

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input 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.		D Employer identification number 36-6118407
	Doing business as USA ARCHERY		E Telephone number 719-866-4721
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,389,805.
	210 USA CYCLING POINT, SUITE 130		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80919		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ROD MENZER SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.USARCHERY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1979 M State of legal domicile: CO

Part I Summary			
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.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,957,091.
9 Program service revenue (Part VIII, line 2g)		2,976,425.	3,354,977.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,624.	49,282.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,307.	140,477.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,096,447.	6,011,246.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		530,868.	531,239.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,919,053.	2,338,569.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	72,178.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,808,550.	3,251,432.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,258,471.	6,121,240.
19 Revenue less expenses. Subtract line 18 from line 12	-162,024.	-109,994.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,189,812.	End of Year 3,829,358.
	21 Total liabilities (Part X, line 26)	1,024,768.	1,621,478.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,165,044.	2,207,880.

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 ROD MENZER, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RITA F. CHRISTENSEN	Preparer's signature <i>Rita F. Christensen</i> RITA F. CHRISTENSEN
	Date 08/26/24	Check if self-employed <input type="checkbox"/> PTIN P00290681
	Firm's name WAUGH & GOODWIN, LLP	Firm's EIN 20-1766527
	Firm's address 1365 GARDEN OF THE GODS, STE 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 \$ 1,132,934. including grants of \$ 62,326.) (Revenue \$ 336,571.) HIGH PERFORMANCE & NATIONAL TEAMS - 10 ELITE ARCHERS RECEIVED COACHING AND OTHER SUPPORT SERVICES THROUGH THE RESIDENT ATHLETE PROGRAM. APPROXIMATELY 150 ATHLETES ATTENDED 17 REGIONAL ELITE DEVELOPMENT (RED) CAMPS WITH APPROXIMATELY 30 COACHES ASSISTED IN THE PRODUCTION OF THESE CAMPS. USAA SELECTED UNITED STATES ARCHERY TEAMS AND UNIFORMS WERE PROVIDED FOR 50+, SENIOR, PARA, U21, U18, AND BAREBOW TEAMS. TEAMS WERE PROVIDED SPONSOR BENEFITS AND/OR OTHER SUPPORT. SELECT ELITE ATHLETES RECEIVED STIPENDS.

4b (Code:) (Expenses \$ 765,212. including grants of \$ 154,368.) (Revenue \$ 1,515,220.) MEMBERSHIP SERVICES - 616 CLUBS AND 21 STATE ASSOCIATIONS RECEIVED LIABILITY INSURANCE COVERAGE, WHILE 26,885 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 RECEIVED MEMBERSHIP REBATES.

4c (Code:) (Expenses \$ 1,118,404. including grants of \$ 128,074.) (Revenue \$ 764,001.) NATIONAL EVENTS & TRIALS - THERE WERE 25 NATIONAL EVENTS INVOLVING APPROXIMATELY 11,500 ARCHERS. EVENTS WERE SUPPORTED WITH A SCORING TEAM AND MEDIA PUBLIC RELATIONS. TOP QUALIFYING ARCHERS WERE GIVEN CASH AWARDS AT DESIGNATED TOURNAMENTS. U.S. TEAM TRIALS OPPORTUNITIES WERE PROVIDED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,161,529. including grants of \$ 186,472.) (Revenue \$ 870,764.)

