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GOVERNMENT COPY

Department of the Treasury

A For the 2006 calendar year, or tax year beginning

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.

and ending

OMB No. 1545-0047 Open to Public Inspection

В	Check if	Please C Name of organization			D Employer i	dentification number		
		NATIONAL ARCHERY ASSOCIATION OF THE						
	change		36-6	118407				
	Name change	See '	E Telephone					
	Initial return	Specific 1 OLYMPIC PLAZA	719-	866-4576				
	Final return	Instructions. City or town, state or country, and ZIP + 4			F Accounting met			
	Amend return	COLORADO SEKTINGS, CO			Other (specify)	>		
	Applica pendin			Hand lare not appli	icable to sec	ction 527 organizations.		
		must attach a completed Schedule A (Form 990	01 990-EZ).	H(a) Is this a group re	eturn for affilia	ntes? Yes X No		
		:▶WWW.USARCHERY.ORG		H(b) If "Yes," enter nu		tes▶ <u>N/A</u>		
J	Organiza	ation type (check only one) \blacktriangleright X 501(c) (3) \blacktriangleleft (insert r	o.) 4947(a)(1) or 527			N/A L Yes No		
K	Check he	ere \blacktriangleright if the organization is not a 509(a)(3) supporti	ng organization and its gross	(If "No," attach a H(d) Is this a separate	e return filed b	ov an or		
		are normally not more than \$25,000. A return is not requir	ed, but if the organization	ganization cover	ed by a group	ruling? X Yes No		
	chooses	to file a return, be sure to file a complete return.		I Group Exemption				
						tion is not required to attach		
		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,194,251.	Sch. B (Form 99	0, 990-EZ, or	990-PF).		
P	art I	Revenue, Expenses, and Changes in N		ances				
	1	Contributions, gifts, grants, and similar amounts received		1				
	a		1a	140 6				
	b	, , , , , , , , , , , , , , , , , , , ,		140,60				
	C	Indirect public support (not included on line 1a)	1c	640,9	98.			
	d	(3) (22 (00	<u>. </u>	701 (((
	e	9 /		23,698.	,	781,666.		
	2	Program service revenue including government fees and				175,500.		
	3	Membership dues and assessments			3	181,368. 617.		
	4	Interest on savings and temporary cash investments				01/.		
	5	Dividends and interest from securities			5			
	6 a							
	b	Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a			6c			
ne	7 C	Other investment income (describe						
Revenue	′	Gross amount from sales of assets other	(A) Securities	(B) Other	, ,			
æ	""	than inventory	8a	(B) other				
	b		8b					
	C	Gain or (loss) (attach schedule)	8c					
	d				8d			
	9	Special events and activities (attach schedule). If any am						
	a		ontributions reported on line 1b) 9a					
	b		9b					
	С				9c			
	10 a	Gross sales of inventory, less returns and allowances	10a	•				
	b		10b	,				
	С	Gross profit or (loss) from sales of inventory (attach sch	edule). Subtract line 10b from line	10a STMT	10c	6,135.		
	11	Other revenue (from Part VII, line 103)			11	6,675.		
	12	Total revenue . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c				1,151,961.		
ý	13	Program services (from line 44, column (B))			13	1,014,118.		
Expenses	14	Management and general (from line 44, column (C))				148,875.		
ЭĠ	15					42,846.		
ũ		Payments to affiliates (attach schedule)		1 005 000				
_	17	Total expenses. Add lines 16 and 44, column (A)	10		4.0	1,205,839.		
<u> </u>	18	Excess or (deficit) for the year. Subtract line 17 from line				-53,878 .		
Net	19	Net assets or fund balances at beginning of year (from lin	le ro, coluilli (A))		19 20	161,176.		
<	21	 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20 				107,298.		
623		LLIA For Privacy Act and Paperwork Poduction Act Me			21	Eorm 000 (2006)		

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) propagate the charitable trusts but ontional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)				STATEMENT 4	STATEMENT 5
(cash \$ 51,606. noncash \$ 0.					
If this amount includes foreign grants, check here	22b	51,606.	51,606.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key		E0 200	55 5 5 4	10 040	2 070
employees, etc. listed in Part V-A STMT 3	25a	79,392.	55,574.	19,848.	3,970.
b Compensation of former officers, directors, key		0	0	_	
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section $4958(f)(1)$) and persons described in	امدا				
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not		350,401.	271,981.	52,403.	26 017
included on lines 25a, b, and c	26	330,401.	2/1,901.	32,403.	26,017.
27 Pension plan contributions not included on	27	12,423.	8,126.	2,205.	2,092.
lines 25a, b, and c	21	12,423.	0,120.	2,203.	2,092.
28 Employee benefits not included on lines	28	49,975.	38,174.	9,482.	2,319.
25a - 27	29	49,913.	30,174.	9,402.	2,319.
29 Payroll taxes30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	7,607.		7,607.	
33 Supplies	33	11,355.	5,800.	4,815.	740.
34 Telephone	34	10,597.	4,082.	6,038.	477.
35 Postage and shipping	35	24,764.	22,679.	1,593.	492.
36 Occupancy	36	21//010	22,0730	2/3331	1,72,
37 Equipment rental and maintenance	37	33,437.	30,532.	2,439.	466.
38 Printing and publications	38	26,567.	26,350.	97.	120.
39 Travel	39	168,131.	156,775.	10,957.	399.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	7,015.		7,015.	
43 Other expenses not covered above (itemize):		,			
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	372,569.	342,439.	24,376.	5,754.
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	1,205,839.	1,014,118.	148,875.	42,846.
Joint Costs. Check ▶ ☐ if you are following					
Are any joint costs from a combined educational campaig					Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	ts \$ _		ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$		$\mathbf{N/A}$; and (iv) the amount allocated to	Fundraising \$	N/A

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

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

Wh	nat is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses
A II	executations must describe their exempt purpose achievements in a clear and consider manner. State the number of	(Required for 501(c)(3)
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of	and (4) orgs., and
	ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	4947(a)(1) trusts; but optional for others.)
org	panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	optional for others.)
а	INTERNATIONAL - APPROXIMATELY 208 MEMBERS PARTICIPATED IN	
	APPROXIMATELY 11 INTERNATIONAL ARCHERY EVENTS.	1
		1
	(Grants and allocations \$) If this amount includes foreign grants, check here	189,101.
b	TOURNAMENTS - THERE WERE 8 NATIONAL EVENTS INVOLVING]
	APPROXIMATELY 2500 ARCHERS.	
		144 004
	(Grants and allocations \$) If this amount includes foreign grants, check here	144,004.
С	MEMBERSHIP - APPROXIMATELY 4100 MEMBERS RECEIVE USA ARCHERY	1
	MAGAZINE.	1
		1
		-
		-
	(Grants and allocations \$) If this amount includes foreign grants, check here	123,067.
_	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ DEVELOPMENT - TO PROMOTE AND DEVELOP THE SPORT OF ARCHERY IN	123,007.
u	THE UNITED STATES.	1
	III ONITED DIATED.	1
		1
		†
		†
	(Grants and allocations \$) If this amount includes foreign grants, check here	484,142.
е	Other program services (attach schedule) SEE STATEMENT 7	
	(Grants and allocations \$) If this amount includes foreign grants, check here	73,804.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,014,118.

