

Form **990**
(Rev. January 2020)
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 private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ARCHERY ASSOCIATION OF THE U.S. Doing business as USA ARCHERY		D Employer identification number 36-6118407
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 719-866-4721
	210 USA CYCLING POINT, SUITE 130		G Gross receipts \$ 5,401,584.
	City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80919		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: ROD MENZER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.USARCHERY.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1979** **M** State of legal domicile: **CO**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	375
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,776.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-2,369.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,899,118.	2,342,135.
	9 Program service revenue (Part VIII, line 2g)	1,949,539.	2,311,054.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,356.	64,200.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	303,819.	281,604.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,180,832.	4,998,993.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	425,262.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,594,342.	1,772,647.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 99,827.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,264,933.	2,658,535.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,284,537.	4,956,231.	
19 Revenue less expenses. Subtract line 18 from line 12	-103,705.	42,762.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,566,483.	End of Year 2,523,225.
	21 Total liabilities (Part X, line 26)	1,158,181.	958,974.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,408,302.	1,564,251.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ROD MENZER, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JILL J. GOODWIN, CPA	Preparer's signature JILL J. GOODWIN, CPA	Date 11/11/20	Check if self-employed <input type="checkbox"/>	PTIN P00450838
	Firm's name WAUGH & GOODWIN, LLP	Firm's EIN 20-1766527	Firm's address 1365 GARDEN OF THE GODS, SUITE 150 COLORADO SPRINGS, CO 80907	Phone no. (719) 590-9777	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ASSOCIATION IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF ARCHERY IN THE UNITED STATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 508,814. including grants of \$ 131,350.) (Revenue \$ 1,029,235.) MEMBERSHIP SERVICES - 992 CLUBS AND 19 STATE ASSOCIATIONS RECEIVED LIABILITY INSURANCE COVERAGE, WHILE 22,600 INDIVIDUALS RECEIVED BOTH LIABILITY AND SPORTS ACCIDENT INSURANCE. THE ONLINE MEMBERSHIP SYSTEM IS UTILIZED FOR MEMBERSHIP AND EVENT REGISTRATIONS, ALONG WITH NEWSLETTER COMMUNICATIONS. STATE ASSOCIATIONS RECEIVE MEMBERSHIP REBATES.

4b (Code:) (Expenses \$ 783,053. including grants of \$ 132,150.) (Revenue \$ 686,507.) NATIONAL EVENTS AND TRIALS - THERE WERE 23 NATIONAL EVENTS INVOLVING APPROXIMATELY 9,100 ARCHERS. EVENTS WERE SUPPORTED WITH A SCORING TEAM AND MEDIA PUBLIC RELATIONS. TOP QUALIFYING ARCHERS WERE GIVEN CASH AWARDS AT DESIGNATED TOURNAMENTS.

4c (Code:) (Expenses \$ 871,637. including grants of \$ 80,550.) (Revenue \$ 195,551.) HIGH PERFORMANCE AND NATIONAL TEAMS - 12 ELITE ARCHERS RECEIVED YEAR-ROUND TRAINING WITH THE NATIONAL COACHING STAFF THROUGH THE RESIDENT ATHLETE PROGRAM. 98 ATHLETES ATTENDED 8 REGIONAL ELITE DEVELOPMENT (RED) CAMPS AND 26 ATHLETES ATTENDED A RED NATIONAL CAMP. 42 UNIQUE ATHLETES ATTENDED 3 COMPOUND JUNIOR DREAM TEAM (JDT) CAMPS. 21 COACHES ASSISTED IN THE PRODUCTION OF THESE CAMPS. U.S. SR. AND JR. NATIONAL ARCHERY TEAMS WERE SELECTED TO PARTICIPATE IN VARIOUS NATIONAL AND INTERNATIONAL EVENTS. UNIFORMS WERE PROVIDED FOR MASTER, SENIOR, JUNIOR, CADET, AND BAREBOW TEAMS. SELECT ATHLETES WERE PROVIDED TRAVEL REIMBURSEMENTS AND/OR ATHLETE STIPENDS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,097,256. including grants of \$ 180,999.) (Revenue \$ 674,589.)

4e Total program service expenses 4,260,760.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		20
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 10		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 9		
2	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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 **AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶ THE ORGANIZATION - 719-866-4721**
210 USA CYCLING POINT, SUITE 130, COLORADO SPRINGS, CO 80919