4e Total program service expenses 5,178,079.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	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>	27 X	
28 Was the organization a party to a business transaction with one of the following parties? (See the 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>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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	1a 196	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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: 8a The governing body? X; 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization 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; 16b 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. [X] Own website [X] Another's website [X] 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROD MENZER CEO	40.00			X			220,619.	0.	23,461.	
(2) MARY EMMONS CHIEF OF SPORT PERF. & ORG	40.00				X		189,560.	0.	13,980.	
(3) KISIK LEE MEN'S NTL HEAD COACH	40.00				X		155,354.	0.	9,616.	
(4) JOHN CHRISTOPHER WEBSTER ASSISTANT NTL HEAD COACH	40.00				X		144,464.	0.	6,139.	
(5) BRADY ELLISON DIRECTOR	1.00	X					12,424.	0.	0.	
(6) MAKENNA PROCTOR DIRECTOR	1.00	X					2,767.	0.	0.	
(7) KEVIN MATHER DIRECTOR	1.00	X					1,500.	0.	0.	
(8) JACOB WUKIE DIRECTOR	1.00	X					850.	0.	0.	
(9) ROB KAUFHOLD DIRECTOR PARTIAL YEAR	1.00	X					0.	0.	0.	
(10) MIKE CULLUMBER DIRECTOR	1.00	X					0.	0.	0.	
(11) LEXI HULL DIRECTOR	1.00	X					0.	0.	0.	
(12) KRIS STREBECK DIRECTOR	1.00	X					0.	0.	0.	
(13) JOHN STOVER DIRECTOR	1.00	X					0.	0.	0.	
(14) JENNIFER ROTTENBERG DIRECTOR	1.00	X					0.	0.	0.	
(15) JEFF PORTER DIRECTOR	1.00	X					0.	0.	0.	
(16) JEFF GREER DIRECTOR	1.00	X					0.	0.	0.	
(17) BRUCE CULL DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) BOBBY SHARMA DIRECTOR	1.00	X						0.	0.	0.
(19) BELINDA FOXWORTH CHAIR	1.00	X		X				0.	0.	0.
1b Subtotal								727,538.	0.	53,196.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								727,538.	0.	53,196.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,466,510.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 114,151.			
	h	Total. Add lines 1a-1f		2,466,510.			
Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code				
			900099	1,348,502.	1,348,502.		
	b	TOURNAMENTS	711300	956,014.	956,014.		
	c	COACHING CERTIFICATION	900099	716,953.	716,953.		
	d	OTHER INCOME	900099	221,280.	221,280.		
	e	SPONSORSHIPS	900099	112,228.	112,228.		
	f	All other program service revenue	900099				
g	Total. Add lines 2a-2f		3,354,977.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24,330.			24,330.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		7,247.	7,247.		
	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				
	7a		20,150.	10,300.			
	b	Less: cost or other basis and sales expenses	7b	0.	5,498.		
c	Gain or (loss)	7c	20,150.	4,802.			
d	Net gain or (loss)		24,952.	4,802.		20,150.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a	13,700.				
		8b	0.				
c	Net income or (loss) from fundraising events		13,700.			13,700.	
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a	492,591.				
		10b	373,061.				
c	Net income or (loss) from sales of inventory		119,530.	119,530.			
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		6,011,246.	3,486,556.	0.	58,180.	

