY, MAKING IT RESPONSIBLE FOR THE PROMOTION AND DEVELOPMENT OF |
| | AMATEUR ARCHERY IN THE UNITED STATES. |
| | AMATEON ANCHENT IN THE ONITED 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? |
| _ | If "Yes", describe these changes on Schedule O. |
| 4 | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 231,992. including grants of \$) (Revenue \$) |
| | INTERNATIONAL - APPROXIMATELY 120 MEMBERS PARTICIPATED IN APPROXIMATELY |
| | 7 INTERNATIONAL ARCHERY EVENTS. |
| | / INTERNATIONAL ARCHERT EVENTS. |
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| 4b | (Code:) (Expenses \$ 130,754. including grants of \$ 17,000.) (Revenue \$) |
| | TOURNAMENTS - THERE WERE 6 NATIONAL EVENTS INVOLVING APPROXIMATELY |
| | |
| | 2,700 ARCHERS. |
| | |
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| 4c | (Code:) (Expenses \$ 110,400 • including grants of \$ 14,300 •) (Revenue \$) |
| | MEMBERSHIP- APPROXIMATELY 3425 MEMBERS RECEIVE USA ARCHERY MAGAZINE AND |
| | LIABILITY INSURANCE COVERAGE. |
| | LIABILITY INSURANCE COVERAGE. |
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| 4d | Other program services. (Describe in Schedule O.) |
| ÷u | |
| | (Expenses \$ 552,063 • including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ \$ 1,025,209. (Must equal Part IX, Line 25, column (B).) |

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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| _ | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | | | 37 |
| _ | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | Х |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | Х |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | 0 | | 21 |
| 9 | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | 10 | | |
| • | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | | |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | х | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 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, Part II | 15 | | Х |
| 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, Part III | 16 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 37 | Х |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | 37 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | Х |
| ∠4 a | 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 questions 24b-24d and complete Schedule K. | | | |
| | | 240 | | Х |
| h | If "No", go to question 25 | 24a 24b | | - 2\ |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | Z-TU | | |
| · | 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 | | |
| | 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 | | х |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | | | |
| | prior year? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | 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, or substantial | | | |
| | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Х |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | | | Yes | No |
|-----|---|---------|------------------|------|----------|-----|----------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | 1 | Ī | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | : | 36 | | | 1 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | 0 | | | 1 |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eporta | able gaming | | | | |
| | (gambling) winnings to prize winners? | | | أ | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | Ī | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | | 9 | | | 1 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | . | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | ed by t | this return? | أ | За | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | [| 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | Ī | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | ınt)? | | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: ▶ | | | _ [| | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign | Bank | and | _ | | | 1 |
| | Financial Accounts. | | | | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | [| 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | action? | ? | [| 5b | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | Rega | rding Prohibited | | | | |
| | Tax Shelter Transaction? | | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | tions c | or gifts | | | | ĺ |
| | were not tax deductible? | | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| | Did the organization provide goods or services in exchange for any quid pro quo contribution of mor | | | | 7a | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | | |
| | to file Form 8282? | 1 | I | | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | <u> </u> | _ | | | 1 |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | persor | ıaı | ŀ | 7- | | Х |
| _ | benefit contract? | | | | 7e 7f | | X |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | - 1 | | | X |
| _ | For all contributions of qualified intellectual property, did the organization file Form 8899 as required For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- | | | ·· • | 7g 7h | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec | | | | 711 | | |
| 0 | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or | | | | | | |
| | excess business holdings at any time during the year? | | | ŀ | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | ¨ | | | |
| | Did the organization make any taxable distributions under section 4966? | | | ľ | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | | | - 1 | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | | | ¨ | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | | | | | | |
| а | Gross income from members or shareholders | 11a | | _ | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | |
| | 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 | 1041 | ? | | 12a | | |
| h | If "Vas " enter the amount of tax-exempt interest received or accrued during the year N/A | 12h | ſ | - 1 | | | 1 |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Yes No For each "Yes" response to lines 2-75 below, and for e "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body 1a 10 10 10 10 10 10 10 | Sec | tion A. Governing Body and Management | | | |
|--|------------|--|-------------|--------------|------|
| a Finet the number of voting members of the governing body b Either the number of voting members of the governing body cificore, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee? 3 Did the organization designate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have new deriving the year of a material diversion of the organization have select on the program of the prog | | | | Yes | No |
| table Enter the number of voting members of the governing body. 1a | | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | |
| b Either the number of voting members that are independent | | processes, or changes in Schedule O. See instructions. | | | |
| 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? 3 | 1a | | | | |
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| b Other officers or key employees of the organization? 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 taxable entity during the year? 16a This is in the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ THE ORGANIZATION - 719.866.4576 | | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| 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 taxable entity during the year? 16a X 16b X | а | The organization's CEO, Executive Director, or top management official? | 15a | | |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ | b | Other officers or key employees of the organization? | 15b | | X |
| taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website | | · | | | |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website | 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website | | | . 16a | | X |
| exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 719.866.4576 | b | | | | |
| Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ THE ORGANIZATION - 719.866.4576 | | | | | |
| List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. | | | . 16b | | |
| Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► THE ORGANIZATION - 719.866.4576 | | | | | |
| public inspection. Indicate how you make these available. Check all that apply. X Own website | | | -1- (| | |
| X Own website | 18 | | ole for | | |
| Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► THE ORGANIZATION - 719.866.4576 | | | | | |
| statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 719.866.4576 | 40 | · · · · | | | |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 719.866.4576 | 19 | | , and fir | ancial | |
| THE ORGANIZATION - 719.866.4576 | 20 | · | zotion: | | |
| | 2 U | | ∠au∪⊓: | _ | |
| 711 NORTH TEJON, COLORADO SPRINGS, CO 80903 | | THE ORGANIZATION $-719.866.4576$ | | | |

Page 7

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 | (- | | Posi | | | 1 | Reportable | Reportable | Estimated |
| | hours per week | Individual trustee or director | Individual trustee or director Institutional trustee | | Key employee | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| DENISE PARKER | | | | | | | | | | |
| DIRECTOR, INTERIM CEO | 50.00 | Х | | Х | | | | 15,727. | 0. | 0 . |
| JENNIFER NICHOLS | | | | | | | | | | |
| ATHLETE DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| BILL CORBIN | | | | | | | | | | |
| INDEPENDENT DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| DEREK DAVIS | | | | | | | | | | |
| GRASSROOTS DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| TOM GREEN | | | | | | | | | | |
| JUDGE DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 |
| CHRISTINE MCCARTNEY | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| NANCY ZORN | | | | | | | | | | |
| ATHLETE DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| BELINDA FOXWORTH | | | | | | | | | | |
| INDEPENDENT DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| SHERI RHODES | | | | | | | | _ | _ | _ |
| COACH DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| BRIAN SHEFFLER | | | | | | | | | _ | |
| ALLIED DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| JANE JOHNSON | | | | | | | | | _ | |
| NON-VOTING | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| RANDEL TURNER | 1 00 | l | | | | | | | • | • |
| NON-VOTING | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| DARRELL PACE | 1 00 | ١ | | | | | | | • | • |
| NON-VOTING | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| LLOYD BROWN | 1 00 | ,, | | | | | | | 0 | 0 |
| NON-VOTING | 1.00 | X | _ | | | | | 0. | 0. | 0 |
| BRAD CAMP | F0 00 | | | 37 | | | | 70 506 | 0 | 0 |
| CEO | 50.00 | | | Х | | | | 78,586. | 0. | 0 |
| KISIK LEE HEAD COACH | 50.00 | | | | | 7.7 | | 122 000 | ^ | 0 |
| FRAD CUACH | 1 20 400 | ı | ı | I | ı | X | I | 132,000. | 0. | 0. |