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE CULL DIRECTOR	1.00	X					0.	0.	0.	
(2) ROB KAUFHOLD DIRECTOR	1.00	X					0.	0.	0.	
(3) REO WILDE DIRECTOR	1.00	X					6,550.	0.	0.	
(4) MIKE CULLUMBER DIRECTOR	1.00	X					2,350.	0.	0.	
(5) JULIO MAZZOLI CHAIR	1.00	X		X			0.	0.	0.	
(6) JOHN STOVER DIRECTOR	1.00	X					2,775.	0.	0.	
(7) JENNIFER ROTTENBERG DIRECTOR	1.00	X					0.	0.	0.	
(8) DEE FALKS DIRECTOR	1.00	X					2,750.	0.	0.	
(9) E.G. LEBRE DIRECTOR	1.00	X					8,075.	0.	0.	
(10) BRADY ELLISON DIRECTOR	1.00	X					18,777.	0.	0.	
(11) ROD MENZER CEO	40.00			X			198,350.	0.	36,328.	
(12) KISIK LEE MEN'S NTL HEAD COACH	40.00					X	138,352.	0.	15,441.	
(13) SONGI WOO WOMEN'S NTL HEAD COAC	40.00					X	132,202.	0.	12,919.	
(14) MARY EMMONS CHIEF OF SPORT PERF. & ORG	40.00					X	117,420.	0.	18,430.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	174,000.			
	e	Government grants (contributions)	1e	120,391.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,047,744.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 93,724.			
	h	Total. Add lines 1a-1f		2,342,135.			
Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code 900099	1,029,235.	1,029,235.		
	b	TOURNAMENTS	711300	909,040.	909,040.		
	c	COACHING CERTIFICATION	900099	180,965.	180,965.		
	d	SPONSORS, SUPPLIERS &	900099	112,960.	112,960.		
	e	OTHER INCOME	900099	78,854.	78,854.		
	f	All other program service revenue	900099				
	g	Total. Add lines 2a-2f		2,311,054.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,545.		13,545.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				50,655.			
b	Less: cost or other basis and sales expenses	7b	0.				
c	Gain or (loss)	7c	50,655.				
d	Net gain or (loss)		50,655.		50,655.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
			677,419.				
		10a	677,419.				
b	Less: cost of goods sold	10b	402,591.				
c	Net income or (loss) from sales of inventory		274,828.	274,828.			
Miscellaneous Revenue	11 a	WEBSITE/ADVERTISING RE	Business Code 900004	6,776.		6,776.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		6,776.			
12	Total revenue. See instructions		4,998,993.	2,585,882.	6,776.	64,200.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21	168,874.	168,874.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	356,175.	356,175.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,678.	152,541.	59,726.	22,411.
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	1,250,059.	980,027.	255,344.	14,688.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,701.	9,556.	3,675.	1,470.
9 Other employee benefits	135,868.	99,927.	35,941.	
10 Payroll taxes	137,341.	106,574.	28,558.	2,209.
11 Fees for services (nonemployees):				
a Management				
b Legal	35,638.	34,513.		1,125.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	547,867.	482,823.	50,046.	14,998.
12 Advertising and promotion	21,750.	19,713.	2,037.	
13 Office expenses	122,774.	74,696.	15,947.	32,131.
14 Information technology	45,639.	40,695.	4,944.	
15 Royalties				
16 Occupancy				
17 Travel	1,036,692.	986,188.	50,500.	4.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	409.	409.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,566.	68,010.	12,556.	
23 Insurance	80,353.	58,394.	21,959.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FIELD USAGE & EQUIPMENT	144,659.	144,659.		
b AWARDS	123,728.	123,728.		
c EQUIPMENT RENTAL & MAIN	84,956.	63,426.	21,530.	
d VALUE IN KIND	71,749.	70,570.	1,179.	
e All other expenses	261,755.	219,262.	31,702.	10,791.
25 Total functional expenses. Add lines 1 through 24e	4,956,231.	4,260,760.	595,644.	99,827.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	58,741.	1	122,118.
	2 Savings and temporary cash investments	1,101,715.	2	200,282.
	3 Pledges and grants receivable, net	78,540.	3	163,684.
	4 Accounts receivable, net	8,367.	4	40,753.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	157,567.	8	119,695.
	9 Prepaid expenses and deferred charges	85,486.	9	42,209.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 504,374.		
	b Less: accumulated depreciation	10b 295,467.	227,444.	10c 208,907.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	848,623.	12	1,625,577.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,566,483.	16	2,523,225.	
Liabilities	17 Accounts payable and accrued expenses	294,981.	17	277,199.
	18 Grants payable		18	
	19 Deferred revenue	859,805.	19	681,775.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,395.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,158,181.	26	958,974.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,407,237.	27	1,517,190.
	28 Net assets with donor restrictions	1,065.	28	47,061.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,408,302.	32	1,564,251.
	33 Total liabilities and net assets/fund balances	2,566,483.	33	2,523,225.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,998,993.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,956,231.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,762.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,408,302.
5	Net unrealized gains (losses) on investments	5	113,187.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,564,251.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2752930.	1944079.	1975444.	1899118.	2475095.	11046666.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	888,774.	2310261.	2650918.	2635937.	2875513.	11361403.
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						
6 Total. Add lines 1 through 5	3641704.	4254340.	4626362.	4535055.	5350608.	22408069.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		710.	550.	9,124.	1,470.	11,854.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b		710.	550.	9,124.	1,470.	11,854.
8 Public support. (Subtract line 7c from line 6.)						22396215.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	3641704.	4254340.	4626362.	4535055.	5350608.	22408069.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,624.	4,801.	6,557.	7,880.	13,545.	35,407.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,624.	4,801.	6,557.	7,880.	13,545.	35,407.
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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3644328.	4259141.	4632919.	4542935.	5364153.	22443476.

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 2019 (line 8, column (f), divided by line 13, column (f))	15	99.79 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.83 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.16 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.12 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL ARCHERY ASSOCIATION OF THE U.S.	Employer identification number 36-6118407
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 949,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 174,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 850,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 53,547.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 18,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 13,833.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ARCHERY ASSOCIATION OF THE U.S.	Employer identification number 36-6118407
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>7,944.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>120,391.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL ARCHERY ASSOCIATION OF THE U.S.	Employer identification number 36-6118407
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	AIRLINE TICKETS _____ _____ _____	\$ 53,547.	12/31/19
5	ARCHERY EQUIPMENT, STORAGE FOR TRAILERS _____ _____ _____	\$ 18,400.	12/31/19
6	ARCHERY EQUIPMENT _____ _____ _____	\$ 13,833.	12/31/19
7	ARCHERY EQUIPMENT _____ _____ _____	\$ 7,944.	12/31/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization NATIONAL ARCHERY ASSOCIATION OF THE U.S.	Employer identification number 36-6118407
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization NATIONAL ARCHERY ASSOCIATION OF THE U.S. **Employer identification number** 36-6118407

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,902.	8,902.	0.
d Equipment		447,970.	282,692.	165,278.
e Other		47,502.	3,873.	43,629.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				208,907.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) US OLYMPIC ENDOWMENT		
(B) INVESTMENT PORTFOLIO	1,121,572.	END-OF-YEAR MARKET VALUE
(C) EDWARD JONES INVESTMENT		
(D) PORTFOLIO	504,005.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,625,577.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,132,180.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 113,187.		
b	Donated services and use of facilities	2b 20,000.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	133,187.
3	Subtract line 2e from line 1		3	4,998,993.
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,998,993.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,976,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 20,000.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	20,000.
3	Subtract line 2e from line 1		3	4,956,231.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,956,231.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL INCOME TAX. ACCORDINGLY, NO INCOME TAX PROVISION HAS BEEN RECORDED.