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 ...	154,120.	154,120.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	377,119.	377,119.		
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	244,081.	161,820.	79,792.	2,469.
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	1,669,254.	1,309,042.	342,144.	18,068.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,500.	20,863.	5,341.	296.
9 Other employee benefits	234,465.	184,580.	47,255.	2,630.
10 Payroll taxes	164,269.	127,265.	35,296.	1,708.
11 Fees for services (nonemployees):				
a Management				
b Legal	53,194.	33,164.		20,030.
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.)	881,705.	730,956.	150,253.	496.
12 Advertising and promotion	312,773.	312,355.	118.	300.
13 Office expenses	122,174.	101,408.	18,099.	2,667.
14 Information technology	56,705.	51,842.	4,863.	
15 Royalties				
16 Occupancy				
17 Travel	892,424.	847,031.	39,567.	5,826.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,113.	5,467.		646.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,441.	39,420.	11,021.	
23 Insurance	146,301.	112,995.	30,162.	3,144.
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	146,516.	146,516.		
b VALUE IN KIND	114,151.	113,601.	550.	
c MERCHANT FEES	113,976.	112,277.	39.	1,660.
d RENTAL & MAINTENANCE	81,474.	5,125.	76,349.	
e All other expenses	273,485.	231,113.	30,134.	12,238.
25 Total functional expenses. Add lines 1 through 24e	6,121,240.	5,178,079.	870,983.	72,178.
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	535,748.	1	286,369.
	2 Savings and temporary cash investments	920,735.	2	1,196,767.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	34,215.	4	221,282.
	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	67,084.	8	116,936.
	9 Prepaid expenses and deferred charges	46,472.	9	9,832.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 549,270.		
	b Less: accumulated depreciation	10b 436,541.	116,334.	10c 112,729.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,407,958.	12	1,571,935.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	61,266.	15	313,508.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,189,812.	16	3,829,358.	
Liabilities	17 Accounts payable and accrued expenses	371,995.	17	296,617.
	18 Grants payable		18	
	19 Deferred revenue	649,284.	19	823,895.
	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	3,489.	25	500,966.
	26 Total liabilities. Add lines 17 through 25	1,024,768.	26	1,621,478.
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	2,147,044.	27	2,207,880.
	28 Net assets with donor restrictions	18,000.	28	0.
	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	2,165,044.	32	2,207,880.
	33 Total liabilities and net assets/fund balances	3,189,812.	33	3,829,358.

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	6,011,246.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,121,240.
3	Revenue less expenses. Subtract line 2 from line 1	3	-109,994.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,165,044.
5	Net unrealized gains (losses) on investments	5	152,830.
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	2,207,880.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2342135.	1578776.	2505956.	3721667.	2466510.	12615044.
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	2988473.	2187015.	3034822.	1580690.	3865115.	13656115.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					13,700.	13,700.
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	5330608.	3765791.	5540778.	5302357.	6345325.	26284859.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,470.	10,145.	655.			12,270.
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	1,470.	10,145.	655.			12,270.
8 Public support. (Subtract line 7c from line 6.)						26272589.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	5330608.	3765791.	5540778.	5302357.	6345325.	26284859.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,545.	13,772.	22,778.	40,611.	24,330.	115,036.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	13,545.	13,772.	22,778.	40,611.	24,330.	115,036.
11 Net income from unrelated business activities not included on 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.)	5344153.	3779563.	5563556.	5342968.	6369655.	26399895.

14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	99.52 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.51 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.44 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.40 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

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>		
1		

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 on line 2, above, 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>		
1		
2		
3		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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>		
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>520,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>130,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>13,922.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>74,167.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>1,097,471.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" 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 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	_____ _____ _____	\$ <u>20,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>317,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>201,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>18,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>19,984.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
<u>4</u>	JTN TOURNAMENT SUPPORT AND SUPPLIES _____ _____ _____	\$ <u>74,167.</u>	<u>12/31/23</u>
<u>7</u>	EQUIPMENT AND STORAGE _____ _____ _____	\$ <u>20,000.</u>	<u>12/31/23</u>
<u>11</u>	LODGING _____ _____ _____	\$ <u>19,984.</u>	<u>12/31/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

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 in 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				
d Equipment		504,685.	416,860.	87,825.
e Other		44,585.	19,681.	24,904.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				112,729.

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	1,571,935.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,571,935.	

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, line 13, col. (B))		

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) SECURITY DEPOSIT	7,500.
(2) ROU ASSET	306,008.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	313,508.

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) CAPITALIZED LEASE OBLIGATIONS	1,822.
(3) OPERATING LEASE LIABILITIES	304,326.
(4) REFUNDABLE ADVANCE	194,818.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	500,966.

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	6,164,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	152,830.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	152,830.	
3	Subtract line 2e from line 1		3	6,011,246.
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	6,011,246.

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	6,121,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	6,121,240.
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	6,121,240.