Page 8

| Part VII Section A. Officers, Directors, | Trustees, Key E | mplo | oyee | s, a | nd l | High | est | Compensated Employ | ees (continued) | | | | |
|--|-------------------------|--------------------------------|-----------------------|-------------------|--------------|------------------------------|-------|---------------------------------------|--|---------|-------------------------|--|-------------------------|
| (A) Name and title | (B) Average hours | | I | (C Posi | C) ition | | | (D) Reportable compensation | (E) Reportable compensation | | | (F) stimate | |
| | per week | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organization (W-2/1099-MI | d ns | com fr org and | other pensation the anization relation | ition e ion ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Total | | <u>L</u> | <u> </u> | | <u> </u> | ▶ | | 226,313. | | 0. | | | 0 |
| 2 Total number of individuals (including th | ose in 1a) who re | eceiv | ed n | nore | | | | 000 in reportable | | ▶ | | Yes | No. |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | | - | | | | • | • | | 3 | res | X |
| 4 For any individual listed on line 1a, is the and related organizations greater than \$ | sum of reportab | ole co | omp | ensa | atior | n and | d otl | | the organization | | 4 | | X |
| 5 Did any person listed on line 1a receive the organization? If "Yes," complete Sch | or accrue compe | nsat | ion f | rom | any | / unr | elat | ted organization for serv | rices rendered to | , | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest | compensated in | dene | ende | ent c | ontr | racto | ors t | that received more than | \$100,000 of cor | npens | ation ' | from | |
| the organization. | | | | | | | 1 | (B) | | | (0 | | |
| Name and busine | ess address | | | | | | | Description of s | services | С | ompe | | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractor from the organization ► | s (including thos 0 | e in 1 | 1) wl | ho re | ecei | ved ı | mor | re than \$100,000 in com | pensation | | | | |

NATIONAL ARCHERY ASSOCIATION OF THE

Form 990 (2008) UNITED STATES 36-6118407 Page 9

| Pa | rt VII | Statement of Reven | 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 | Related organizations Government grants (contributions, gifts, grant similar amounts not included above Noncash contributions included in lines | 1b 1 1c 1d ions) 1e ts, and 1d 1f 1 1 1a-1f: \$ 1 | 81,455. 110599. 06,285. | 1 202 054 | | | |
| <u> </u> | h | Total. Add lines 1a-1f | | | 1,292,054. | | | |
| Program Service Revenue | 2 a b c d | TOURNAMENT INCO JOAD PROGRAM CAMPS AND TRAIN | | Business Code | 104,262. 21,807. 10,520. | 104,262. 21,807. 10,520. | | |
| 윤 | e | All other program consider rose | | | | | | |
| | ' " | All other program service reve Total. Add lines 2a-2f | | | 136,589. | | | |
| | 3 | Investment income (including other similar amounts) | dividends, intere | est, and | 190. | | | 190. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 | Royalties | (i) Real | (ii) Personal | | | | |
| | b | Gross Rents Less: rental expenses Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | > | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | c d | Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) | | > | | | | |
| Other Revenue | 8 a | Gross income from fundraising including \$ contributions reported on line Part IV, line 18 | of 1c). See | 11,183. | | | | |
| ₹ | b | Less: direct expenses | b | | | | | |
| ٦ | | Net income or (loss) from fund | | | 11,183. | | 11,183. | |
| | | Gross income from gaming ac Part IV, line 19 | а | | | | | |
| | | Less: direct expenses Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less and allowances | returns | 31,580. | | | | |
| | b | Less: cost of goods sold | | 44 0=0 | | | | |
| | | Net income or (loss) from sales | | | 20,501. | 20,501. | | |
| Ţ | | Miscellaneous Revenue | | Business Code | | · | | |
| Ţ | 11 a | OTHER INCOME | | | 5,000. | | | 5,000. |
| | b | | | | | | | |
| | С | | | | | | | |
| | | All other revenue | | L | F 000 | | | |
| | e 12 | Total. Add lines 11a-11d Total Revenue. Add lines 1h 2g 3 4 | | | 5,000. 1,465,517. | 157 090 | 11,183. | 5.190. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must compl | | | | |
|--------|---|-----------------------|------------------------------|-------------------------------------|--|
| | 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 U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | 34,167. | 34,167. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 94,313. | 82,388. | 10,727. | 1,198. |
| 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 | 298,411. | 260,681. | 33,939. | 3,791. |
| 8 | Pension plan contributions (include section 401(k) | , , , , , | | | |
| | and section 403(b) employer contributions) | 4,953. | 45.005 | 4,953. | |
| 9 | Other employee benefits | 24,686. | 17,936. | 6,750. | |
| 10 | Payroll taxes | 32,502. | 19,214. | 13,288. | |
| 11 | Fees for services (non-employees): | 1 050 | | 4 050 | |
| | Management | 1,250. 3,049. | | 1,250. 3,049. | |
| | Legal | 3,049. | 06 500 | 3,049. | |
| | Accounting | 36,482. | 26,780. | 9,165. | 537. |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | E7 0EE | 40 E41 | 14 500 | 0.5.4 |
| g | | 57,955. 1,650. | 42,541. | 14,560. | 854. 250. |
| 12 | Advertising and promotion | 22,384. | 7,235. | 1,400. | 353. |
| 13 | Office expenses | 44,304. | 1,233. | 14,790. | 333. |
| 14 | Information technology | | | | |
| 15 | Royalties | 7,550. | | 7,550. | |
| 16 | Occupancy | 314,765. | 281,435. | 30,989. | 2,341. |
| 17 | Travel | 314,703. | 201,433. | 30,909. | 2,341. |
| 18 | Payments of travel or entertainment expenses | | | | |
| 19 | for any federal, state, or local public officials Conferences, conventions, and meetings | | | | |
| 20 | ,, , <u> </u> | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,264. | | 6,264. | |
| 23 | Insurance | 27,209. | 18,631. | 8,578. | |
| 24 | Other expenses. Itemize expenses not covered | 2.,2000 | 20,0020 | 3,3,50 | |
| | above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total | | | | |
| • | expenses shown on line 25 below.) | 62,826. | 62,483. | 343. | |
| d h | STIPENDS | 48,513. | 48,513. | 3=3• | |
| 0 | SUPPLIES | 47,091. | 46,247. | 294. | 550. |
| d | MAGAZINE PUBLISHING | 24,709. | 24,709. | 2710 | 330• |
| e e | TEMPORARY ASSISTANCE | 20,164. | 15,432. | 3,626. | 1,106. |
| f | All other expenses | 41,166. | 36,817. | 4,298. | 51. |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,212,059. | 1,025,209. | 175,819. | 11,031. |
| 26 | Joint Costs. Check here if following | _,, | _, \20,20, | _,,,,,,,, | |
| _5 | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | | | | | |

| Pa | rt X | Balance Sheet | | | | | | | | | | |
|-----------------------------|--|--|--------------|-----------------|---------------------------------|-----|----------|------------------------|------------------|----------|--|--|
| | | | | | (A) Beginning of year | | E | (B) End of | | | | |
| | 1 | Cash - non-interest-bearing | | | 76,721. | 1 | | 4 | 6,1 | 48. | | |
| | 2 | Savings and temporary cash investments | | | - | 2 | | | | 17. | | |
| | 3 | Pledges and grants receivable, net | | | 57,331. | 3 | | 10 | 9,0 | 60. | | |
| | 4 | Accounts receivable, net | | | 51,753. | 4 | | | | 00. | | |
| | 5 | Receivables from current and former officers, di | | | | | | | | | | |
| | | employees, or other related parties. Complete P | art II of | f Schedule L | | 5 | | | | | | |
| | 6 | Receivables from other disqualified persons (as | define | d under section | | | | | | | | |
| | | 4958(f)(1)) and persons described in section 495 | 58(c)(3) | (B). Complete | | | | | | | | |
| | | Part II of Schedule L | | | | 6 | | | | | | |
| ţ | 7 | Notes and loans receivable, net | | | 7 | | | | 95. | | | |
| Assets | 8 | Inventories for sale or use | | | 11,949. | 8 | | | | 67. | | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 23,920. | 9 | | | 7,2 | 56. | | |
| | 10a | Land, buildings, and equipment: cost basis | 10a | 160,972. | | | | | | | | |
| | b | Less: accumulated depreciation. Complete | | | | | | | | | | |
| | | Part VI of Schedule D | | | 117,081. | 10c | | 11 | 2,7 | 66. | | |
| | 11 | Investments - publicly traded securities | | | | 11 | | | | | | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | | | | | | |
| | 13 | Investments - program-related. See Part IV, line | - | | 13 | | | | | | | |
| | 14 | Intangible assets | | | 14 | | | | | | | |
| | 15 | Other assets. See Part IV, line 11 | | 220 755 | 15 | | <u> </u> | 1 0 | 00 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 338,755. | | | | | 09. | | |
| | 17 | Accounts payable and accrued expenses | | 50,936. | | | | 0,3 | 35. | | | |
| | 18 | Grants payable | | | 22 260 | 18 | | 2 | Λ 1 | <u> </u> | | |
| | 19 | Deferred revenue | | | 33,360. | 19 | | | υ, Ι | 57. | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | | | | | |
| ties | 21 | Escrow account liability. Complete Part IV of Sc | | | | 21 | | | | | | |
| Liabilities | 22 | Payables to current and former officers, director | | | | | | | | | | |
| Lia | | highest compensated employees, and disqualifi of Schedule L | 36,500. | 22 | | | | | | | | |
| | 23 | Secured mortgages and notes payable to unrela | | 30,3000 | 23 | | | | | | | |
| | 24 | Unsecured notes and loans payable | | | | 24 | | | | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | | 25 | | | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 120,796. | 26 | | 5 | 0.4 | 92. | | |
| | | Organizations that follow SFAS 117, check he | | | , | | | | - / - | | | |
| S | | lines 27 through 29, and lines 33 and 34. | , | | | | | | | | | |
| nce | 27 | Unrestricted net assets | | | 156,459. | 27 | | 18 | 7,7 | 18. | | |
| ala | 28 | Temporarily restricted net assets | | | 61,500. | 28 | | | | 99. | | |
| В | 29 | | | | • | 29 | | | | | | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117, c | | | | | | | | | | |
| ō | | complete lines 30 through 34. | | | | | | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | | 30 | | | | | | |
| \SS | 31 | Paid-in or capital surplus, or land, building, or ed | quipme | nt fund | | 31 | | | | | | |
| et / | 32 | Retained earnings, endowment, accumulated in | come, | or other funds | | 32 | | | | | | |
| Ž | 33 | Total net assets or fund balances | | | 217,959. | 33 | | 47 | 1,4 | 17. | | |
| | 34 | Total liabilities and net assets/fund balances | | | 338,755. | 34 | | 52 | 1,9 | 09. | | |
| Pa | rt XI Financial Statements and Reporting | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1 | | ccounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | | | | |
| 2a | | the organization's financial statements compiled | | | | | | 2a | | Х | | |
| | | the organization's financial statements audited by | | | | | | 2b | X | <u> </u> | | |
| С | | es" to lines 2a or 2b, does the organization have a | | | | | | | | | | |
| | | w, or compilation of its financial statements and s | | | | | | 2c | X | <u> </u> | | |
| 3a | | result of a federal award, was the organization re | • | | - | | | | | | | |
| | | and OMB Circular A-133? | | | | | | 3a 3b | | X | | |
| b | If "Y∈ | If "Yes," did the organization undergo the required audit or audits? | | | | | | | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

Inspection

OMB No. 1545-0047

Name of the organization NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES Employer identification number 36-6118407

| Pa | rt I | Reason | for Public Char | ity Status (All organiz | ations mu | st comple | te this par | t.) (see ins | tructions) | - 50 | 0110 | 107 | |
|-----|------|--------------------------|------------------------------|--|--|--------------------|--------------------|----------------------|---------------------|--|-----------------|----------|--|
| | | | | because it is: (Please ch | | | | , , , , , , , , | | | | | |
| 1 | | | • | s, or association of chur | - | - | • | (b)(1)(A)(i) |). | | | | |
| 2 | | • | | 0(b)(1)(A)(ii). (Attach Sc | | | | | • | | | | |
| 3 | | | | tal service organization | | in section | 170(b)(1) | (A)(iii). (At | tach Sche | dule H.) | | | |
| 4 | | A medical res | search organization | operated in conjunction | with a hos | pital desc | ribed in se | ction 170 | (b)(1)(A)(ii | i). Enter th | ne hospital | 's nan | ne, |
| | | city, and stat | e: | | | | | | | | | | |
| 5 | | An organizati | on operated for the | benefit of a college or ur | niversity ov | wned or op | perated by | a govern | mental uni | t describe | d in | | |
| | | section 170 | (b)(1)(A)(iv). (Comple | ete Part II.) | | | | | | | | | |
| 6 | Щ | A federal, sta | ite, or local governm | ent or governmental uni | t described | d in sectio | n 170(b)(| 1)(A)(v). | | | | | |
| 7 | | | | eives a substantial part | of its supp | ort from a | governme | ental unit d | or from the | general p | ublic desc | ribed | in |
| | | | b)(1)(A)(vi). (Comple | | | | | | | | | | |
| 8 | | | | ection 170(b)(1)(A)(vi). | | | | | | | | | _ |
| 9 | X | | | eives: (1) more than 33 | | | | | | | | | |
| | | | • | nctions - subject to certa | • | | • | | | | • | | |
| | | | unrelated business to | axable income (less sect | uon 511 ta | x) irom bu | isinesses a | acquired b | by the orga | inization a | rter June 3 | 30, 197 | 75. |
| 10 | | | | perated exclusively to te | st for nubli | ic safety 9 | See sect io | n 509(a)(| 1) (see ins | tructions) | | | |
| 11 | Ħ | | | perated exclusively for the | | | | | | | ourposes d | of one | or |
| | | | | ations described in secti | | | | | | | | | |
| | | describes the | e type of supporting | organization and compl | ete lines 1 | , 1e through | n 11h. | , | • | , , | | | |
| | | a Type I | | - | : 🔲 Тур | | | tegrated | | d 🗌 | Type III - 0 | Other | |
| е | | By checking | this box, I certify tha | t the organization is not | controlled | directly o | r indirectly | by one o | r more disc | qualified p | ersons oth | ner tha | an |
| | | | - | han one or more publicly | | _ | | | | 9(a)(1) or s | ection 509 | 9(a)(2). | |
| f | | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | _ |
| | | | rganization, check th | | | | | | | | | | . Ш |
| g | | | | rganization accepted ar | | | | | | | | | |
| | | | | irectly controls, either al | | | | | | | | Yes | No |
| | | | | upported organization? | | | | | | | | | |
| | | | | described in (i) above? | | | | | | | | | _ |
| h | | | | person described in (i) of | | | | | | | 11g(iii) | | |
| h | | Frovide trie i | ollowing information | about the organizations | the organ | ızatıori su | pports. | | | | | | |
| /:\ | Nama | of our ported | /::\ | (iii) Type of | (iv) Is the o | rganization | (v) Did vo | u notify the | (vi) ls | the | (v::\ A == | a cunt o | |
| (1) | | of supported nization | (ii) EIN | organization | in col. (i) lis | | organizat | ion in col. | lorganizatio | on in col. | (vii) Am sun | port |) |
| | 0.90 | | | (described on lines 1-9 above or IRC section | governing (| document? | (i) of you | r support? | (i) organiz U.S. | .? | 546 | P 0.1 | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | 1 | - | | | |