NATIONAL ARCHERY ASSOCIATION OF THE

UNITED STATES 36-6118407 Form 990 (2006) Page 4

Pa	rt IV	Balance Sheets (See the instructions.)					
Note		ore required, attached schedules and amounts auld be for end-of-year amounts only.	within the	description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			100,060.	45	118,623.
	46	Savings and temporary cash investments				46	
		Accounts receivable		6,182.			
	b	Less: allowance for doubtful accounts	47b		9,115.	47c	6,182.
		Pledges receivable					
		Less: allowance for doubtful accounts		48c	20 000		
	49	Grants receivable				49	30,000.
	50 a	Receivables from current and former officers	•	′ ′ I		F0-	
	١.	key employees				50a	
"	"	Receivables from other disqualified persons 4958(f)(1)) and persons described in section		50b			
Assets	51 a	Other notes and loans receivable		(0)		300	
As	° ' h	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			31,981.	52	29,341.
	53	Prepaid expenses and deferred charges			22,624.	53	1,825.
	54 a	Investments - publicly-traded securities			•	54a	·
		Investments - other securities				54b	
		Investments - land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
		Land, buildings, and equipment: basis		175,836.	110 510		111 010
		Less: accumulated depreciation		61,594.	118,512.	57c	114,242.
	58	Other assets, including program-related investmen	nts				
		(describe >	45 41)	282,292.	58	300,213.
	59 60	Total assets (must equal line 74). Add lines Accounts payable and accrued expenses			26,226.	59 60	50,755.
	61	Grants payable			20,220.	61	30,733.
	62	Deferred revenue				62	
ilities	63	Loans from officers, directors, trustees, and				63	88,000.
Ħ	l	a Tax-exempt bond liabilities				64a	
Liab	l t	Mortgages and other notes payable				64b	
_	65	Other liabilities (describe ► DEFERRED			94,890.	65	54,160.
	66	Total liabilities. Add lines 60 through 65			121,116.	66	192,915.
	Orga	anizations that follow SFAS 117, check here	e► X a	and complete lines			
S		67 through 69 and lines 73 and 74.			101 262		00 515
nce	67	Unrestricted			121,363.	67	99,515.
ala	68	Temporarily restricted			39,813.	68	7,783.
ρ	69	Permanently restricted				69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, che complete lines 70 through 74.	ck nere	r 🔛 anu			
٥	70	Capital stock, trust principal, or current fund	le			70	
ets	71	Paid-in or capital surplus, or land, building, a		 		71	
Ass	72	Retained earnings, endowment, accumulate				72	
let.	73	Total net assets or fund balances. Add lines 67 tl				-	
_		(Column (A) must equal line 19 and column (B) m	-	= -	161,176.	73	107,298.
	74	Total liabilities and net assets/fund balance		282,292.	74	300,213.	

Form 990 (2006	6) UNITED STATES	36-6118407	Page
Part IV-A	Reconciliation of Revenue per Audited Financial Statements W	Vith Revenue per Return (See the	

	instructions.)								
a	Total revenue, gains, and other support per audited financial statement	nts				a	1,	151,9	61.
b	Amounts included on line a but not on Part I, line 12:							-	
1	Net unrealized gains on investments		b1						
	Donated services and use of facilities		b2						
3	Recoveries of prior year grants		b3						
4	Other (specify):		b4						
	Add lines b1 through b4					b			0.
C	Subtract line b from line a					С	1,	151,9	61.
d	Amounts included on Part I, line 12, but not on line a:							-	
1	Investment expenses not included on Part I, line 6b		d1						
	Other (specify):		d2						
	Add lines d1 and d2					d			0.
е	Total revenue (Part I. line 12), Add lines c and d					е	1,	151,9	61.
Pa	rt IV-B Reconciliation of Expenses per Audited Financian	ancial Statements	Wit	h Expenses	per	Reti	urn		
	Total expenses and losses per audited financial statements					а		205,8	39.
	Amounts included on line a but not on Part I, line 17:							-	
1	Donated services and use of facilities		b1						
2	Prior year adjustments reported on Part I, line 20								
3	Losses reported on Part I, line 20		b3						
	Other (specify):		b4						
	Add lines b1 through b4					b			0.
C	Subtract line b from line a					С	1,	205,8	39.
d	Amounts included on Part I, line 17, but not on line a:								
	Investment expenses not included on Part I, line 6b		d1						
	Other (specify):		d2						
	Add lines d1 and d2					d			0.
е	Total expenses (Part I, line 17). Add lines c and d					е	1,	205,8	39.
	rt V-A Current Officers, Directors, Trustees, and Ke					fficer	, direc	tor, truste	e,
	or key employee at any time during the year even if they we								
	(A) Name and address	(B) Title and average hour	's (C) Compensation If not paid, enter	(D)Cor emplo plans compe	ntribut byee b	ions to enefit	(E) Expe	ense
	()	position		-0)	plans compe	& def	erred n plans	other allow	vances
SE	E STATEMENT 8			79,392.	5	, 9	44.		0.
			Τ	<u></u>					

NATIONAL ARCHERY ASSOCIATION OF THE

UNITED STATES 36-6118407 Page **6** Form 990 (2006)