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.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FITA ARCHERS OF PENNSYLVANIA 109 MACROOM AVE WEST CHESTER, PA 19382	23-2936582	501(C)(3)	10,905.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
ILLINOIS TARGET ARCHERY ASSOC., INC. - 188 GRANDVIEW AVENUE - GLEN ELLYN, IL 60137	45-3661120	501(C)(3)	8,600.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
NEW JERSEY ARCHERY ASSOCIATION 31 MILLMAN DRIVE EAST BRUNSWICK, NJ 08816	45-3439056	501(C)(3)	8,505.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
NEW YORK STATE ARCHERY ASSOCIATION 1301 CHURCH ROAD ANGOLA, NY 14006	90-0790122	501(C)(3)	10,165.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
OHIO TARET ARCHERS 4144 MARTINSBURG DR COLUMBUS, OH 43207	46-1075703	501(C)(3)	5,605.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
SOCIETY FOR ARCHERY IN MICHIGAN 7905 EXETER RD MONROE, MI 48162	38-3304702	501(C)(4)	10,420.	0.			STATE ASSOCIATION MEMBERSHIP REBATES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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)	34,980.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
STATE ARCHERY ASSOC OF MA 8 CAHOON ROAD BUZZARDS BAY, MA 02532	27-0340029	501(C)(3)	8,470.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
TEXAS STATE ARCHERY ASSOCIATION 2915 KEAGAN FALLS MANVEL, TX 77578	77-0637337	501(C)(3)	16,575.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
USA ARCHERY ARIZONA 3120 W CAREFREE HWY PHOENIX, AZ 85086	46-1119794	501(C)(3)	11,525.	0.			STATE ASSOCIATION MEMBERSHIP REBATES
ARCHERY AFFILIATES OF THE USA INC 106 CIRCLE DRIVE STATESBORO, GA 30461	46-1126159	501(C)(3)	9,280.	0.			STATE ASSOCIATION MEMBERSHIP REBATES

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	136	377,119.	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:

GRANTS WERE AWARDED TO JOAD CLUBS AN STATE ARCHERY ASSOCIATIONS AS WELL AS COLLEGIATE CLUBS. THE TOP THREE PLACING 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

Part IV Supplemental Information

GRANTS ARE MEMBERSHIP REBATES TO ASSOCIATIONS WHO SIGN A FORMAL AGREEMENT WITH THE NATIONAL ARCHERY ASSOCIATION. THESE AGREEMENTS STATE, IN PART, THAT "A STATE ASSOCIATION'S PURPOSE IS TO ENCOURAGE SANCTION AND CONDUCT ARCHERY TOURNAMENTS, COMPETITIONS, CLINICS AND RELATED ACTIVITIES THROUGH MEMBER CLUBS, OPEN TO ALL ATHLETES AND OTHERS WITHOUT REGARD TO RACE, CREED, COLOR OR NATIONAL ORIGIN AND UNDER THE BEST CONDITIONS POSSIBLE SO AS TO EFFECTIVELY PROMOTE THE SPORT OF ARCHERY WITH THE GENERAL PUBLIC". THE NATIONAL ARCHERY ASSOCIATION HAS THE RIGHT OF GENERAL SUPERVISION OF THE STATE ASSOCIATIONS.

**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

2023

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		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROD MENZER CEO	(i)	179,619.	41,000.	0.	6,619.	16,842.	244,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY EMMONS CHIEF OF SPORT PERF. & ORG	(i)	154,560.	35,000.	0.	4,637.	9,343.	203,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KISIK LEE MEN'S NTL HEAD COACH	(i)	149,354.	6,000.	0.	0.	9,616.	164,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN CHRISTOPHER WEBSTER ASSISTANT NTL HEAD COACH	(i)	138,464.	6,000.	0.	4,334.	1,805.	150,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