Schedule A (Form 990 or 990-EZ) 2008

Total

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.)

| Sed | ction A. Public Support | | | | | | |
|------|--|---------------------------|----------------------|------------------------|-----------------------------|----------------------|--------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Gifts, grants, contributions, and | | , í | , , | , , | , , | • |
| | 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 | | | | | | |
| 2 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | - | | | | | | |
| | Total. Add lines 1 - 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public Support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | 1 | 1 | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | 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 section | on 501(c)(3) | |
| | organization, check this box and stop | | | | | | <u></u> ▶□ |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2008 (li | | | | | 14 | % |
| | Public support percentage from 2007 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2008. If the o | - | | | | | |
| | stop here. The organization qualifies a | | | | | | |
| b | 33 1/3% support test - 2007. If the o | • | | , | | , | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fact | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances test | - 2007. If the org | anization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | e "facts-and-circu | ımstances" test, c | heck this box and | l stop here. Explair | n in Part IV how the | e |
| | organization meets the "facts-and-circ | umstances" test. | The organization | qualifies as a publ | licly supported orga | anization | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | • | | |
| | | | | | Cala | dula A (Earm 000 | 000 E7\ 0000 |

36-6118407 Page 3

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. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (e) 2008 **(b)** 2005 (c) 2006(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 939,062. 857,304. 963,034. 1046861. 1292054. 5098315. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 184,996. 240,559. 188,310. 167,058. 168,273. 949,196. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1124058 1097863. 1151344. 1213919. 1460327. 6047511. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 6047511. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar vear (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1097863. 1124058 1151344 1213919 1460327. 6047511. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 91 597. 617 806. 190 2,301. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 91 597. 617. 806. 190. 2,301. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 5,000. 5,000. assets (Explain in Part IV.) 6054812 **13** Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 99.88 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2008

Employer identification number

NATIONAL ARCHERY ASSOCIATION OF THE 36-6118407 UNITED STATES Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable,

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization
NATIONAL ARCHERY ASSOCIATION OF THE
UNITED STATES

Employer identification number

| Part I | Contributors (see instructions) | | |
|------------|--|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | UNITED STATES OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | \$ 565,500. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | NIKE USA ONE BOWERMAN DRIVE BEAVERTON, OREGON 97005 | \$ 53,806. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | EASTON TECHNICAL PRODUCTS 5040 WEST HAROLD GATTY DRIVE SALT LAKE CITY, UT 84116 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | COLORADO SPRINGS SPORTS CORP 1631 MESA AVENUE SUITE E COLORADO SPRINGS, CO 80906 | \$15,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 5 | NATIONAL ARCHERY ASSOCIATION FOUNDATION ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | \$ 113,837. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 6 | HOYT USA 543 N NEIL ARMSTRONG ROAD SALT LAKE CITY, UT 84116 | \$17,000. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

| Part I | Contributors (see instructions) | | |
|------------|---|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 7 | HOYT USA 543 N NEIL ARMSTRONG ROAD SALT LAKE CITY, UT 84116 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 8 | EASTON SPORTS DEVELOPMENT FDN II 7855 HASKELL AVE, STE 350 VAN NUYS, CA 91406 | \$ 247,225. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 9 | EASTON SPORTS DEVELOPMENT FDN II 7855 HASKELL AVE, STE 350 VAN NUYS, CA 91406 | \$3,990. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 10 | UNITED AIRLINES 77 W WACKER DR CHICAGO, IL 60601 | \$\$31,489. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization
NATIONAL ARCHERY ASSOCIATION OF THE
UNITED STATES

Employer identification number

| Part II | Noncash Property (see instructions) | | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | NIKE CLOTHING | _ | |
| 2 | | _ | |
| | | \$53,806 . | 12/31/08 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _ | SPORT EQUIPMENT | | |
| 6 | | - | |
| | | \$17,000 . | 12/31/08 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | INSTRUCTIONAL DVD'S | _ | |
| 9 | | _ | |
| | | 3,990. | 12/31/08 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1.0 | AIRLINE TRAVEL | _ | |
| 10 | | - | |
| | | \$31,489 . | 12/31/08 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | \\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | _ _{\$} | |

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES

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

| Pa | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | s or Accounts. Complete if the |
|--------|---|---|---|
| | organization answered "Yes" to Form 990, Part IV, lin | ne 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 | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds may be | e used only |
| | for charitable purposes and not for the benefit of the donor | or donor advisor or other impermissible pr | ivate benefit? Yes No |
| Pa | rt II Conservation Easements. Complete if the or | ganization answered "Yes" to Form 990, F | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| | Preservation of land for public use (e.g., recreation or | | storically important land area |
| | Protection of natural habitat | Preservation of certification | ed historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a qualified con- | servation contribution in the form of a con | servation easement on the last day |
| | of the tax year. | | |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | |
| b | , | | |
| С | | | |
| d | (/ 1 | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | e organization during the taxable |
| _ | year - | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| | enforcement of the conservation easements it holds? | | |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, and | | |
| 7 8 | Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) abo | | |
| 0 | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIV, describe how the organization reports conservat | | |
| 3 | include, if applicable, the text of the footnote to the organization | | |
| | conservation easements. | ation o infariolal statements that accombes | the organization o accounting for |
| Pa | rt III Organizations Maintaining Collections of | of Art. Historical Treasures. or C | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| | | | |
| 1a | If the organization elected, as permitted under SFAS 116, no | ot to report in its revenue statement and b | alance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | | |
| | the footnote to its financial statements that describes these | · · · · · · · · · · · · · · · · · · · | , |
| b | If the organization elected, as permitted under SFAS 116, to | report in its revenue statement and balar | nce sheet works of art, historical treasures, |
| | or other similar assets held for public exhibition, education, | | |
| | these items: | · | Ç Ç |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under SFAS | | |
| а | B | | > \$ |
| b | Assets included in Form 990, Part X | | |