Table The the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 13	Pai	t V-A	Current Officers, Directors, Trustees, and Ke	ey Employees (continu	red)			Yes	No
b Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organization. The professional professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organization and the instructions. 4 Does the organization have a written conflict of interest policy? Fart V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (1 any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. State in its instructions. (A) Name and address NONE (B) Leans and Advances (B) Compensation (C) Compensation (B) Compensa	75 a	Enter th	ne total number of officers, directors, and trustees permitted t	to vote on organization bu	siness at board				
Island in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II or highest compensation of the through family or business relationships? If "Yes," attach a statement family or business relationships? If "Yes," attach as tasted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I Nor highest compensation or where organization is the instructions of the definition of "related organization," whether tax exempt or taxable, that are related to the organization base a written condition of interest policy? Part V-II Professional Part I Professional and other independent contractors listed in Schedule A, Part I Professional and interest policy? Part V-II Other Information (See the instructions.) (B) Loars and Advances (B)		meeting	js		▶	13			
Part II A or IIB, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships? © Do any officers, directors, frustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensation or both or organization, whether tax every professional and the independent contractors listed in Schedule A, Part I, or highest compensation or other benefits in the are related to the organization have a written conflict of interest policy? Part VII Other Information have a written conflict of interest policy? Part VII Other information described and interest policy? Part VII Other information or compensation or other benefits in the appropriate collection of the propriate contraction of the propriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefits of the appropriate contraction and profession or other benefit	b								
the individuals and explains the relationshiple) C Do any officers, directors, furstees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensation professional and other independent contractors listed in Schedule A, Part II A or II B, receive compensation from any other organizations of exhedule and part of the p									
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V.A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, and II is receive compensation formary by the organizations, whether tax exempts or taxable, that are related to the organization? See the instructions for the definition of "related organization." whether tax exempts or taxable, that are related to the organization have a written conflict of interest policy? ### I "Yes," attach a statement that includes the information described in the instructions. ### Bonefits (if any former officer, director, trustee, and Key Employees That Received Compensation or other Denefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. Skill the linitiation of the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. Skill be listification. #### BONE				•			75h		x
Isted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II An of IIIs, receive compensation from any other organizations, wither tax exempt or traxable, that are related to the organization? See the instructions for the definition of "related organization." To be a statement and the state as statement that includes the information described in the instructions. To be a statement of the compensation or compensation have a written conflict of interest policy? To be seen first (if any former officer, cliricor, frustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trusties), and Key Employees received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (a) Name and address							730		A
Part II A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? So the instructions for the definition of "related organization." So the statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. Benefits (if any former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, and Key employees received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year list of the appropriate of the person below and enter the amount of compensation or other benefits (described below) during the year list of the appropriate person below and enter the amount of compensation or other benefits (described below) during the year list of the person	С								
organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if the pair). (A) Name and address (A) Name and address (B) Loans and Advances (C) Compensation (D) Corresponse to pines & datesed of other drip. (B) Compensation (D) Corresponse to pines & datesed of other drip. (B) Loans and Advances (B									
d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year. Its that person below and enter the amount of compensation or other benefits in the appropriate oldinous. See the instructions.) (A) Name and address NONE (B) Loans and Advances (C) Compensation (III) Commissions of compensation or other benefits in the appropriate of compensation or other benefits in the appropriate of compensation or other benefits in the appropriate of the compensation of the person below and enter the amount of compensation or other benefits in the appropriate of compensation or other benefits in the appropriate of the compensation of the person below and enter the amount of compensation or other benefits in the appropriate of compensation of the compens				.:			75c		Х
Benefits (if any former officer, director, tustee, or key employee received compensation or other benefits (described below) during the year, list that perportation the appropriate in		If "Yes,	attach a statement that includes the information described	in the instructions.					
Benefits (if any former officer, director, tustee, or key employee received compensation or other benefits (described below) during the year, list that perportation the appropriate in	d	Does th	e organization have a written conflict of interest policy?				75d	Х	
the year, list that person below and enter the amount of compensation or other benefits in the appropriate column see the instructions. (A) Name and address NONE (B) Loans and Advances (In not paid, enter -0-) (In not pai	Pai	t V-B							
Part VI Other Information (See the instructions.) Yes No									
Part VI Other Information (See the instructions.) Part VI Part V				inperiodition of other benef		(D) Contributions	to (
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Yes No			(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefi plans & deferred	t a	cćount	and
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change			NONE		enter -u-)	compensation pla	ns Oth	er allow	ances
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change							1		
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
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statement of each change 76 X Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The image is in the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The image is in the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The image is in the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The image is in the interval in the organization of the organization, or substantial contraction during the year? If "Yes," attach a statement is interval in the organization of the organization with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The image is in the interval in the interval in the interval interv				ndusting activities? If IIVe	n " attach a data"	.d		res	140
Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 b If "Yes," enter the name of the organization SEE STATEMENT 9 and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81 b Did the organization file Form 1120-POL for this year? 81 b X	10			_			76		X
If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b X 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 b If "Yes," enter the name of the organization SEE STATEMENT 9 and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81 b Did the organization file Form 1120-POL for this year? 81 b X	77								
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 a X b If "Yes," has it filed a tax return on Form 990-T for this year? 78 b X 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79	••			out not reported to the inc	,				
b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80 b If "Yes," enter the name of the organization SEE STATEMENT 9 and check whether it is exempt or nonexempt 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) B1a 0 b Did the organization file Form 1120-POL for this year?	78 a	,	.,	0 or more during the vear	covered by this re	turn?	78a	Х	
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81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0 • b Did the organization file Form 1120-POL for this year? 81b X	b	If "Yes,	enter the name of the organization SEE STATE	MENT 9					
b Did the organization file Form 1120-POL for this year?						· · · · · · · · · · · · · · · · · · ·			
2 Die die eigenmeenen met eine Fleet und Jeuri	-								77
	<u>b</u>	Did the	organization file Form 1120-POL for this year?					990	

NATIONAL ARCHERY ASSOCIATION OF THE Form 990 (2006) 36-6118407 UNITED STATES Part VI Other Information (continued) Yes No 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially Х less than fair rental value? 82a b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? Х 83a 83b X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84 a Did the organization solicit any contributions or gifts that were not tax deductible? N/A 84a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A 85a 85b b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members Section 162(e) lobbying and political expenditures N/A 85d N/A e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A N/A Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85a h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the N/A 85h following tax year? 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on N/A line 12 b Gross receipts, included on line 12, for public use of club facilities N/A N/A 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a b Gross income from other sources. (Do not net amounts due or paid to other sources N/A against amounts due or received from them.) 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? Х If "Yes," complete Part IX 88a b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of Х 88b section 512(b)(13)? If "Yes," complete Part XI 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911► **0** • ; section 4912 ► b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction X 89b c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? Х 89e X All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X 90 a List the states with which a copy of this return is filed ▶CO b Number of employees employed in the pay period that includes March 12, 2006 719-866-4576 Telephone no. 91 a The books are in care of ▶ NATIONAL ARCHERY ASSOCIATION

Located at ▶ 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO

If "Yes," enter the name of the foreign country

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Form **990** (2006)

Yes No

X

ZIP + 4 ► 80909

91b

and Financial Accounts.

NATIONAL ARCHERY ASSOCIATION OF THE 36-6118407 Form 990 (2006) UNITED STATES Other Information (continued) Part VI Yes Nο c At any time during the calendar year, did the organization maintain an office outside of the United States? N/A If "Yes." enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year . Part VII | Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (E) (A) (C) indicated. Related or exempt Business Amount Amount function income 93 Program service revenue: code 150,816 TOURNAMENT FEES CAMPS & CLINICS 24,684 f Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 181,368 617. Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 03 6,135. 102 Gross profit or (loss) from sales of inventory 103 Other revenue: 6,675 ADVERTISING INCOME 541800 356,868 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 370,295 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). ▼ SEE STATEMENT 10 Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of Nature of activities Total income End-of-vear ownership interest N/A% Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Form **990** (2006)