THE ASSOCIATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THE DATE IT WAS FILED. MANAGEMENT OF THE ASSOCIATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization NATIONAL ARCHERY ASSOCIATION OF THE U.S.	Employer identification number 36-6118407
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICE	PAYMENT OF TRAVEL EXPENSES FOR USA TEAM MEMBERS TO ATTEND ARCHERY TOURNAMENT.	102,552.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICE	PAYMENT OF TRAVEL EXPENSES FOR USA TEAM MEMBERS TO ATTEND ARCHERY TOURNAMENT.	499,679.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICE	PAYMENT OF TRAVEL EXPENSES FOR USA TEAM MEMBERS TO ATTEND ARCHERY TOURNAMENT.	68,656.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICE	PAYMENT OF TRAVEL EXPENSES FOR USA TEAM MEMBERS TO ATTEND ARCHERY TOURNAMENTS.	2,209.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICE	PAYMENT OF TRAVEL EXPENSES FOR USA TEAM MEMBERS TO ATTEND ARCHERY TOURNAMENT.	4,026.
3 a Subtotal	0	0			677,122.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			677,122.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲

3 Enter total number of other organizations or entities ▲

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

TRAVEL EXPENSES/STIPENDS PAID FOR THE USA TEAM MEMBERS AND COACHES TO ATTEND ARCHERY TOURNMENTS HELD OUTSIDE OF THE COUNTRY ARE ASSIGNED A CLASS BY TRIP TO CAPTURE EXPENSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number
36-6118407

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
STATE ARCHERS OF CALIFORNIA 227 MONTROSE DRIVE FOLSOM, CA 95630	68-0444432	501(C)(3)	20,410.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
ARCHERY AFFILIATES OF THE USA, INC 2164 FOUNTAIN SQUARE SNELLVILLE, GA 30078	46-1126159	501(C)(3)	8,515.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
TEXAS STATE ARCHERY ASSOCIATION 2007 OTTAWA LANE HOUSTON, TX 77043	77-0637337	501(C)(3)	14,675.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
FITA ARCHERS OF PENNSYLVANIA 109 MACROOM AVE WEST CHESTER, PA 19382	23-2936582	501(C)(3)	10,395.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
FLORIDA ARCHERY ASSOCIATION, INC. 1710 SW 76TH TERRACE GAINSVILLE, FL 32607	59-1485174	501(C)(3)	6,090.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
ILLINOIS TARGET ARCHERY ASSOC., INC. - 188 GRANDVIEW AVENUE - GLEN ELLYN, IL 60137	45-3661120	501(C)(3)	7,235.	0.			STATE ASSOCIATION MEMBERSHIP REBATES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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
SOCIETY FOR ARCHERY IN MICHIGAN P O BOX 226 CARLETON, MI 48162	38-3304702	501(C)(4)	9,355.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
STATE ARCHERY ASSOC OF MA P O BOX 3322 WAREHAM, MA 02571	27-0340029	501(C)(3)	7,460.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
USA ARCHERY ARIZONA 8681 E VIA DE NEGUCIO SCOTTSDALE, AZ 85258	46-1119794	501(C)(3)	8,830.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
NEW YORK STATE ARCHERY ASSOCIATION 4301 FAIRGROUNDS DRIVE NEW YORK, NY 13045	90-0790122	501(C)(3)	8,450.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
NEW JERSEY ARCHERY ASSOCIATION 38-46 BELLEVUE AVENUE MONTCLAIR, NJ 07042	45-3439056	501(C)(3)	7,225.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
WORLD ARCHERY OF OHIO 40 ARNDT CT FAIRFIELD, OH 45014	46-1075703	501(C)(3)	5,365.	0.			STATE ASSOCIATION MEMBERSHIP REBATES

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARCHER AWARDS, ATHLETE SUPPORT & TRAVEL STIPENDS	133	356,175.	0.	CASH	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RECURVE AND COMPOUND ATHLETES WERE GIVEN CASH AWARDS AT CERTAIN NATIONAL TOURNAMENTS. CERTAIN ELITE ATHLETES WERE AWARDED MONTHLY DIRECT ATHLETE SUPPORT AND TRAVEL STIPENDS FOR CERTAIN EVENTS. CERTAIN ELITE RESIDENT ATHLETES WERE ALSO PROVIDED A HOUSING STIPEND. CLUBS AWARDED EQUIPMENT AND/OR TRAVEL GRANTS AGREED TO SPECIFICATIONS OF ACCEPTABLE USE OF THE GRANT MONEY AND WERE REQUIRED TO SUBMIT RECEIPTS TO DOCUMENT HOW GRANT FUNDS WERE USED. STATE ASSOCIATION GRANTS ARE MEMBERSHIP REBATES TO ASSOCIATIONS WHO SIGN A FORMAL AGREEMENT WITH THE NATIONAL ARCHERY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	60,773.	PAYMENTS FO		X
LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	45,419.	PAYMENTS FO		X
LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	8,360.	PAYMENTS MA		X
LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	17,075.	PAYMENTS MA		X
LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	15,348.	PAYMENTS RE		X
LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	2,244.	PAYMENTS MA		X
LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	20,000.	NON-CASH VI		X
CASEY KAUFHOLD	DAUGHTER OF BOARD D	16,500.	PAYMENTS OF		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: BRADY ELLISON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR- ATHLETE REPRESENTATIVE

(C) AMOUNT OF GRANT \$ 17,050.