NATIONAL ARCHERY ASSOCIATION OF THE

Schedule D (Form 990) 2008

UNITED STATES

36-6118407 Page **2**

| Pai | rt III Organizations Maintaining C | collections of A | rt, Histo | orical Tr | easures, c | or Othe | r Simila | ır Asse | ts (contin | ued) |
|--------|--|---------------------------------|----------------|--------------|---------------------|-----------------|--------------------|------------------|-------------------|-----------------------|
| 3 | Using the organization's accession and other | r records, check any | of the fo | llowing tha | at are a signifi | cant use | of its colle | ection ite | ms (check | all |
| | that apply): | | | | | | | | | |
| а | Public exhibition | c | ı 🔲 Lo | oan or exc | hange progra | ıms | | | | |
| b | Scholarly research | e | | | 0 1 0 | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | in how the | ev further t | he organizatio | on's exen | not purpo | se in Par | t XIV | |
| 5 | During the year, did the organization solicit o | | | | | | | 00 III a | . , | |
| J | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Pai | t IV Trust, Escrow and Custodial | | | | | | | | _ | |
| ı aı | reported an amount on Form 990, Par | | • Comple | te ii organi | ization answe | ieu ies | to i oiiii | 990, Fai | riv, iiile ə | , 01 |
| 10 | Is the organization an agent, trustee, custodi | | dian, for a | ontribution | o or other ac | coto not i | naludad | | | |
| Id | | | | | | | | | Yes | No |
| | on Form 990, Part X? | | | | | | | | _ res | NO |
| D | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing ta | ible: | | | | | | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| | Did the organization include an amount on Fo | | 21? | | | | | L | Yes | L No |
| b | If "Yes," explain the arrangement in Part XIV. | | | | | | | | | |
| Par | rt V Endowment Funds. Complete it | f organization answe | ered "Yes | to Form 9 | 990, Part IV, I | ine 10. | | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two year | s back (| d) Three ye | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| | Investment earnings or losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| g 2 | Provide the estimated percentage of the year | r and halance hold r | J.C. | | | | | | | |
| | Board designated or quasi-endowment | r end balance neld a | % % | | | | | | | |
| | Permanent endowment | % | | | | | | | | |
| | | | | | | | | | | |
| | | % | | | | | | | | |
| Зa | Are there endowment funds not in the posse | ssion of the organiz | ation that | are neid a | ina administe | rea for th | e organiz | ation | | |
| | by: | | | | | | | | | res No |
| | (i) unrelated organizations | | | | | | | | | $-\!\!\!\!+\!\!\!\!-$ |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | |
| Pai | rt VI Investments - Land, Building | | | | | | | | | |
| | Description of investment | (a) Cost or o basis (investr | | | or other (other) | (c) De | preciation | ן י | (d) Book | value |
| 1a | Land | | | 1 | 7,213. | | | | 17 | ,213. |
| | Buildings | | - | | 1,804. | | 17,85 | 59. | | ,945. |
| | Leasehold improvements | | | | 0,559. | | , | - | | ,559. |
| | Equipment | | + | | 5,696. | | 30,34 | 17. | | ,349. |
| | Other | | - | | 5,700. | | 50,55 | ` ' • | | ,700. |
| | I. Add lines 1a-1e. (Column (d) should equal Fo | | ımn (D) 1:- | | | | | | | ,766. |
| I Uld | i naa iiles Tatte. joolullill (u) siloulu equal fo | nin 330, rait ∧, coit | лти (D), III | 10(U).) | | | | | | , , , , , , |

Schedule D (Form 990) 2008

NATIONAL ARCHERY ASSOCIATION OF THE

Schedule D (Form 990) 2008

36-6118407 Page **3**

| Part Will Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or catagory (no.) Book value | Schedule D (Form 990) 2006 UNITED STAT | | | 30 | -0110407 | Page 3 |
|--|--|--------------------------|------------|---------------------|-------------|--------|
| Cost or end of year market value Financial derivatives and other financial products Closely-held equally interests Other Total. (Col (b) should equal form 990, Part X, col (8) line 12.) Part Will investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (cost or end of year market value Cost or end of year market value Total. (Col (b) should equal form 990, Part X, col (8) line 12.) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (cost or end of year market value | Part VII Investments - Other Securities. Se | e Form 990, Part X, line | 12. | | | |
| Closely-held equity interests Other Total. (Col tb) should equal Form 990, Part X, col (8) line 12.) b. Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) b. Part IX Other Assets. See Form 990, Part X, col (8) line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) line 15. (a) Description (b) Amount Federal Income taxes | (a) Description of security or category (including name of security) | (b) Book value | Co | | | |
| Closely-held equity interests Other Total. (Col tb) should equal Form 990, Part X, col (8) line 12.) b. Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) b. Part IX Other Assets. See Form 990, Part X, col (8) line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) line 15. (a) Description (b) Amount Federal Income taxes | Financial derivatives and other financial products | | | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) > Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end of year market value Total. (Col (b) should 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 | | | | | | |
| Total. (Col (b) should equal Form 990, Part X, col (8) line 12.) Part Will Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) b. Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) line 13.) b. Total. (Column (b) should equal Form 990, Part X, col (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | | | | | | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of year market value Cost or end of year market value | Total (Col (h) should equal Form 990, Part X, col (R) line 12.) | | | | | |
| (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) should equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, ine 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (8) line 15.) Part X Other Liabilities, See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | - 13 | | | |
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| Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | | |
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| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | (b) Book va | alue |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | | |
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| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | | | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes | Total. (Column (b) should equal Form 990, Part X, col (B) li | ne 15.) | | | | |
| Federal income taxes | Part X Other Liabilities. See Form 990, Part X, | | | • | | |
| | (a) Description of liability | | (b) Amount | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | Federal income taxes | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)▶ | | | | | | |
| | Total. (Column (b) should equal Form 990, Part X, col (B) li | ne 25.) | | | | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES 36-6118407 Page 4 Schedule D (Form 990) 2008 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1,465,517. 1,212,059. Total expenses (Form 990, Part IX, column (A), line 25) 2 253,458. Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 Investment expenses 6 6 7 7 Prior period adjustments Other (Describe in Part XIV) 8 8 Total adjustments (net). Add lines 4-8 9 9 253,458 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1,465,517. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c **d** Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 1,465,517 Subtract line 2e from line 1 Amounts included on Form 990. Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 1,465 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) ... Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,212,059. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a

| D | Prior year adjustments | 20 | | |
|-----|--|----------------------------------|------------|--------------------------|
| С | Losses reported on Form 990, Part IX, line 25 | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d | 2e | 0. | |
| 3 | Subtract line 2e from line 1 | 3 | 1,212,059. | |
| 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 | | |
| b | Other (Describe in Part XIV) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | | 5 | 1,212,059. |
| Pai | t 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 1 | b and | 2b; Part V, line 4; Part |
| | | | | |

X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

➤ Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

| Name o | of the organization NATIONAL | | SSOCIATION | OF THE | | | | Employer identification number |
|------------|--|-------------------|-------------------------------|--------------------------|---------------------------------------|--|---|---------------------------------------|
| Part I | UNITED ST | | | | | | | 36-6118407 |
| | | | | | | | | |
| | oes the organization maintain records | | | | | | | |
| C | riteria used to award the grants or assi | stance? | | | | | | X Yes No |
| 2 Part I | Describe in Part IV the organization's pr | | | | | | | |
| Parti | Grante and Other Addictance to | | | | | | | |
| | recipient that received more than | i ' | | 1 | · · · · · · · · · · · · · · · · · · · | i | i` | |
| 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 or assistance |
| | | | | | | | | |
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| 2 E | inter total number of section 501(c)(3) a | and government or | ganizations | | | | | > |
| | nter total number of other organization | | | | | | | > |
| LHA | For Privacy Act and Paperwork Redu | ction Act Notice, | see the Instructions | for Form 990. | | <u> </u> | <u> </u> | Schedule I (Form 990) 2008 |

NATIONAL ARCHERY ASSOCIATION OF THE 36-6118407 UNITED STATES Schedule I (Form 990) 2008 Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance EXPENSES REIMBURSEMENT 31 34,167. 0 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 1: THE ORGANIZATIONS GRANTS ARE AWARDED TO AMATEUR ATHLETES AND STATE ARCHERY ASSOCIATIONS. AMATEUR ATHLETE GRANTS ARE AWARDED TO ARCHERS PARTICIPATING IN NATIONAL AND INTERNATIONAL ARCHERY TOURNAMENTS FOR TRAVEL AND ARCHERY RELATED EQUIPMENT. SPECIFIED GRANT AMOUNTS ARE AWARDED TO AMATEUR ATHLETES ONLY IF THE ATHLETE SUBMITS AN EXPENSE REPORT WITH RECEIPTS ATTACHED. STATE ARCHERY ASSOCIATION GRANTS ARE AWARDED TO STATE ARCHERY ASSOCIATIONS WHO SIGN A FORMAL AGREEMENT WITH THE NATIONAL ARCHERY ASSOCIATION. THESE