Yes

Yes

X No

X No

Page **9**

Pa		Information Regarding Transfers To and From C		ies. Complete only if the orga	nization is a
		controlling organization as defined in section 512(b)(13).	N/A		Yes No
106	Did the r	eporting organization make any transfers to a controlled entity a	as defined in section	512(b)(13) of the Code? If "Ye	
_	complete	e the schedule below for each controlled entity.	1	1	
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а					
b					
С					
		Totals			
					Yes No
107		eporting organization receive any transfers from a controlled en the schedule below for each controlled entity.	ntity as defined in se	ction 512(b)(13) of the Code? I	f "Yes,"
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а					
b					
С					
		Totals			
108	annuities	organization have a binding written contract in effect on August described in question 107 above?			
	Unde and o	er penalties of perjury, I declare that I have examined this return, including accompany complete. Declaration of preparer (other than officer) is based on all information of wh	ring schedules and stateme ich preparer has any knowle	ents, and to the best of my knowledge an edge.	d belief, it is true, correct,
Plea Sigr Here		Signature of officer Type or print name and title		 Date	
Paid Pren	sign	parer's ature	Date	Check if self- employed Preparer's S	SSN or PTIN (See Gen. Inst. X)
Use	Only yours	employed), 5390 N. ACADEMY BLVD., ST	'E 300	EIN ►	-596-6110

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES

Employer identification number

36 6118407

Part I Compensation of the Five Highest Paid En (See page 2 of the instructions. List each one. If there are none,		Officers, Dire	ctors, and T	rustees
(a) Name and address of each employee paid	(b) litle and average hours	s I	(d) Contributions to	(e) Expense
more than \$50,000	per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and othe allowances
KATHLEEN FRAZIER	DIR FINANCE			
COLORADO SPRINGS, CO	40.00	52,308.	4,240	•
KISIK LEE	NATIONAL COA	CH		
CHULA VISTA, CA	40.00	130,261.	0.	,
BRADLEY CAMP	EXECUTIVE DI			
COLORADO SPRINGS, CO	40.00	79,392.	5,944	,
	_			
Total number of other employees paid over \$50,000	. 0			
Part II-A Compensation of the Five Highest Paid Inc. (See page 2 of the instructions. List each one (whether individual)			ional Servic	es
(a) Name and address of each independent contractor paid more	· i	(b) Type of s	service	(c) Compensation
SATCHMO PRODUCTIONS		MAGAZINE		
GRASS VALLEY, CA		PUBLICATIO	N	58,952.
Total number of others receiving over	. 0			
\$50,000 for professional services Part II-B Compensation of the Five Highest Paid Inc (List each contractor who performed services other than profess firms. If there are none, enter "None." See page 2 of the instruction	lependent Contractorsional services, whether individuals		ervices	
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	service	(c) Compensation
NONE				
Total number of other contractors receiving over	. 0			

NATIONAL ARCHERY ASSOCIATION OF THE

Scl	hedule A (Form 990 or 990-EZ) 2006 UNITED STATES	36-611840	7 F	Page 2
P	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities ▶ \$ (Must equal amounts on line 38)	, Part VI-A, or		
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributurstees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yeattach a detailed statement explaining the transactions.)	such		
á	a Sale, exchange, or leasing of property?	2a		X
ı	b Lending of money or other extension of credit?	2b		X
(c Furnishing of goods, services, or facilities?	2c		X
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEM	ENT 11 2d	X	
(e Transfer of any part of its income or assets?	2e		X
3 8	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
ı	b Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
(c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
(d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 8	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
ı	b Did the organization make any taxable distributions under section 4966?	4b		Х
(c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
1	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2006

NATIONAL ARCHERY ASSOCIATION OF THE

Schedule A (Form 990 or 990-EZ) 2006 UNITED STATES

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Pari	LIV	Reason for Non-Private Foundation S	otatus (See pages 4 ii	irough / of the instructio	118.)		
certify	/ that t	he organization is not a private foundation because it is: (l	Please check only ONE ap	oplicable box.)			
5		A church, convention of churches, or association of ch	urches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	: V.)				
7		A hospital or a cooperative hospital service organizatio	n. Section 170(b)(1)(A)(i	ii).			
8		A federal, state, or local government or governmental L	ınit. Section 170(b)(1)(A)	(v).			
9		A medical research organization operated in conjunction	n with a hospital. Section	170(b)(1)(A)(iii). Enter t	he hospital's	s name, city,	
		and state 🕨					
10		An organization operated for the benefit of a college or	university owned or oper	ated by a governmental u	ınit. Section	170(b)(1)(A)(iv).
		(Also complete the Support Schedule in Part IV-A.)					
11a		An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general	oublic.	
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)				
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)			
12	X	An organization that normally receives: (1) more than	33 1/3% of its support fro	om contributions, membe	rship fees, a	nd gross	
		receipts from activities related to its charitable, etc., fur					
		its support from gross investment income and unrelate				ses acquired	
		by the organization after June 30, 1975. See section 5	us(a)(z). (Also complete	ine Support Schedule ii	raitiv-A.)		
13		An organization that is not controlled by any disqualifie	d persons (other than for	undation managers) and (otherwise me	ets the requi	rements of section
		509(a)(3). Check the box that describes the type of sup					
		Type I Type II	Type III-Fui	nctionally Integrated		Type III	-Other
	Provide the following information about the supported organizations. (See page 7 of the instructions.)						
		(a)	(b)	(c)	(d		(e)
		Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines		upported on listed in	Amount of support
			number (EIN)	Š through 12 above		porting	опррот
				or IRC section)		zation's	
					governing	documents?	
					Yes	No	
					163	NO	
Total							
		An organization organized and operated to test for pub					

Schedule A (Form 990 or 990-EZ) 2006

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Page 4

Pa	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.							
Caler	ndar year (or fiscal year ining in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total		
15	Gifts, grants, and contributions	(a) 2000	(b) 2004	(6) 2000	(u) 2002	(6) 10141		
	received. (Dó not include unusual grants. See line 28.)	676,110.	752,472.		697,772	2,813,462.		
16	Membership fees received	181,194.	186,590.	187,166.	183,101	738,051.		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	240,559.	184,996.	217,275.	162,264	805,094.		
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	597.	91.	92.	1,990	2,770.		
19	Net income from unrelated business							
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either							
21	paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to							
	the public without charge							
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEME	NT 12 -723.	-723.		
23	Total of lines 15 through 22			1,091,641.		4,358,654.		
24	Line 23 minus line 17	857,901.		874,366.	882,140			
25	Enter 1% of line 23	10,985.	11,241.	10,916.	10,444			
26	Organizations described on lines 10					N/A		
b	Prepare a list for your records to sho			,				
	unit or publicly supported organization on the supported organization of the supported organization of the support of the supp	,	•	ued the amount snown in		N/A		
c	Total support for section 509(a)(1) to					N/A N/A		
	Add: Amounts from column (e) for li		19			11/11		
_	, , , , , , , , , , , , , , , , , , , ,	22	26b		≥ 26d	N/A		
е	Public support (line 26c minus line 2	26d total)			▶ 26e	N/A		
f	Public support percentage (line 26					N/A %		
27	Organizations described on line 12							
	records to show the name of, and to such amounts for each year:	tal amounts received in ea	ach year from, each "disq	ualified person." Do not f i	ie this list with your ret	urn. Enter the sum of		
		• (2004)	0. (2	003)	0 • (2002)	0.		
b	(2005) O • (2004) O • (2003) O • (2002) O • (2002) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations							
	described in lines 5 through 11b, as the larger amount described in (1) or (2005) 0	r (2), enter the sum of the • (2004)	se differences (the exces 0 • (2	s amounts) for each year 003)		e amount received and 0 .		
C	Add: Amounts from column (e) for li	nec• 15	2 813 462.	16 738	N 5 1 .	1 4 256 607		
	A	$\frac{05,094.}{0.}$ 20 an	d line 27h total	21	0 • ≥ 27c 27d	4,356,607.		
d e	Public support (line 27c total minus	line 27d total)	ע ווווס ב <i>ו</i> א נטנמו		27d	4,356,607.		
f	Total support for section 509(a)(2) to					2,330,007.		
g	Public support percentage (line					99.9530%		
h	Investment income percentage				. —	.0636%		
28 L	Jnusual Grants: For an organization	described in line 10, 11,	or 12 that received any u	nusual grants during 200	2 through 2005, prepar	e a list for your records to		