(D) TYPE OF ASSISTANCE: ATHLETE STIPENDS, PRIZE MONEY

(A) NAME OF PERSON: CASEY KAUFHOLD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF DIRECTOR-AT-LARGE

(C) AMOUNT OF GRANT \$ 16,500.

(D) TYPE OF ASSISTANCE: TRAVEL STIPENDS, AWARDS

(A) NAME OF PERSON: E.G. LEBRE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR-GRASSROOTS

(C) AMOUNT OF GRANT \$ 1,175.

(D) TYPE OF ASSISTANCE: TRAVEL STIPENDS

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: REO WILDE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR-ATHLETE REPRESENTATIVE

(C) AMOUNT OF GRANT \$ 6,550.

(D) TYPE OF ASSISTANCE: AWARDS

(A) NAME OF PERSON: JOHN STOVER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR-GRASSROOTS

(C) AMOUNT OF GRANT \$ 900.

(D) TYPE OF ASSISTANCE: TRAVEL STIPENDS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 60,773.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR FULLFILMENT OF EQUIPMENT AND MERCHANDISE SALES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 45,419.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR EQUIPMENT PURCHASES USED IN THE COURSE OF RUNNING USA ARCHERY PROGRAMS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 8,360.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS MADE TO LANCASTER FOR FACILITY USAGE FOR USA ARCHERY CAMP

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 17,075.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS MADE TO LANCASTER FOR TOURNAMENT REVENUE SHARE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 15,348.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS RECEIVED FROM LANCASTER FOR SPONSORSHIPS, LICENSE AGREEMENT, AND PROGRAM ADVERTISEMENT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 2,244.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS MADE TO LANCASTER DBA

COMPETITION ARCHERY MEDIA FOR WIFI SATELLITE TRUCK RENTAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 20,000.

(D) DESCRIPTION OF TRANSACTION: NON-CASH VIK MEDIA PRODUCTION SERVICE

PROVIDED TO USAA BY LANCASTER DBA COMPETITION ARCHERY MEDIA.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CASEY KAUFHOLD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF BOARD DIRECTOR, ROB KAUFHOLD

(C) AMOUNT OF TRANSACTION \$ 16,500.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS OF \$13,300 IN PRIZE AWARDS AND

\$3,200 IN TRAVEL STIPENDS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, SCHEDULE L, PART IV, LINE 1D

PAYMENTS MADE TO LANCASTER FOR FULFILLMENT OF EQUIPMENT AND MERCHANDISE

SALES RESULTING IN USA ARCHERY GROSS PROFIT.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART IV, LINE 2D

PAYMENTS MADE TO LANCASTER FOR EQUIPMENT PURCHASES AND FACILITY FEES IN THE COURSE OF RUNNING USA ARCHERY PROGRAMS. AT THE END OF THE YEAR, USA ARCHERY OWED LANCASTER EQUIPMENT \$322 FOR PURCHASES MADE IN THE ORDINARY COURSE OF BUSINESS UNDER THE SAME TERMS AS THE GENERAL PUBLIC.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **NATIONAL ARCHERY ASSOCIATION OF THE U.S.**
Employer identification number: **36-6118407**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AIRLINE TICKE)	X	1	53,547.	FAIR MARKET VALUE
26 Other ▶ (ARCHERY EQUIP)	X	3	40,177.	FAIR MARKET VALUE
27 Other ▶ ()				
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 Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NATIONAL ARCHERY ASSOCIATION OF THE UNITED STATES IS THE NATIONAL
GOVERNING BODY FOR THE SPORT OF ARCHERY IN THE UNITED STATES.

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

GRASSROOTS DEVELOPMENT - THE JR. OLYMPIC DEV. PROG. (JOAD) PROVIDED
GENERAL ASSISTANCE TO 520 JOAD CLUBS ACROSS THE COUNTRY. AN ACHIEVEMENT
AWARD PROGRAM WAS OFFERED TO ALL JOAD CLUBS, 382 ADULT CLUBS, AND 90
COLLEGIATE CLUBS TO PROMOTE THE DEVELOPMENT OF ARCHERY. APPROX. 350
CLUBS, PARKS AND REC PROGRAMS AND CAMPS UTILIZED THE EXPLORE ARCHERY
PROGRAM TO INTRODUCE ATTENDEES TO THE SPORT OF ARCHERY. THE COLLEGIATE
PROGRAM CONSISTED OF 90 CLUBS PARTICIPATING AS OF THE END OF THE YEAR.
EXPLORE ARCHERY PROGRAMS AND JOAD CLUBS WERE AWARDED EQUIPMENT GRANTS
AND COLLEGIATE CLUBS WERE AWARDED GRANTS FOR TRAVEL, CERTIFICATIONS,
AND EQUIPMENT.

EXPENSES \$ 589,924. INCLUDING GRANTS OF \$ 30,324. REVENUE \$ 249,974.

COACH/OFFICIAL DEVELOPMENT - APPROX. 26,000 INSTRUCTORS AND COACHES
WERE CERTIFIED AS CURRENT IN 2019. COACH AND JUDGE SEMINARS AND COURSES
WERE OFFERED AS WELL AS THE COACH OBSERVER PROGRAM WHICH PROVIDED
COACHES THE OPPORTUNITY TO ATTEND ELITE TRAINING CAMPS TO OBSERVE THE
NATIONAL TRAINING SYSTEM FIRST HAND. GRANTS WERE AWARDED TO FEMALE
COACHES AND COACHES THAT WORK WITH VETERAN ATHLETES TO ASSIST WITH
COURSE ATTENDANCE.

EXPENSES \$ 395,302. INCLUDING GRANTS OF \$ 0. REVENUE \$ 415,129.