DISCRETIONARY BONUSES MAY BE AWARDED TO EMPLOYEES BASED ON PERFORMANCE.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) BRADY ELLISON	DIRECTOR- ATHLET	12,424.	AWARDS, ATHLE	ATHLETE SUPPO
(2) MAKENNA PROCTOR	DIRECTOR- ATHLET	2,767.	AWARDS, ATHLE	ATHLETE SUPPO
(3) KEVIN MATHER	DIRECTOR- ATHLET	1,500.	AWARDS, ATHLE	ATHLETE SUPPO
(4) JACOB WUKIE	DIRECTOR- ATHLET	850.	AWARDS, ATHLE	ATHLETE SUPPO
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

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
(1) LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	263,035.	PAYMENTS MA		X
(2) LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	5,900.	GRANT PAYME		X
(3) LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	15,000.	PAYMENTS MA		X
(4) LANCASTER ARCHERY SUPPLY	ROB KAUFHOLD, BOARD	7,614.	PAYMENTS RE		X
(5) LANCASTER ARCHERY FOUNDA	ROB KAUFHOLD, BOARD	18,000.	GRANT PAYME		X
(6) LANCASTER ARCHERY FOUNDA	ROB KAUFHOLD, BOARD	8,000.	GRANT PAYME		X
(7)					
(8)					
(9)					
(10)					

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 \$ 12,424.

(D) TYPE OF ASSISTANCE: AWARDS, ATHLETE SUPPORT

(E) PURPOSE OF ASSISTANCE: ATHLETE SUPPORT

(A) NAME OF PERSON: MAKENNA PROCTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR- ATHLETE REPRESENTATIVE

(C) AMOUNT OF GRANT \$ 2,767.

(D) TYPE OF ASSISTANCE: AWARDS, ATHLETE SUPPORT

(E) PURPOSE OF ASSISTANCE: ATHLETE SUPPORT

(A) NAME OF PERSON: KEVIN MATHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR- ATHLETE REPRESENTATIVE

(C) AMOUNT OF GRANT \$ 1,500.

(D) TYPE OF ASSISTANCE: AWARDS, ATHLETE SUPPORT

Part V Supplemental Information

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

(E) PURPOSE OF ASSISTANCE: ATHLETE SUPPORT

(A) NAME OF PERSON: JACOB WUKIE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR- ATHLETE REPRESENTATIVE

(C) AMOUNT OF GRANT \$ 850.

(D) TYPE OF ASSISTANCE: AWARDS, ATHLETE SUPPORT

(E) PURPOSE OF ASSISTANCE: ATHLETE SUPPORT

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 \$ 263,035.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS MADE TO LANCASTER FOR FULFILLMENT OF EQUIPMENT AND MERCHANDISE SALES RESULTING IN USA ARCHERY NET PROFIT OF \$66,383

(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 \$ 5,900.

(D) DESCRIPTION OF TRANSACTION: GRANT PAYMENT RECEIVED FROM LANCASTER FOR BARE BOW INDOOR NATIONALS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY SUPPLY

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 15,000.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS MADE TO LANCASTER FOR SPONSORSHIPS AND LICENSE AGREEMENT

(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 \$ 7,614.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS RECEIVED FROM LANCASTER FOR TOURNAMENT REVENUE SHARE

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY FOUNDATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 18,000.

(D) DESCRIPTION OF TRANSACTION: GRANT PAYMENT RECEIVED FROM LANCASTER FOR YOUTH WORLD CHAMPIONSHIPS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LANCASTER ARCHERY FOUNDATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROB KAUFHOLD, BOARD DIRECTOR, OWNS ENTITY

(C) AMOUNT OF TRANSACTION \$ 8,000.

(D) DESCRIPTION OF TRANSACTION: GRANT PAYMENT RECEIVED FROM LANCASTER

Part V Supplemental Information

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

FOR WORLD UNIVERSITY GAMES TRAVEL

(E) SHARING OF ORGANIZATION REVENUES? = NO

PART III

ATHLETES RECEIVE ASSISTANCE AS STIPENDS, AWARDS, AND PRIZES. MOST OF THE ASSISTANCE IS TAXABLE TO THE ATHLETES BUT SOME IS NOT TAXABLE. ALSO SOME AWARDS AND PRIZES ARE FUNDED BY DONORS AND THE AMOUNT IS NOT PAID TO THE ATHLETE UNTIL THE FUNDING IS RECEIVED FROM THE DONOR BUT IS ACCRUED AS AN EXPENSE IN THE FINANCIAL STATEMENTS.