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

36-6118407

Schedule A (Form 990 or 990-EZ) 2006 UNITED STATES

Part V Private School Questionnaire (See page 9 of the instructions.)

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
2	Dece the experiention maintain the following:	_		
z a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	020		
٠	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
3	Does the organization discriminate by race in any way with respect to:	_		
a	Students' rights or privileges?			
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?	33e		
Ī	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
4 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b				
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	

Schedule A (Form 990 or 990-EZ) 2006

Page 6

Part VI-A	Lobbying Expenditures by Electing Public Charities (See page 10 o	f the instructions.)	N/A
_	(To be completed ONLY by an eligible organization that filed Form 5768)		
Check ▶ a ∟	if the organization belongs to an affiliated group. Check ▶ b if you che	cked "a" and "limited control"	provisions apply.
		(a)	(b)

אווכ	ck a if the organization belongs to an animated group.	you che	ckeu a and infined control	provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
37 38 39 40	Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39)	36 37 38 39 40	N/A	
42 43	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000	41 42 43 44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	5010111 000 1110 1110		agir do dir pago 10 di tilo ilio	a deticitor)	
		Lobbying Exp	oenditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

Page 7

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

			(eee page to et alle meat	a o a o a o a				
51			irectly or indirectly engage in any of t		-			
	50	1(c) of the Code (other than s	section 501(c)(3) organizations) or in	section 527, relating to pol	litical organizations?			
а			ganization to a noncharitable exempt	-		- · · · ·	Yes	No
						51a(i)		<u> </u>
	(ii	i) Other assets				a(ii)		X
b		her transactions:						
						b(i)		<u> </u>
						b(ii)		X
						b(iii)		X
						b(iv)		X
	•					b(v) b(vi)		X
(vi) Performance of services or membership or fundraising solicitationsc Sharing of facilities, equipment, mailing lists, other assets, or paid employees								X
C			•		hugus about the fair market value of the	С		Х
d		•	e is Yes, complete the following sch given by the reporting organization.	, ,	lways show the fair market value of the			
	-		nent, show in column (d) the value of	-			N/A	
/0				the goods, other assets, or	(d)		IV / A	
(a Line		(b) Amount involved	(c) Name of noncharitable exe	empt organization	Description of transfers, transactions, and sh	aring ar	rangem	ents
				1 3	, , ,			
52 a					anizations described in section 501(c) of the			_
	Co	de (other than section 501(c)	(3)) or in section 527?		▶ □	Yes	X	No
b	lf "	Yes," complete the following s	· · · · · · · · · · · · · · · · · · ·	1				
		(a) Name of org) ganization	(b) Type of organization	(c) Description of relationship)		
20035	_				l .			

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

Department of the Treasury Internal Revenue Service

Name of organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2006

NATIONAL ARCHERY ASSOCIATION OF THE 36-6118407 UNITED STATES Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.) General Rule-For 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 \$5,000 or 2% of the amount on line 1 of these forms. (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, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Employer identification number

36-6118407

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EASTON TECHNICAL PRODUCTS, INC. SALT LAKE CITY, UT	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 HOYT	\$5,000.	Person X Payroll
(a)	SALT LAKE CITY, UT	(a)	is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	NATIONAL ARCHERY ASSOCIATION FOUNDATION COLORADO SPRINGS, CO	\$	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
4	UNITED STATES OLYMPIC COMMITTEE COLORADO SPRINGS, CO	\$562,698.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 1
INCOME			
1. GROSS RECEIPTS		48,425	
	CES		48,425
	(LINE 13)	42,290	6,135
COST OF GOODS SOLD			
7. MERCHANDISE PURCHAS 8. COST OF LABOR 9. MATERIALS AND SUPPL 10. OTHER COSTS		31,981 39,650	71 621
	10	00 241	71,631
12. INVENTORY AT END OF 13. COST OF GOODS SOLD	(LINE 11 LESS LINE 12)	29,341	42,290

FORM 990	ОТНЕ	REXPENSES		STATEMENT 2
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
BUILDING EXPENSES	4,941.		4,941.	
GIFTS & AWARDS GROUND	12,558.	12,085.	451.	22.
TRANSPORTATION	13,007.	12,547.	36.	424.
INSURANCE	21,372.	15,882.	5,490.	
MEALS & LODGING	128,356.	125,317.	2,100.	939.
PER DIEM	1,470.	1,365.		105.
PROFESSIONAL FEES	94,479.	86,872.	5,037.	2,570.
PUBLICATIONS	140.		140.	
REGISTRATION FEES	33,778.	32,698.	1,080.	
RENTALS	1,803.		1,803.	
SERVICE CHARGES	6,876.	3,578.	3,298.	
WEARING APPAREL	7,599.	7,562.	•	37.
ADVERTISING/PROMOTIO		•		
AL/SOUVENIRS	2,512.	855.		1,657.
BANQUET	4,964.	4,964.		•
TARGETS	2,790.	2,790.		
MISCELLANEOUS	1,049.	1,049.		
STIPENDS	34,875.	34,875.		
TOTAL TO FM 990, LN 43	372,569.	342,439.	24,376.	5,754.

FORM 990 OFFICER COMPENSATION ALLOCATION STATE PART II, LINE 25A				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS		TOTALS
BRADLEY CAMP	79,392.	5,944.		85,336.
A. PROGRAM SERVICES	55,574.	4,161.		59,735.
B. MANAGEMENT AND GENERAL	19,848.	1,486.		21,334.
C. FUNDRAISING	3,970.	297.		4,267.
TOTAL PROGRAM SERVICES				59,735.
TOTAL MANAGEMENT AND GENERA	ΔL			21,334.
TOTAL FUNDRAISING				4,267.
TOTAL OFFICER, ETC., COMPEN	ISATION INCLUDE	D ON PART II	, LINE 25A	85,336.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS		STATEMENT	4	
CLASS OF ACTIVITY/DO	ONEE'S NAME AND ADDRESS		AMOUNT	
STATE ASSOCIATION GRANTS VARIOUS STATE ASSOCIATIONS - BASED ON MEMBERSHIP			16,25	0.
TOTAL INCLUDED ON FO	ORM 990, PART II, LINE 22E	3	16,25	0.
FORM 990 CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS		STATEMENT	5	
CLASS OF ACTIVITY/DO	ONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	ı
JOAD ACTIVITIES ADAM WRUCK		ATHLETE	24	0.
JOAD ACTIVITIES AMBER CHRISTENSEN		ATHLETE	24	0.
JOAD ACTIVITIES COREY MUELLENBACH		ATHLETE	24	0.
JOAD ACTIVITIES CORY MONAHAN		ATHLETE	24	0.
JOAD ACTIVITIES ELISSA FALCONER		ATHLETE	24	0.