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

PARALYMPIC PROGRAM - OVER 22 ELITE AND EMERGING ATHLETES WITH
 DISABILITIES PARTICIPATED IN NATIONAL AND INTERNATIONAL COMPETITIONS
 INCLUDING THE PARA WORLD CHAMPIONSHIPS AND PARA WORLD RANKING EVENTS.

GRANTS WERE OFFERED TO ASSIST WITH COACH EDUCATION AND ARCHERY
 EQUIPMENT EXPENSES. OVER 140 VETERANS PARTICIPATED IN CAMPS AND CLINICS
 HOSTED AND/OR RUN BY USA ARCHERY. UNIFORMS AND TRAVEL STIPENDS WERE
 PROVIDED TO THE PARA ARCHERY TEAMS.

EXPENSES \$ 397,894. INCLUDING GRANTS OF \$ 51,450. REVENUE \$ 1,600.

INTERNATIONAL EVENTS - 52 UNIQUE ATHLETES REPRESENTED THE U.S. IN 11
 INTERNATIONAL ARCHERY EVENTS WHICH INCLUDED THE WORLD CUP EVENTS, WORLD
 ARCHERY CHAMPIONSHIPS, WORLD YOUTH CHAMPIONSHIPS, WORLD UNIVERSITY
 GAMES AND PAN AMERICAN GAMES.

EXPENSES \$ 714,136. INCLUDING GRANTS OF \$ 99,225. REVENUE \$ 7,886.

FORM 990, PART VI, SECTION A, LINE 4:

SAFESPORT UPDATES WERE ADDED TO REFLECT NEW GUIDELINES AND POLICIES RELATED
 TO SAFESPORT REQUIRED BY THE U.S. CENTER FOR SAFESPORT AND THE U.S. OLYMPIC
 & PARALYMPIC COMMITTEE (USOPC). UPDATES WERE ALSO MADE FOR BOARD MEMBER
 AND ATHLETE ADVISORY COMMITTEE ELECTIONS. A NEW MEMBERSHIP CATEGORY WAS
 ADDED FOR VOLUNTEERS TO ENABLE ONLINE SAFESPORT TRAINING AND BACKGROUND
 SCREENING PRIOR TO GAINING ACCESS TO THE FIELD OF PLAY. MOST OF THESE
 CHANGES WERE IN FURTHERANCE TO PREVIOUS BOARD OF DIRECTOR DISCUSSIONS AND
 SOME WERE MADE TO ASSURE THAT THE ORGANIZATION'S BYLAWS WERE ALIGNED WITH
 NATIONAL GOVERNING BODY REQUIREMENTS STATED IN USOPC BYLAWS. A REMOVAL
 CLAUSE WAS ADDED FOR REMOVING A STANDING COMMITTEE MEMBER FOR FAILURE TO
 COMPLETE AND/OR KEEP CURRENT BACKGROUND SCREENING, SAFESPORT TRAINING,
 CONFLICT OF INTEREST DISCLOSURES AND CODE OF CONDUCT ASSURANCES.

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IS IN TWO CATEGORIES, INDIVIDUAL MEMBERSHIP AND ORGANIZATION MEMBERSHIP. INDIVIDUAL MEMBERSHIP IS DIVIDED INTO ADULT, YOUTH, FAMILY, RECREATION, TEMPORARY, LIFE AND HONORARY. THE ADULT MEMBERSHIP CONSISTS OF CATEGORIES OF ATHLETE, COACH, JUDGE, COLLEGIATE AND PARTNER ASSOCIATION. ONLY ADULT, LIFE AND HONORARY MEMBERS ARE ENTITLED TO VOTE AND MUST BE U.S. CITIZENS.

ORGANIZATION MEMBERSHIP IS DIVIDED INTO REGISTERED CLUB ORGANIZATIONS, AFFILIATED ORGANIZATIONS AND CONTRIBUTING ORGANIZATIONS. AFFILIATED ORGANIZATIONS INCLUDE THE STATE ASSOCIATIONS. ONLY REGISTERED CLUBS MEMBERS, AFFILIATED ORGANIZATION MEMBERS AND STATE ASSOCIATIONS ARE ENTITLED TO VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS WHO MEET THE CRITERIA TO VOTE IN THE "COACH, JUDGE OR AT LARGE" CATEGORIES ARE ELIGIBLE TO VOTE FOR THEIR REPRESENTATIVE ON THE BOARD WHEN THE POSITION IS VACATED OR UP FOR RE-ELECTION. ORGANIZATION MEMBERS (CLUBS AND STATE ASSOCIATIONS) MAY VOTE FOR ONE SEAT ON THE BOARD OF DIRECTORS. ELITE ATHLETES MEETING QUALIFICATIONS AS DEFINED BY USPOC ELECT ATHLETE COUNCIL AND BOARD OF DIRECTOR ATHLETE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

THE FORM 990 IS EITHER PRESENTED TO THE BOARD MEMBERS FOR REVIEW AT THEIR REGULARLY SCHEDULED MEETING OR A DRAFT IS E-MAILED FOR REVIEW TO BOARD MEMBERS WITH A DATE BY WHICH TO CALL WITH ANY QUESTIONS. IF REQUESTED, A CONFERENCE CALL CAN BE SCHEDULED FOR A REVIEW WITH THE ASSISTANCE OF THE INDEPENDENT AUDIT FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DISCLOSURE TAKES PLACE AT A BOARD MEETING AND DURING THE EMPLOYEE'S ANNUAL REVIEW. ANY DIRECTOR OR OFFICER THAT HAS A CONFLICT OF INTERET MUST DISCLOSE THE CONFLICT OF INTERET, AND MAY NOT PARTICIPATE IN THE EVALUATION OF OR VOTE ON THE CONTRACT, TRANSACTION OR BUSINESS AFFAIR.