AGREEMENTS STATE, IN PART, THAT "A STATE ASSOCIATION'S PURPOSE IS TO

| Part IV Supplemental Information |
|--|
| ENCOURAGE, SANCTION AND CONDUCT ARCHERY TOURNAMENTS, COMPETITIONS, CLINICS |
| AND RELATED ACTIVITIES THROUGH MEMBER CLUBS, OPEN TO ALL ATHLETES AND |
| OTHERS WITHOUT REGARD TO RACE, CREED, COLOR OR NATIONAL ORIGIN AND UNDER |
| THE BEST CONDITIONS POSSIBLE SO AS TO EFFECTIVELY PROMOTE THE SPORT OF |
| ARCHERY WITH THE GENERAL PUBLIC." |
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES

Employer identification number 36-6118407

Types of Property Part I (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable Form 990, Part VIII, line 1a contributions revenues Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 Intellectual property R Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution (historic structures) Qualified conservation contribution (other) 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts NIKE CLOTHING) 53,806.FMV X 25 Other 31,489.FMV AIRLINE TRAVE) Х 26 Other 17,000.FMV SPORT EQUIPME) X 1 27 Other 1 3,990.FMV DVD'S Х 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a **b** If "Yes." describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

NATIONAL ARCHERY ASSOCIATION OF Name of the organization **Employer identification number** 36-6118407 UNITED STATES FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROMOTION AND DEVELOPMENT OF AMATEUR ARCHERY IN THE UNITED STATES. **EXPENSES \$ 552063.** INCLUDING GRANTS OF \$ 0. REVENUE FORM 990, PART VI, SECTION A, LINE 10: THE BOARD IS PROVIDED A COPY OF THE 990 TO REVIEW BEFORE IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: THE 990 IS AVAILABLE ON THE THE ORGANIZATION HAS A COPY IN THEIR OFFICE ORGANIZATION'S WEBSITE. AVAILABLE FOR THE PUBLIC. PART XI, LINE 2C THE ORGANIZATION HAS AN AUDIT COMMITTEE THE ORGANIZATION HAS TWO MEMBERS THAT MAKE UP THEIR AUDIT COMMITTEE TO REVIEW THE AUDIT.

| Form 990-T Department of the Treasury | E | exempt Organization Bus (and proxy tax und | | | ax Returr | | OMB No. 1545-0687 2008 Open to Public Inspection for |
|--|--------------|--|----------|--------------------------|----------------|----------|---|
| Internal Revenue Service | For c | alendar year 2008 or other tax year beginning | | , and ending | | | 501(c)(3) Organizations Only |
| A Check box if address changed | | Name of organization (| _ | • | | (Empl | oyer identification number oyees' trust, see instructions ock D on page 9.) |
| B Exempt under section | Print | UNITED STATES | | | | | 6-6118407 |
| X 501(c)(3) 408(e) 220(e) | | Number, street, and room or suite no. If a P.O. bo. 1 OLYMPIC PLAZA | x, see p | age 9 of instructions. | | | ated business activity codes natructions for Block E ge 9.) |
| 408A530(a) 529(a) | | , | 809 | | | 541 | 800 |
| | | p exemption number (See instructions for Block F.) | | 8273 | | | |
| at end of year 112,766. | | k organization type X 501(c) corporatio | | 501(c) trust | 401(a) trust | L | Other trust |
| H Describe the organization | n's prim | ary unrelated business activity. > SALE OF | ' AD | VERTISING I | N MAGAZIN | ΙE | |
| I During the tax year, was | the corp | ooration a subsidiary in an affiliated group or a pare | nt-subs | idiary controlled group? | ▶ [| Ye | s X No |
| | | tifying number of the parent corporation. | | | | | |
| | | THE ORGANIZATION | | Telepho | one number 🕨 7 | | 866.4576 |
| Part I Unrelate | d Trac | de or Business Income | | (A) Income | (B) Expense | S | (C) Net |
| 1a Gross receipts or sal | es | | | | | | |
| b Less returns and allo | | c Balance ► | 1c | | | | |
| 2 Cost of goods sold (| Schedule | e A, line 7) | 2 | | | | |
| 3 Gross profit. Subtract | | | 3 | | | | |
| | | ch Schedule D) | 4a | | | | |
| | | Part II, line 17) (attach Form 4797) | 4b | | | | |
| c Capital loss deductio | n for trus | sts | 4c | | | | |
| 5 Income (loss) from p | artnersh | ips and S corporations (attach statement) | 5 | | | | |
| 6 Rent income (Sched | , , | | 6 | | | | |
| | | me (Schedule E) | 7 | | | | |
| | - | and rents from controlled organizations (Sch. F) | 8 | | | | |
| 9 Investment income of | of a section | on 501(c)(7), (9), or (17) organization | | | | | |
| (Schedule G) | | | 9 | | | | |
| | | ome (Schedule I) | 10 | | | | |
| 11 Advertising income (| Schedule | e J) | 11 | 11,183. | 10,5 | 48. | 635. |
| | | ns; attach schedule.) | 12 | | | | |
| | | gh 12 | | 11,183. | 10,5 | 48. | 635. |
| (Except for | contrib | ot Taken Elsewhere (see instructions fourtions, deductions must be directly connected.) | d with | the unrelated business | | | |
| | | rectors, and trustees (Schedule K) | | | | 14 | |
| 15 Salaries and wages | | | | | | 15 | |
| | | | | | | 16 | |
| | | | | | | 17 | |
| | | | | | | 18 | |
| 19 Taxes and licenses | | | | | | 19 | _ |
| | | e instructions for limitation rules.) | | | | 20 | |
| | | 562) | | | | ا | |
| | | n Schedule A and elsewhere on return | | | | 22b | |
| | | | | | | 23 | |
| | | mpensation plans | | | | 24 | |
| 25 Employee benefit pi | • | | | | | 25 | |
| 26 Excess exempt exp | enses (S | chedule I) | | | | 26 | 635. |
| 27 Excess readership of | บรเร (50 | hedule J) | | | | 27 | 033. |
| 28 Other deductions (a | וונאטר SCI | nedule) | | | | 28 | 635. |
| | | nes 14 through 28 | | | | 29 | 0. |
| | | ncome before net operating loss deduction. Subtract | | | | 30 | 0. |
| Net operating loss ofUnrelated business | tavabla : | n (limited to the amount on line 30)noome before specific deduction. Subtract line 31 fi | rom line | | | 31 32 | 0. |
| | | | | | | 33 | 1,000. |
| 34 Unrelated busine | | y \$1,000, but see instructions for exceptions) able income. Subtract line 33 from line 32. If line | | | | | |
| of zero or line 32 | | | | | | 3/1 | Λ. |