NATIONAL ARCHERY ASSOCIATION OF THE UNIT		36-6118407
JOAD ACTIVITIES ERIKA ANSCHUTZ	ATHLETE	240.
JOAD ACTIVITIES HLLY HEINSOHN	ATHLETE	240.
JOAD ACTIVITIES JOHN FLEURY	ATHLETE	240.
JOAD ACTIVITIES KENDAL NICELY	ATHLETE	240.
JOAD ACTIVITIES LINDSEY CHRISTENSEN	ATHLETE	240.
JOAD ACTIVITIES PAUL TEDFORD	ATHLETE	240.
JOAD ACTIVITIES ZACHARY PLANNICK	ATHLETE	240.
ELITE MEN'S DEVELOPMENT JASON MCKITTRICK	ATHLETE	1,500.
ELITE MEN'S DEVELOPMENT JOSEPH MCCLYN	ATHLETE	500.
ELITE MEN'S DEVELOPMENT PETE CARNEY	ATHLETE	1,000.

NATIONAL ARCHERY ASSOCIATION OF THE UNIT		36-6118407
ELITE MEN'S DEVELOPMENT SAGAR MISTRY	ATHLETE	500.
ELITE MEN'S DEVELOPMENT TIMM HINES	ATHLETE	500.
ELITE MEN'S DEVELOPMENT TYLER BENNER	ATHLETE	500.
ELITE MEN'S DEVELOPMENT VICTOR WUNDERLE	ATHLETE	500.
ELITE WOMEN'S DEVELOPMENT AMANDA NICHOLS	ATHLETE	1,500.
ELITE WOMEN'S DEVELOPMENT ASHLEY KAMUF	ATHLETE	1,000.
ELITE WOMEN'S DEVELOPMENT JENNIFER NICHOLS	ATHLETE	1,500.
ELITE WOMEN'S DEVELOPMENT KENDRA HARVEY	ATHLETE	500.
ELITE WOMEN'S DEVELOPMENT KHATUNA LORIG	ATHLETE	500.
ELITE WOMEN'S DEVELOPMENT LINDSEY PIAN	ATHLETE	500.

NATIONAL ARCHERY ASSOCIATION OF THE UNIT		36-6118407
ELITE WOMEN'S DEVELOPMENT STEPHANIE MILLER	ATHLETE	1,500.
ELITE WOMEN'S DEVELOPMENT STEPHANIE ROLAND	ATHLETE	500.
TRAINING CAMP DAVE BERGART	ATHLETE	200.
TRAINING CAMP ERIKA AYA LABRIE	ATHLETE	842.
TRAINING CAMP JOY FAHRENKROG	ATHLETE	2,708.
TRAINING CAMP JULIE ROBINSON	ATHLETE	435.
TRAINING CAMP MOLLIE MOORE	ATHLETE	245.
TRAINING CAMP NATHAN MCCULLOUGH	ATHLETE	546.
WORLD CUP CHRISTIE COLIN	ATHLETE	2,500.
WORLD CUP DAVID COUSINS	ATHLETE	2,500.

NATIONAL ARCHERY ASSOCIATION OF THE UNIT		36-6118407
WORLD CUP JAHNA DAVIS	ATHLETE	2,500.
WORLD CUP JAMIE VANNATTA	ATHLETE	2,500.
WORLD CUP LOGAN WILDE	ATHLETE	2,500.
WORLD CUP REO WILDE	ATHLETE	2,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		35,356.
FORM 990 STATEMENT OF ORGANIZATION'S PRIMAL PART III	RY EXEMPT PURPOSE	STATEMENT 6
EXPLANATION		
THE NATIONAL ARCHERY ASSOCIATION IS THE NATIONAL ARCHERY MAKING IT RESPONSIBLE FOR THE PROMOTICUS.		
FORM 990 OTHER PROGRAM SE	RVICES	STATEMENT 7
DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATION	
CAMPS	-	0. 15,389.
U.S. ARCHERY TEAM		0. 10,484.
JOAD ACHIEVEMENT		0. 47,931.
TOTAL TO FORM 990, PART III, LINE E		73,804.

STATEMENT

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK MILLER	BOARD MEMBER			
CHICAGO, IL	2.00	0.	0.	0
DARRELL PACE	PAST PRESIDENT	٥	0	0
HAMILTON, OH	2.00	0.	0.	0
NEIL R. FOSTER	VICE PRESIDENT	•		
MARIETTA, GA	2.00	0.	0.	0
JANE JOHNSON	BOARD MEMBER	•		
EDMOND, OK	2.00	0.	0.	0
LIONEL CALDWELL	BOARD MEMBER			
SMOKETOWN, PA	2.00	0.	0.	0
RANDEL TURNER	BOARD MEMBER			
BETHPAGE, NY	2.00	0.	0.	0
ALLEN RASOR	VICE PRESIDENT			
MARANA, AZ	2.00	0.	0.	0
BRIAN SHEFFLER	NFAA REPRESENT			
INDIANAPOLIS, IN	2.00	0.	0.	0
BRADLEY CAMP	EXEC DIRECTOR/			
COLORADO SPRINGS, CO	40.00	79,392.	5,944.	0
LLOYD BROWN	PRESIDENT	•	•	-
SAN DIEGO, CA	2.00	0.	0.	0
DAVID COUSINS	BOARD MEMBER	-	•	_
STANDISH, ME	2.00	0.	0.	0