FORM 990, PART VI, SECTION B, LINE 15:

CEO COMPENSATION WAS DETERMINED BY THE BOARD BASED ON SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS. CEO COMPENSATION IS REVIEWED/APPROVED ON AN ANNUAL BASIS.

COMPENSATION OF THE HEAD COACH IS BASED UPON SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

REQUEST.

FORM 990, PART VII, PAGE 7

BOARD MEMBERS MAY BE COMPENSATED FOR SERVICES PROVIDED TO THE ORGANIZATION SUCH AS REFEREE FEES OR INSTRUCTOR FEES. THIS COMPENSATION IS DETERMINED BASED ON THE NORMAL PRACTICES OF THE ORGANIZATION.

NO BOARD MEMBER IS COMPENSATED FOR THEIR SERVICE ON THE BOARD OF DIRECTORS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	349,863.
MANAGEMENT AND GENERAL EXPENSES	31,733.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	381,596.

MEMBERSHIP PROCESSING/MANAGEMENT FEES:

PROGRAM SERVICE EXPENSES	47,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,400.

PAYROLL SERVICE FEES:

PROGRAM SERVICE EXPENSES	26,432.
MANAGEMENT AND GENERAL EXPENSES	7,686.
FUNDRAISING EXPENSES	498.

Name of the organization NATIONAL ARCHERY ASSOCIATION OF THE U.S.	Employer identification number 36-6118407
--	--

TOTAL EXPENSES 34,616.

FUNDRAISING FEES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 13,500.

TOTAL EXPENSES 13,500.

STIPENDS AND HONORARIUMS:

PROGRAM SERVICE EXPENSES 59,128.

MANAGEMENT AND GENERAL EXPENSES 10,627.

FUNDRAISING EXPENSES 1,000.

TOTAL EXPENSES 70,755.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 547,867.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE NATIONAL ASSOCIATION FOUNDATION INC	C	174,000.FMV	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

THE NATIONAL ARCHERY ASSOCIATION FOUNDATION, INC.

PRIMARY ACTIVITY: TO PROVIDE SUPPORT TO THE NATIONAL ARCHERY ASSOCIATION
OF THE UNITED STATES

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input checked="" type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NATIONAL ARCHERY ASSOCIATION OF THE U.S.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 210 USA CYCLING POINT, SUITE 130</p> <p>City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80919</p>	<p>D Employer identification number (Employees' trust, see instructions.) 36-6118407</p> <p>E Unrelated business activity code (See instructions.) 541800</p>
--	------------------------------	--	---

<p>C Book value of all assets at end of year 2,523,225.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **WEBSITE ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **719-866-4721**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule) STATEMENT 1	12	6,776.	6,776.
13 Total. Combine lines 3 through 12	13	6,776.	6,776.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	7,006.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	608.
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	1,330.
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule) SEE STATEMENT 2	27	201.
28 Total deductions. Add lines 14 through 27	28	9,145.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-2,369.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 3	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-2,369.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-2,369.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-2,369.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-2,369.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-2,369.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
 Title: CEO

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: JILL J. GOODWIN, CPA
 Preparer's signature: JILL J. GOODWIN, CPA
 Date: 11/11/20
 Check if self-employed
 PTIN: P00450838
 Firm's name: WAUGH & GOODWIN, LLP
 Firm's address: 1365 GARDEN OF THE GODS, SUITE 150, COLORADO SPRINGS, CO 80907
 Firm's EIN: 20-1766527
 Phone no.: (719) 590-9777

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2				
3	Cost of labor	3		7					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of 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)				
(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 Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business 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)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 25.
Totals		0.	0.		0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))		0.	0.			0.
--	--	----	----	--	--	----

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line 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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T		OTHER INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
WEBSITE, EMAIL AND CERTIFICATION BOOK ADVERTISING			6,776.
TOTAL TO FORM 990-T, PAGE 1, LINE 12			6,776.

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
PAYROLL PROCESSING FEE			201.
TOTAL TO FORM 990-T, PAGE 1, LINE 27			201.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	5,868.	0.	5,868.	5,868.
NOL CARRYOVER AVAILABLE THIS YEAR			5,868.	5,868.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NATIONAL ARCHERY ASSOCIATION OF THE U.S.	Taxpayer identification number (TIN) 36-6118407
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 210 USA CYCLING POINT, SUITE 130	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLORADO SPRINGS, CO 80919	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION - 210 USA CYCLING POINT, SUITE 130 -

- The books are in the care of ▶ **COLORADO SPRINGS, CO 80919**
Telephone No. ▶ **719-866-4721** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **NATIONAL ARCHERY ASSOCIATION OF THE U.S.**
Additional information. See instructions.

California corporation number: **0265384**

FEIN: **36-6118407**

Street address (suite or room): **210 USA CYCLING POINT, SUITE 130**
City: **COLORADO SPRINGS**
State: **CO**
ZIP code: **80919**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,059,449	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	3	2,342,135	00
	4	Cost of goods sold	4	5,401,584	00
	5	Cost or other basis, and sales expenses of assets sold	5	402,591	00
	6	Total costs. Add line 5 and line 6	6		00
	7	Total gross income. Subtract line 7 from line 4	7	402,591	00
	8		8	4,998,993	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,956,231	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	42,762	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title CEO	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	JILL J. GOODWIN, CPA	Date	Check if self-employed <input type="checkbox"/>	• PTIN P00450838
	Firm's name (or yours, if self-employed) and address	WAUGH & GOODWIN, LLP 1365 GARDEN OF THE GODS, SUITE 150 COLORADO SPRINGS, CO 80907			• Firm's FEIN 20-1766527
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				• Telephone (719) 590-9777