THE AMOUNT ON SCHEDULE L INCLUDES ALL ASSISTANCE, WHETHER TAXABLE OR NOT, AND IS BASED ON WHEN AWARDED NOT PAID. THE AMOUNTS ON FORM 990 PART VII REFLECT ONLY THE TAXABLE ASSISTANCE ACTUALLY PAID DURING THE YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 (<u>JTN SUPPLIES, E</u>)	X	1	74,167.	
26 Other (<u>FIELD EQUIPMENT</u>)	X	1	20,000.	FAIR MARKET VALUE
27 Other (<u>LODGING</u>)	X	1	19,984.	
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 V, Donee Acknowledgement **29**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 JUNIOR OLYMPIC ARCHERY DEVELOPMENT PROGRAM
(JOAD) PROVIDED GENERAL ASSISTANCE TO 493 JOAD CLUBS ACROSS THE
COUNTRY. AN ACHIEVEMENT AWARD PROGRAM WAS OFFERED TO 111 JOAD CLUBS, 21
ADULT CLUBS, 382 YOUTH AND ADULT CLUBS AND 102 COLLEGIATE CLUBS TO
PROMOTE THE DEVELOPMENT OF ARCHERY. APPROX. 352 CLUBS, PARKS AND REC
PROGRAMS AND CAMPS UTILIZED THE EXPLORE ARCHERY PROGRAM TO INTRODUCE
ATTENDEES TO THE SPORT OF ARCHERY. COLLEGIATE AND JOAD CLUBS WERE
AWARDED EQUIPMENT GRANTS AND COLLEGIATE CLUBS WERE AWARDED GRANTS FOR
TRAVEL, INSTRUCTOR AND COACH CERTIFICATIONS, CLUB DEVELOPMENT, AND
EQUIPMENT.

EXPENSES \$ 669,284. INCLUDING GRANTS OF \$ 18,334. REVENUE \$ 45,806.

COACH/OFFICIAL DEVELOPMENT - APPROX. 23,265 INSTRUCTORS AND COACHES
WERE CERTIFIED AS CURRENT IN 2023. COACH AND JUDGE SEMINARS AND COURSES
WERE OFFERED AS WELL AS THE REGIONAL ELITE DEVELOPMENT PROGRAM, WHICH
PROVIDED COACHES THE OPPORTUNITY TO ATTEND ELITE TRAINING CAMPS TO
FURTHER DEVELOP THEIR SKILLS. GRANTS WERE AWARDED TO FEMALE AND
COLLEGIATE COACHES AND COACHES THAT WORK WITH MILITARY AND VETERAN
ATHLETES.

EXPENSES \$ 514,323. INCLUDING GRANTS OF \$ 2,260. REVENUE \$ 738,217.

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

Schedule O (Form 990) 2023

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

PARALYMPIC PROGRAM - GRANTS WERE OFFERED TO ASSIST WITH COACH EDUCATION AND INDIVIDUAL ARCHERY EQUIPMENT EXPENSES. UNIFORMS AND TRAVEL STIPENDS WERE PROVIDED TO THE PARA ARCHERY TEAMS. THE VA MONTHLY GRANT PROGRAM WAS OFFERED FOR MILITARY AND VETERAN ATHLETES. PARA CAMPS WERE CONDUCTED TO ASSIST PARA USAT ATHLETES TO PREPARE FOR EVENTS, ETC. CLASSIFICATION OPPORTUNITIES WERE PROVIDED.

EXPENSES \$ 447,989. INCLUDING GRANTS OF \$ 42,600. REVENUE \$ 29,572.