	ONAL ARCHERY ASSOCIATION C	F THE UNIT		36-61	18407
GUY GE	RIG	VICE PRESIDENT	0.	0.	0.
DEER P	ARK, NY	2.00	0.	0.	0.
ROBERT	C.W. SMITH	FITA COUNCIL REPRI	ESENTATIV 0.	0.	0.
BETHLE	HEM, PA	2.00	0.	0.	0.
SHIRLE	Y STRICKLAND	IBO REPRESENTATIVE 2.00	E 0.	0.	0.
MONTRO	SE, CO	2.00	0.	0.	0.
PHYLLI	S SHIPMAN	BOARD MEMBER 2.00	0.	0.	0.
HALEIW	A, HI				
TOTALS	INCLUDED ON FORM 990, PAR	T V-A	79,392.	5,944.	0.
FORM 9	90 IDENTIFICATI	ON OF RELATED ORGANIZ	ZATIONS	STATEMEN	
	F	PART VI, LINE 80B		SIAIEMEN	Т 9
NAME O	F ORGANIZATION				т 9 ХЕМРТ
UNITED		PART VI, LINE 80B			
UNITED	F ORGANIZATION STATES OLYMPIC COMMITTEE AL ARCHERY ASSOCIATION FOU	PART VI, LINE 80B	ES TO	XEMPT NONE	XEMPT
UNITED NATION.	F ORGANIZATION STATES OLYMPIC COMMITTEE AL ARCHERY ASSOCIATION FOU	PART VI, LINE 80B UNDATION ATIONSHIP OF ACTIVITIES OF OF EXEMPT PURPOSES	ES TO	XEMPT NONE X X	XEMPT
UNITED NATION. FORM 9	F ORGANIZATION STATES OLYMPIC COMMITTEE AL ARCHERY ASSOCIATION FOU	PART VI, LINE 80B UNDATION ATIONSHIP OF ACTIVITIES LIP OF ACTIVITIES ARE RELATED TO THE AS	ES TO	XEMPT NONE X X X STATEMEN	XEMPT

TO THE MAGAZINE.

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT 11
PART III, LINE 2D

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

SCHEDULE A	OTHER INC	OME		STATEMENT	12
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	
MISCELLANEOUS	0.	0.	0	72	23.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0	72	23.

Form	990-T	E	xempt Organization Bus	sine	ss Income T	ax Return	·	2006
	ment of the Treasury	_	(and proxy tax und	ler se	` "			Open to Public Inspection for
	Revenue Service	For c	alendar year 2006 or other tax year beginning	ام م س م ما	, and ending			501(c)(3) Organizations Only over identification number
A L	Check box if address changed		Name of organization ((Empl	loyees' trust, see instructions ock D on page 9.)
	empt under section	Print	UNITED STATES					6-6118407 ated business activity codes
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo	x, see p	age 9 of instructions.		See ii	nstructions for Block E
Ш	408(e) 220(e)		1 OLYMPIC PLAZA				on pa	ge 9.)
Н	408A530(a)		City or town, state, and ZIP code	000	0.0		E 4 1	000
	529(a)	. .	•	809			541	800
	ok value of all assets nd of year		p exemption number (see instructions for Block F.) k organization type		8273 501(c) trust	401(a) trust		Other trust
	300,213.	G Chec	k organization type LA 50 I(c) corporation	II _	50 I(c) trust	40 I(a) irusi	L	Other trust
H Des		n's prim	ary unrelated business activity. ▶ SALE OF	' AD	VERTISING I	N MAGAZIN	E	
			poration a subsidiary in an affiliated group or a pare			> [Ye	es X No
If "Y	es," enter the name	and iden	tifying number of the parent corporation.					
J The	books are in care of	> 1	NATIONAL ARCHERY ASSOCI	ATI	ON Telepho	one number 🕨 7	19-	866-4576
Par	t I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses	;	(C) Net
1a (Gross receipts or sale	es						
b l	Less returns and allo	wances	c Balance	1c				
2 (Cost of goods sold (S	Schedule	A, line 7)	2				
	Gross profit. Subtrac			3				
			ch Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
			sts	4c				
			ips and S corporations (attach statement)	5				
	Rent income (Schedu			6				
			me (Schedule E)	7				
		-	and rents from controlled organizations (Sch. F)	8				
			on 501(c)(7), (9), or (17) organization					
				9				
			ome (Schedule I)	10	6 675	0 4	2.2	2 757
			e J)	11 12	6,675.	9,4	ა⊿.	-2,757.
			ns; attach schedule.)	12	6,675.	9,4	3.2	-2,757.
Par			gh 12t Taken Elsewhere (See instructions for		,	9,4	J 4 •	-2,131.
rai			utions, deductions must be directly connecte			s income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17	Bad debts						17	
18	Interest (attach scho	edule)					18	
19	Taxes and licenses						19	
20			e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23	Depletion						23	
24			mpensation plans				24	
25			ahadula I)				25	
26			chedule I)				26	
27			hedule J)				27	
28	Total deductions (a	uacii SCl	nedule)				28	0.
29 30			nes 14 through 28noome before net operating loss deduction. Subtrac				29 30	-2,757.
							31	0.
31 32			n (limited to the amount on line 30)noome before specific deduction. Subtract line 31 fi				32	-2,757.
32 33			y \$1,000, but see instructions for exceptions)				33	1,000.
34			able income. Subtract line 33 from line 32. If line				00	1,000•
٠,	of zero or line 22	JJJ LAX	azio intornoi castituot into do Itolii ililo de. Il ililo	JU IJ YI	عددا داندا ااان ۱۵ و ۱۱۱۱ ا	io omanoi	24	_2 757

UNITED STATES

Form 990-T			ES					3	6-611	840	7		Page 2
Part II	I 7	Tax Computation											
	-	nizations Taxable as Corpora											
	Contr	olled group members (section	ns 1561	and 1563) check here 🕽	► L See	instructions and	d:						
		your share of the \$50,000, \$2			_):						
		\$	(2)		(3)								
		organization's share of: (1) A											
		dditional 3% tax (not more the											•
		ne tax on the amount on line 3							▶	35c			0.
36		s Taxable at Trust Rates. See		•									
		Tax rate schedule or								36			
		tax. See instructions							▶	37			
										38			
		. Add lines 37 and 38 to line 3	5c or 36	, whichever applies						39			0.
		Tax and Payments			1110								
		gn tax credit (corporations atta					40a			_			
		credits (see instructions)					40b			_			
С		ral business credit. Check her		_			,,						
		Form 3800 Form(s)					40c			-			
		t for prior year minimum tax (40.			
		credits. Add lines 40a throug								40e			0.
		act line 40e from line 39 taxes. Check if from: Fo		Form 9611						41			
								•	,	42			0.
		•••					44a			43			<u> </u>
		ents: A 2005 overpayment cr								-			
		estimated tax payments					440 44c			_			
4	Forni	eposited with Form 8868 gn organizations: Tax paid or v	 withhold	at cource (coe instruction	 nne\		44d			_			
		up withholding (see instruction					44e			_			
f	Credi	t for federal telephone excise t	hav naid	(attach Form 8013)			44f			-			
				Form 2439			771			-			
y	$\overline{}$	Form 4136		Other		Total ▶	440						
45		payments. Add lines 44a thro								45			
46	Fetim	ated tax penalty (see instructi	one) Ch	eck if Form 2220 is atta	ched >	 T				46			
		lue. If line 45 is less than the t								47			0.
		payment. If line 45 is larger th								48			0.
49	Enter	the amount of line 48 you wa	nt: Cred	ited to 2007 estimated	tax \blacktriangleright	vorpaid		Refunde		49			<u> </u>
Part V	<u> </u>	Statements Regardi	na Ce	rtain Activities	and Other	Information	on (Se						
	_	e during the 2006 calendar ye										Yes	No
	,	curities, or other) in a foreign o	,	•		· ·		•					Х
forei	an co	untry here		, •				,					
2 Durin	g the t	ax year, did the organization received age 5 of the instructions for other	e a distrib	ution from, or was it the gra	ntor of, or transfe	ror to, a foreign tru	st?						Х
		amount of tax-exempt interest						0.					
Sched	ule	A - Cost of Goods S	old. E	nter method of inven	tory valuatior	ı ▶ N/A							
1 Inve	ntory	at beginning of year	1		6 Inventor	y at end of year				6			
2 Puro	hases	S	2		7 Cost of	goods sold. Sub	otract lir	1е 6					
		oor	3		from line	e 5. Enter here a	nd in P	art I, line 2		7			
4a Addi	tional	section 263A costs	4a		8 Do the	rules of section	263A (with respect t	0			Yes	No
b Othe	r cos	ts (attach schedule)	4b		propert	ty produced or a	acquired	d for resale) a	pply to				
5 Tota		d lines 1 through 4b	5			anization?							X
	Ur	nder penalties of perjury, I declare the rrect, and complete. Declaration of	nat I have preparer (examined this return, includ other than taxpayer) is base	ing accompanyin	ng schedules and s	tatement er has an	ts, and to the be	st of my kno	wledge a	nd belief, it is	true,	
Sign	1,	,	. ,	1	1 .			,			S discuss thi		with
Here		0				211					er shown belo		, I
		Signature of officer		Date		itle					s)? X Y		No
		Preparer's				Date		ck if	Pr	eparer's	SSN or PT	IN	
Paid Preparer	's	signature						-employed					
Use Only				I, BOYCE &			LP	<u> </u>			23988		
623711				ACADEMY BLV				P	hone no.	719	-596-		
01-30-07		ZIP code COLOR	AD0	SPRINGS CO	LORADO						Form \$	990-T	(2006)