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	677,419	00	
	2	Interest	•	2	4,951	00	
	3	Dividends	•	3	8,594	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 4	•	6	50,655	00
	7	Other income	SEE STATEMENT 5	•	7	2,317,830	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	3,059,449	00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 6	•	9	525,049	00
	10	Disbursements to or for members		•	10		00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 7	•	11	627,601	00
	12	Other salaries and wages		•	12	857,136	00
	13	Interest		•	13		00
	14	Taxes		•	14	137,341	00
	15	Rents		•	15		00
	16	Depreciation and depletion (See instructions)		•	16		00
	17	Other Expenses and Disbursements	SEE STATEMENT 8	•	17	2,809,104	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	4,956,231	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,160,456		322,400
2 Net accounts receivable		8,367		40,753
3 Net notes receivable				
4 Inventories		157,567		119,695
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 9		848,623		1,625,577
10 a Depreciable assets	467,621		504,374	
b Less accumulated depreciation	(240,177)	227,444	(295,467)	208,907
11 Land				
12 Other assets STMT 10		164,026		205,893
13 Total assets		2,566,483		2,523,225
Liabilities and net worth				
14 Accounts payable		294,981		277,199
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 11		863,200		681,775
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,408,302		1,564,251
22 Total liabilities and net worth		2,566,483		2,523,225

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	42,762	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return. Subtract line 9 from line 6		42,762
5 Expenses recorded on books this year not deducted in this return	•				
6 Total. Add line 1 through line 5		42,762			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
EASTON SPORTS DEVELOPMENT FDN II	7855 HASKELL AVE., STE 350 VANNUYS, CA 91408		949,138.
NATIONAL ARCHERY ASSOCIATION FOUNDATION	ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909		174,000.
UNITED STATES OLYMPIC COMMITTEE	ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909		850,271.
ARCHERY TRADE ASSOCIATION	P.O. BOX 70 NEW ULM, MN 56073		120,000.
VA ADAPTIVE SPORTS PROGRAM	7700 WISCONSIN AVE BETHESDA, MD 20857		120,391.
TOTAL INCLUDED ON LINE 3			<u>2,213,800.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		157,566
2.	MERCHANDISE PURCHASED.	364,720	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		522,286
7.	INVENTORY AT END OF YEAR		119,695
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		402,591

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 3

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

UNITED STATES OLYMPIC COMMITTEE

ONE OLYMPIC PLAZA COLORADO SPRINGS, CO
80909

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

AIRLINE TICKETS

12/31/19

53,547.

53,547.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

AMERICAN WHITETAIL

8748 EAST SR 62 FERDINAND, IN 47532

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

ARCHERY EQUIPMENT, STORAGE FOR
TRAILERS

12/31/19

18,400.

18,400.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

HOYT ARCHERY , INC

543 N NEIL ARMSTRONG ROAD SALT LAKE CITY,
UT 84116

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

ARCHERY EQUIPMENT

12/31/19

13,833.

13,833.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

EASTON TECHNICAL PRODUCTS

5040 WEST HAROLD GATTY DRIVE SALT LAKE
CITY, UT 84116

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

ARCHERY EQUIPMENT

12/31/19

7,944.

7,944.

TOTAL INCLUDED ON LINE 3

93,724.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
INVESTMENT FUND	0.	0.	0.	50,655.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	50,655.

CA 199 OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
WEBSITE/ADVERTISING REVENUE	6,776.
MEMBERSHIP DUES	1,029,235.
TOURNAMENTS	909,040.
COACHING CERTIFICATIONS	180,965.
OTHER INCOME	78,854.
SPONSORS, SUPPLIERS & LICENSEE	112,960.
TOTAL TO FORM 199, PART II, LINE 7	2,317,830.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 6

ACTIVITY CLASSIFICATION: STATE AFFILITATE GRANTS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STATE ARCHERS OF CALIFORNIA	227 MONTROSE DRIVE - FOLSOM, CA 95630	STATE AFFILIATE	20,410.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ARCHERY AFFILIATES OF THE USA, INC	2164 FOUNTAIN SQUARE - SNELLVILLE, GA 30078	STATE AFFILIATE	8,515.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEXAS STATE ARCHERY ASSOCIATION	2007 OTTAWA LANE - HOUSTON, TX 77043	STATE AFFILIATE	14,675.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FITA ARCHERS OF PENNSYLVANIA	109 MACROOM AVE - WEST CHESTER, PA 19382	STATE AFFILIATE	10,395.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FLORIDA ARCHERY ASSOCIATION, INC.	1710 SW 76TH TERRACE - GAINSVILLE, FL 32607	STATE AFFILIATE	6,090.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ILLINOIS TARGET ARCHERY ASSOC., INC.	188 GRANDVIEW AVENUE - GLEN ELLYN, IL 60137	STATE AFFILIATE	7,235.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOCIETY FOR ARCHERY IN MICHIGAN	P O BOX 226 - CARLETON, MI 48162	STATE AFFILIATE	9,355.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STATE ARCHERY ASSOC OF MA	P O BOX 3322 - WAREHAM, MA 02571	STATE AFFILIATE	7,460.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
USA ARCHERY ARIZONA	8681 E VIA DE NEGUCIO - SCOTTSDALE, AZ 85258	STATE AFFILIATE	8,830.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW YORK STATE ARCHERY ASSOCIATION	4301 FAIRGROUNDS DRIVE - NEW YORK, NY 13045	STATE AFFILIATE	8,450.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW JERSEY ARCHERY ASSOCIATION	38-46 BELLEVUE AVENUE - MONTCLAIR, NJ 07042	STATE AFFILIATE	7,225.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WORLD ARCHERY OF OHIO	40 ARNDT CT - FAIRFIELD, OH 45014	STATE AFFILIATE	5,365.

TOTAL FOR THIS ACTIVITY 114,005.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 114,005.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
BRUCE CULL 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
ROB KAUFHOLD 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
REO WILDE 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	6,550.