Page 2

UNITED STATES

NATIONAL ARCHERY ASSOCIATION OF THE

| Part II | 1 | Tax Computation | | | | | | | | | | | |
|------------------|---------|--|-------------------------|-------------------------|------------|----------------------|----------------|--------------------|---------------|------------|----------------|----------|----------------|
| 35 | Orgai | nizations Taxable as Corpora | tions. See insti | ructions for tax co | omputa | tion. | | | | | | | |
| | Contr | olled group members (section | s 1561 and 15 | 63) check here 🕨 | ▶ _ | See instruc | tions and: | | | | | | |
| а | | your share of the \$50,000, \$2 | | ,925,000 taxable i | income | brackets (in th | nat order): | | | | | | |
| | | \$ | (2) \$ | | | (3) \$ | | | | | | | |
| | | organization's share of: (1) A | | | | | | | | | | | |
| | | dditional 3% tax (not more tha | | | | | | | | | | | _ |
| C | Incon | ne tax on the amount on line 3 | 4 | | | | | | | 35c | | | 0. |
| 36 | | s Taxable at Trust Rates. See | | | | | | | | | | | |
| | | Tax rate schedule or | | | | | | | | 36 | | | |
| | | tax. See instructions | | | | | | | | 37 | | | |
| 38 | Alterr | native minimum tax | | | | | | | | 38 | | | |
| | | . Add lines 37 and 38 to line 35 | 5c or 36, which | never applies | | | | | | 39 | | | 0. |
| | | Tax and Payments | | | | _, | | 1 | | | | | |
| | | gn tax credit (corporations atta | ich Form 1118 | ; trusts attach For | m 111 | 6) | | 40a | | _ | | | |
| | | | | | | | | 40b | | _ | | | |
| | | ral business credit. Attach Forr | | | | | | 40c | | | | | |
| | | t for prior year minimum tax (a | | | | | | | | | | | |
| е | lotal | credits. Add lines 40a through | h 40d | | | | | | | 40e | | | |
| 41 | Subtr | act line 40e from line 39 | | | | | | | | 41 | | | 0. |
| | | taxes. Check if from: Fo | | | | | | , | , | - | | | |
| | | | | | | | | | | 43 | | | 0. |
| | | ents: A 2007 overpayment cr | | | | | | 44a | | _ | | | |
| | | estimated tax payments | | | | | | 44b | | _ | | | |
| | | eposited with Form 8868 | | | | | | 44c | | _ | | | |
| | | gn organizations: Tax paid or v | | | | | | 44d | | _ | | | |
| | | up withholding (see instruction | IS) | 0.400 | | | <u> </u> | 14e | | _ | | | |
| ' | | credits and payments: | | orm 2439 | | | al 🕨 | 444 | | | | | |
| 45 | | Form 4136 | L \ | Other | | | | 44f | | 4.5 | | | |
| 45 46 | Fotim | payments. Add lines 44a thro ated tax penalty (see instruction | ugii 44i | form 2220 is attac | obod • | | | | | 45 46 | | | |
| | | l ue. If line 45 is less than the to | | | | | | | | 47 | | | 0. |
| | | payment. If line 45 is larger that | | | | | | | | 48 | | | 0. |
| | | the amount of line 48 you war | | | | | | Refu | | 49 | | | -•• |
| Part V | _ | Statements Regardir | | | | | rmation | | | | | | |
| | | e during the 2008 calendar ye | | | | | | | | | | Yes | No |
| | | urities, or other) in a foreign c | | | | - | | • | | | ŀ | 103 | X |
| , | - | Accounts. If YES, enter the nan | • | | ► 111dy 11 | 440 to 1110 1 0111 | 1101 00 2 | -2.1, Hoport or 1 | oroigii baiii | unu | | | |
| 2 Durin | g the t | ax year, did the organization received age 5 of the instructions for other for | a distribution fro | om, or was it the gran | ntor of, c | r transferor to, a t | oreign trust? | ? | | | | | х |
| | | amount of tax-exempt interest | | | | | | | | | | | |
| | | A - Cost of Goods S | | | | | | | | | | | |
| | | | | | , | | N/A | | | | | | |
| 1 Inve | ntory | at beginning of year | 1 | | 6 | Inventory at er | | | | 6 | | | |
| | hases | ı | 2 | | | Cost of goods | | | | | | | |
| 3 Cost | of lab | oor | 3 | | 1 | - | | nd in Part I, line | 2 | 7 | | | |
| | | section 263A costs | 4a | | 8 | Do the rules of | section 26 | 63A (with respe | ct to | | | Yes | No |
| | | ts (attach schedule) | 4b | | 1 | property produ | iced or acc | quired for resale |) apply to | | İ | | |
| | | d lines 1 through 4b | 5 | | 1 | the organizatio | n? | | | | | | Х |
| | Un | der penalties of perjury, I declare the | at I have examine | ed this return, includi | ing acco | mpanying schedu | ules and stat | ements, and to the | best of my kn | | | true, | |
| Sign | 100 | rrect, and complete. Declaration of p | oreparer (ourier un | ari taxpayer) is baset | J OH AII I | mormation of will | cii preparer i | nas any knowledge | _ | ∕av the IR | S discuss this | return v | with |
| Here | | • | | | | | | | | • | er shown below | | |
| | | Signature of officer | | Date | | Title | | | i | nstruction | s)? X Ye | s | No |
| D-: 1 | | Preparer's | | | | Date | | Check if | | | SSN or PTI | | |
| Paid Preparer | 's | signature | | | | | | self-employed | | | 00526 | 05 | |
| Use Only | | | | RSONS & | | | LLP | | EIN 8 | 4-06 | 36698 | | |
| | | employed), address and | | EJON STR | | | | | Phone no. | | | | |
| | | ZIP code COLOR. | ADO SPI | RINGS, C | 0 8 | 0903-1 | 012 | | | 719 | .636. | 232 | 1 |

UNITED STATES

36-6118407

Page 3

| Schedule C - Rent Inc | ome (Fr | om Real Prope | rty and | d Personal | Propert | ty Leas | ed With Real | Prop | erty) (see instr. on pg 19) |
|---|-----------------|---|----------------|---|-------------|---|--|-------------------------------|---|
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | : | 2 Rent received or accrued | | | | | 0/-> | | |
| (a) From personal property rent for personal propert 10% but not more t | v is more than | age of (b) | of rent for pe | nd personal proper ersonal property ex t is based on profit | ceeds 50% c | entage or if | | | onnected with the income in 2(b) (attach schedule) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | | 0 . Total | | | | 0. | | | |
| (c) Total income. Add totals of conhere and on page 1, Part I, line 6, | | | | | | 0. | (b) Total deductio Enter here and on pag Part I, line 6, column (l | e 1. | 0. |
| Schedule E - Unrelate | d Debt-l | Financed Incor | ne (See | instructions o | n page 19 |) | | | |
| | | | | 2 | | | | | cted with or allocable property |
| 1 Description of | of debt-finance | ed property | | 2 Gross indocable financed | e to debt- | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| 4 Amount of average acquisitio debt on or allocable to debt-finant property (attach schedule) | | 5 Average adjusted to of or allocable to debt-financed prope (attach schedule) | erty | 6 Column by colu | | | 7 Gross income reportable (column 2 x column 6) | | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | | % | , | | | |
| (2) | | | | | % | | | | |
| (3) | | | | | % | _ | | | |
| (4) | | | | | % | _ | | | |
| _(') | <u> </u> | | | l | | Enter he | ere and on page 1, ne 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| Totals | | | | | 1 | | | 0. | 0. |
| Total dividends-received deduc | | la d'in a altresa 0 | | | | | | | 0. |
| Schedule F - Interest, | Annuitie | | | | | | | instru | ictions on page 20) |
| | | | Exemp | t Controlled C | Organizatio | ns | | | |
| 1 Name of controlled organiza | ition | 2 Employer identification number | | 3 nrelated income see instructions) | | 4 of specified ents made | 5 Part of column included in the coorganization's gross | 4 that is ontrolling ss incom | 6 Deductions directly connected with income in column 5 |
| (1) | | 1 | 1 | | 1 | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Nonexempt Controlled Organ | izations | | | | | | | | · |
| 7 Taxable Income | | unrelated income (loss) see instructions) | 9 To | tal of specified pay made | rments | in the con | olumn 9 that is included trolling organization's gross income | 11 | Deductions directly connected with income in column 10 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | • | | • | | | Add columns Enter here an line 8, colum | d on page 1, Part I, | Ente | columns 6 and 11. r here and on page 1, Part I, 8, column (B). |
| Totals | | | | | | | 0 | | 0. |