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Form 990-T (2006)

Form 990-T (2006) UNITED Schedule C - Rent Inc	STATES ome (From Rea	I Property	y and	Personal	Proper	ty Leas	ed \	36-61 With Real P	184 rope	407 Page 3 erty)(see instr. on pg 20)
1 Description of property										
(1)										
(1)										
(2)										
(3)										
(4)							_			
	2 Rent receiv						4	3 Deductions dire	ctlv co	nnected with the income in
(a) From personal property (rent for personal property 10% but not more the	is more than	(b) From	ent for pe	d personal property ex is based on profit	ceeds 50%	centage or if				2(b) (attach schedule)
(1)										
(2)										
(3)										
(4)										
Total	0.	Total				0.				
Total income . Add totals of colun here and on page 1, Part I, line 6,						0.	Ente	al deductions. er here and on page 1 I, line 6, column (B)	ı, .	0.
Schedule E - Unrelated			(S00 i	notructions or	2 2000 20		i art	i, into o, colarini (b)		• •
Scriedule E - Officiale	a Debt-Finance	d income	(See I	ristructions of	n page 20	<u>')</u>	-	D 1 11 11 11		
				2 Gross inc	come from		3	Deductions directly of to debt-fin	connec anced	eted with or allocable property
1				or allocable	e to debt-	(a	Straic	ght-line depreciation		(b) Other deductions
I Description of	f debt-financed property			financed p	property	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(at	tach schedule)		(attach schedule)
(1)										
(2)									_	
									\dashv	
(3)									-	
(4)						+			-	
4 Amount of average acquisition debt on or allocable to debt-finance property (attach schedule)	ed of o debt-fi	ge adjusted basis r allocable to nanced property ich schedule)	S	6 Column by colu			repo	Gross income ortable (column x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					9,	/0				
(2)					9	_				
(3)					9				_	
					9				-	
(4)					7	^{/0}			-	
Totals		nn 0				Part I,	line 7,	d on page 1, column (A).		Enter here and on page 1, Part I, line 7, column (B). 0 •
Schedule F - Interest,									nstru	
				t Controlled O				4000	iotra	otiono on page 21)
			_XCITIP!		T		- 1	-		1 0
1 Name of Controlled Organiza	Employer I	dentification mber		3 related income ee instructions)		4 of specified nents made		5 Part of column 4 included in the contorganization's gross	that is rolling income	6 Deductions directly connected with income in column (5)
(1)	+									+
(1)							\dashv			
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated inco (see instruction		9 Tot	al of specified pay made	ments	in the co	ntrollin	9 that is included g organization's income	11	Deductions directly connected with income in column 10
(1)		 								
		+								
(2)										
(3)										
(4)										
						Add column Enter here a line 8, colun	nd on	d 10. page 1, Part I,	Enter	columns 6 and 11. here and on page 1, Part I, 8, column (B).
Totals								0.		0.

NATIOI Form 990-T (2006) UNITE			Α	SSOCIATI	ON OF THE		36-611840	7 Page
Schedule G - Investm	ent In		Sec	ction 501(c)(7), (9), or (17) Or	ganization		
1 Des	scription of	f income			2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)						,		(22.1.2 p.2.2 22.1)
(2)								
(3)								
(4)								
					Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1 Part I, line 9, column (B).
Totals				▶	0.			0.
Schedule I - Exploited						ng Income		
		on page 22)	,	come, other	man Advertisi	ing intoonic		
1 Description of exploited activity	unre	2 Gross elated business accome from de or business		3 Expenses lirectly connected with production of unrelated ousiness income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	pa	er here and on age 1, Part I, e 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals •	▶	0.		0.				0.
Schedule J - Advertis	ing In	come (see	instr	uctions on page	23)			
Part I Income From	Perio	dicals Rep	ort	ed on a Con	solidated Basis			
1 Name of periodical		2 Gross advertising income		3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) USA ARCHERY		6,67	5.	9,432	•			
(2)		,		,				
(3)								
(4)								
Totals (carry to Part II, line (5))	•	6,67	5.	9,432	2,757			0.
Part II Income From columns 2 throug	Perio	dicals Rep	ort	ed on a Sepa	arate Basis (For e	ach periodical list	ed in Part II, fill in	
(1)		-						
· ·					+	+	+	

10ta10 (0aily to 1 ait ii, iiilo (0))						
Part II Income From Per	iodicals Report	ed on a Sepai	'ate Basis (For eac	h periodical liste	d in Part II, fill in	
columns 2 through 7 or			•	•	•	
Columns 2 timough 7 of	i a ili le-by-ili le basis.)				
(1)						
· /						
(2)						
(3)						
(4)						
(5) Totals from Part I	6,675.	9,432.				0
	Enter here and on	Enter here and on				Enter here and
	page 1, Part I,	page 1, Part I				on page 1,
	line 11, col. (A).	line 11, col. (B).				Part II, line 27.
Totals, Part II (lines 1-5)	6,675.	9,432.				0
Totals, Fait II (IIIIes 1-5)	0,073.	9,434.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23) 3 Percent of time devoted to business **4** Compensation attributable to unrelated business 1 Name 2 Title % % % Total. Enter here and on page 1, Part II, line 14 0. ▶