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

36-6118407

MIKE CULLUMBER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	2,350.
JULIO MAZZOLI 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	CHAIR 1.00	0.
JOHN STOVER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	2,775.
JENNIFER ROTTENBERG 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
DEE FALKS 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	2,750.
E.G. LEBRE 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	8,075.
BRADY ELLISON 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	18,777.
ROD MENZER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	CEO 40.00	198,350.
KISIK LEE 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	MEN'S NTL HEAD COACH 40.00	138,352.
SONGI WOO 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	WOMEN'S NTL HEAD COAC 40.00	132,202.
MARY EMMONS 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	CHIEF OF SPORT PERF. & ORG 40.00	117,420.

TOTAL TO FORM 199, PART II, LINE 11

627,601.

CA 199	OTHER EXPENSES	STATEMENT 8
DESCRIPTION		AMOUNT
OTHER		80,566.
FIELD USAGE & EQUIPMENT AWARDS		144,659.
EQUIPMENT RENTAL & MAIN VALUE IN KIND		123,728.
PENSION PLAN CONTRIBUTIONS		84,956.
OTHER EMPLOYEE BENEFITS		71,749.
LEGAL FEES		14,701.
OTHER PROFESSIONAL FEES		135,868.
ADVERTISING AND PROMOTION		35,638.
OFFICE EXPENSES		547,867.
INFORMATION TECHNOLOGY		21,750.
TRAVEL		122,774.
CONFERENCES AND CONVENTIONS		45,639.
INSURANCE		1,036,692.
ALL OTHER EXPENSES		409.
		80,353.
		261,755.
TOTAL TO FORM 199, PART II, LINE 17		2,809,104.

CA 199	OTHER INVESTMENTS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
US OLYMPIC ENDOWMENT INVESTMENT PORTFOLIO	848,623.	1,121,572.
EDWARD JONES INVESTMENT PORTFOLIO	0.	504,005.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	848,623.	1,625,577.

CA 199	OTHER ASSETS	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	78,540.	163,684.
PREPAID EXPENSES AND DEFERRED CHARGES	85,486.	42,209.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	164,026.	205,893.

CA 199

OTHER LIABILITIES

STATEMENT 11

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
CAPITALIZED LEASE OBLIGATION	3,395.	0.
DEFERRED REVENUE	859,805.	681,775.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	863,200.	681,775.

California Exempt Organization
Business Income Tax Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name
NATIONAL ARCHERY ASSOCIATION OF THE U.S. California corporation number
0265384

Additional information. See instructions. FEIN
36-6118407

Street address (suite/room no.)
210 USA CYCLING POINT, SUITE 130 PMB no. _____

City (If the corporation has a foreign address, see instructions.)
COLORADO SPRINGS State
CO ZIP code
80919

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

- A First Return Filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final Return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date (mm/dd/yyyy) _____
- E Amended Return Yes No
- F Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **WEBSITE ADVERTISING**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) Code **541800**
- L Is this a Hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	- 2,369	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	- 2,369	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	- 2,369	00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	- 2,369	00
	10	Tax <u>8.84</u> % x line 9. See General Information J	•	10		00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2019 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593.) See instructions	•	17		00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19		00
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24		00
	25	Enter amount of line 24 to be applied to 2020 estimated tax	•	25		00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806				
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29			00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a		00
b Net gain (loss) from Part II, Schedule D-1			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			• 5		00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule		SEE STATEMENT 12	• 12	6,776	00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	6,776	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	• 14			00
15 Salaries and wages	• 15		7,006	00
16 Repairs	• 16			00
17 Bad debts	• 17			00
18 Interest	• 18			00
19 Taxes	• 19	SEE STATEMENT 13	608	00
20 Contributions	• 20			00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a			00
b Less: depreciation claimed on Schedule A	• 21b			00
22 Depletion	• 22			00
23 a Contributions to deferred compensation plans	• 23a			00
b Employee benefit programs	• 23b		1,330	00
24 Other deductions	• 24	SEE STATEMENT 14	201	00
25 Total deductions. Add line 14 through line 24	• 25		9,145	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26		-2,369	00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27			00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28		-2,369	00
29 Specific deduction	• 29		1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30		-2,369	00

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title CEO	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	• PTIN
	Firm's name (or yours, if self-employed) and address			P00450838
				• FEIN
				20-1766527
				• Telephone
				(719) 590-9777
	May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4	00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
			%		
			%		
			%		
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis periodicals.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

CA 109	OTHER INCOME	STATEMENT 12
<u>DESCRIPTION</u>		<u>AMOUNT</u>
WEBSITE, EMAIL AND CERTIFICATION BOOK ADVERTISING		6,776.
TOTAL TO FORM 109, PAGE 2, LINE 12		<u>6,776.</u>

CA 109	TAXES PAID	STATEMENT 13
<u>DESCRIPTION</u>		<u>AMOUNT</u>
PAYROLL TAXES		608.
TOTAL TO FORM 109, PAGE 2, LINE 19		<u>608.</u>

CA 109	OTHER DEDUCTIONS	STATEMENT 14
<u>DESCRIPTION</u>		<u>AMOUNT</u>
PAYROLL PROCESSING FEE		201.
TOTAL TO FORM 109, PAGE 2, LINE 24		<u>201.</u>

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

0265384

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation
 S Corporation Exempt Organization Limited liability company (electing to be taxed as a corporation)

FEIN
36-6118407

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	2,369	00
2	2019 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	2,369	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	2,369	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	2,369	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	
			0

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g) Available balance	(h) Carryover to 2020 col. (e) minus col. (f)
2							

Current Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g) Available balance	(h) Carryover to 2020 col. (d) minus col. (f) See instructions.
3		DIS					
4		GEN	2,369				2,369
2019							
2019							
2019							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		00