Page 4

| <u> </u> | R | | | | | | * * | | |
|-------------------------------------|--|--|--|--|----------------------|--|------------------------------------|---------------|--|
| Schedule G - Investme | ent Income of a ructions on page 21) | Section (| 501(c)(7) | , (9), or (17) Or | ganizat | tion | | | |
| | cription of income | <u> </u> | | 2 Amount of income | directly of | luctions connected | 4 Set-asio | | 5 Total deductions and set-asides |
| (1) | | | -+ | | (attach s | schedule) | (| | (col. 3 plus col. 4) |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| () | | | Er | nter here and on page 1, | | | | | Enter here and on page 1 |
| | | | Pa | art I, line 9, column (A). | | | | | Part I, line 9, column (B). |
| Totals | | | ▶ | 0. | | | | | 0. |
| Schedule I - Exploited | Exempt Activity uctions on page 21) | y Income | , Other ⁻ | Than Advertisi | ng Inco | me | | | |
| (000 11101111 | l | | | 4 | | | | | |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expendirectly conwith produof unrelables in | inected uction ated | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | from act is not u | s income ivity that nrelated s income | 6 Expens attributable column | e to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | 3 | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here a page 1, P line 10, co | art I, | | | | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0. | | 0. | | | | | | 0. |
| Schedule J - Advertisi | | | | | | | | | • |
| Part I Income From | Periodicals Rep | orted on | a Conse | olidated Basis | | | | | |
| | | | | T | | | | | |
| 1 Name of periodical | 2 Gross advertising income | | Direct sing costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7. | | culation come | 6 Readersh costs | ip | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | \rightarrow | |
| Totals (carry to Part II, line (5)) | ▶ | 0. | 0. | | | | | | 0. |
| Part II Income From | Periodicals Rep | orted on | a Separ | rate Basis (For e | ach perio | dical listed | in Part II, fil | l in | |
| columns 2 through | 7 on a line-by-line ba | asis.) | | | | | | | |
| 1 Name of periodical | 2 Gross advertising income | | Direct sing costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7. | | culation | 6 Readersh costs | ip | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) USA ARCHERY | 11,18 | 3. 10 | ,548. | 635 | . 10 | ,372. | 45,0 | 66. | 635. |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) Totals from Part I | | 0. | 0. | | | | | | 0. |
| | Enter here and page 1, Part I, line 11, col. (A | page). line 1 | ere and on 1, Part I, 1, col. (B). | | | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | | | ,548. | _ · · · · | | | 20) | | 635. |
| Schedule K - Compen | sation of Office | rs, Direct | ors, and | irustees (see | instructio | ns on page 3 Percent | of I | | |
| 1 1 | Name | | | 2 Title | | time devoted business | i to | | ensation attributable elated business |
| | | | <u> </u> | | | | % | | |
| | | | | | | | % | | |
| | | | <u> </u> | | | | % | | |
| Total Enter here and on page 1. | Don't H. Boro M.A. | | | | | | % | | 0. |
| This Eller here and on hade 1 L | 2ari II 11110 171 | | | | | | | | 11. |

Form **8868** (Rev. April 2009)

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 a | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|
| | re filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | | | | | | | | |
| If you a | re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this | form). | | | | | | | | | |
| Do not co | omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi | led Form 8868. | | | | | | | | | |
| Part I | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | | | | | | | | |
| A corpora | tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con | nplete | | | | | | | | | |
| Part I only | | <u> </u> | | | | | | | | | |
| All other c | corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar | extension of time | | | | | | | | | |
| | ome tax returns. | | | | | | | | | | |
| noted belo (not autor you must | c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits. | ically if (1) you want the additional nsolidated Form 990-T. Instead, | | | | | | | | | |
| Type or | Name of Exempt Organization | Employer identification number | | | | | | | | | |
| print | NATIONAL ARCHERY ASSOCIATION OF THE | | | | | | | | | | |
| | UNITED STATES | 36-6118407 | | | | | | | | | |
| File by the due date for filing your | for Number, street, and room or suite no. If a P.O. box, see instructions. 1 OLYMPIC PLAZA | | | | | | | | | | |
| return. See instructions. | | | | | | | | | | | |
| Chook tu | pe of return to be filed(file a separate application for each return): | | | | | | | | | | |
| Cileck typ | | | | | | | | | | | |
| Forr | m 990 X Form 990-T (corporation) Form 47 | 720 | | | | | | | | | |
| | m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 | 227 | | | | | | | | | |
| | m 990-EZ Form 990-T (trust other than above) Form 60 | 069 | | | | | | | | | |
| Forr | m 990-PF | 370 | | | | | | | | | |
| | THE ORGANIZATION books are in the care of ► 711 NORTH TEJON - COLORADO SPRINGS, CO cone No. ► 719.866.4576 FAX No. ► briganization does not have an office or place of business in the United States, check this box | | | | | | | | | | |
| If the oIf this is | s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box and attach a list with the names and EINs of all | is is for the whole group, check this | | | | | | | | | |
| ● If the o ● If this is box ▶ □ 1 I rec is fo | s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box | is is for the whole group, check this members the extension will cover. | | | | | | | | | |
| ● If the o ● If this is box ▶ □ 1 I rec is fo ▶ □ | s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box | is is for the whole group, check this members the extension will cover. il above. The extension | | | | | | | | | |
| ● If the o ● If this is box ▶ □ 1 I rec is fo ▶ □ | s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box | is is for the whole group, check this members the extension will cover. il above. The extension | | | | | | | | | |
| ● If the o ● If this is box ▶ 1 I rec is fc ▶ 2 If th 3a If th | s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the story of the group, check this box and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto NOVEMBER 15, 2009, to file the exempt organization return for the organization named a part the organization's return for: X calendar year 2008 or tax year beginning , and ending is tax year is for less than 12 months, check reason: Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | is is for the whole group, check this members the extension will cover. iil shove. The extension Change in accounting period | | | | | | | | | |
| ● If the o ● If this is box ▶ □ 1 | s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the start is for part of the group, check this box and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untoward the organization's return for: NOVEMBER 15, 2009 , to file the exempt organization return for the organization named a corporation required to file Form 990-T (and the organization named a corporation required to file Form 990-T (by a corporation of time untoward the organization's return for: A calendar year 2008 or | is is for the whole group, check this members the extension will cover. il above. The extension | | | | | | | | | |
| ● If the o ● If this is box ▶ 1 | s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the story of the group, check this box and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization's return for: NOVEMBER 15, 2009 , to file the exempt organization return for the organization named a corporation required to file Form 990-T and the organization named a corporation required to file Form 990-T and the organization named a corporation required to file Form 990-T and the organization named and the organization's return for: I calendar year 2008 or the organization return for the organization named and the organization is return for: I calendar year 1008 or the organization return for the organization named and the organization is return for: I calendar year 2008 or the organization return for the organization named and the organization is return for: I calendar year 2008 or the organization return for the organization named and the organization named and the organization is return for: I calendar year 2008 or the organization return for the organization named and the or | is is for the whole group, check this members the extension will cover. iil above. The extension Change in accounting period 3a \$ 0 | | | | | | | | | |
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Form **8868** (Rev. 4-2009)