INTERATIONAL EVENTS - USA ARCHERY SUPPORTED ATHLETES AND STAFF TO 11 INTERNATIONAL EVENTS.

EXPENSES \$ 529,933. INCLUDING GRANTS OF \$ 123,278. REVENUE \$ 57,169.

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:

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

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. CLUB ORGANIZATION LEADERS MAY VOTE FOR ONE SEAT (GRASSROOTS) ON THE BOARD OF DIRECTORS. ELITE ATHLETES MEETING QUALIFICATIONS AS DEFINED BY USOPC ELECT ATHLETE COUNCIL AND BOARD OF DIRECTOR ATHLETE MEMBERS.

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

DRAFT 990 IS SENT TO THE AUDIT COMMITTEE FOR REVIEW. FOLLOWING INITIAL REVIEW THE DRAFT IS SENT TO ALL BOARD MEMBERS WITH A DATE BY WHICH TO CALL WITH ANY QUESTIONS. IF REQUESTED, A CONFERENCE CALL CAN BE SCHEDULE FOR A REVIEW WITH THE PREPARER.

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

ANNUAL REVIEW OF DISCLOSURES BY ETHICS COMMITTEE AND REVIEW OF AGENDA FOR POSSIBLE CONFLICTS AT EACH BOARD MEETING

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

Name of the organization

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

Employer identification number

36-6118407

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 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. ATHLETE DIRECTORS MAY RECEIVE STIPENDS, AWARDS OR PRIZES USING THE SAME CRITERIA AS ALL ATHLETES.

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

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

STIPENDS AND HONORARIUMS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	582.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	582.

PAYROLL SERVICE FEES:

PROGRAM SERVICE EXPENSES	32,586.
MANAGEMENT AND GENERAL EXPENSES	8,605.

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

FUNDRAISING EXPENSES	496.
TOTAL EXPENSES	41,687.

MEMBERSHIP PROCESSING/MANAGEMENT FEES:

PROGRAM SERVICE EXPENSES	53,841.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,841.

OTHER CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	644,529.
MANAGEMENT AND GENERAL EXPENSES	141,066.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	785,595.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	881,705.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE NATIONAL ARCHERY ASSOCIATION FOUNDATION, INC. - 58-1623149, 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909	TO PROVIDE SUPPORT TO THE NATIONAL ARCHERY ASSOCIATION OF THE UNITED	GEORGIA	501(C)(3)	LINE 11C, III-FI	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

California Exempt Organization Annual Information Return

Calendar Year 2023 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
4540173

Additional information. See instructions.

FEIN
36-6118407

Street address (suite or room)
210 USA CYCLING POINT, SUITE 130

PMB no.

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** Is the organization a limited liability company? Yes No
- M** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O** 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	3,923,295	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,466,510	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 3			
	5	Cost of goods sold STMT 2	5	373,061	00
	6	Cost or other basis, and sales expenses of assets sold	6	5,498	00
	7	Total costs. Add line 5 and line 6	7	378,559	00
	8	Total gross income. Subtract line 7 from line 4	8	6,011,246	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,047,337	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-36,091	00
Payments	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	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		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	RITA F. CHRISTENSEN	Date 08/26/24	Check if self-employed <input type="checkbox"/>	• PTIN P00290681
	Firm's name (or yours, if self-employed) and address	WAUGH & GOODWIN, LLP 1365 GARDEN OF THE GODS, STE 150 COLORADO SPRINGS, CO 80907			• Firm's 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					

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.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	506,291	00	
	2	Interest	•	2	24,330	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5	7,247	00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 4	•	6	30,450	00	
	7	Other income SEE STATEMENT 5	•	7	3,354,977	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	3,923,295	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 6	•	9	531,239	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 7	•	11	220,619	00	
	12	Other salaries and wages	•	12	1,669,254	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	164,269	00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements SEE STATEMENT 8	•	17	3,461,956	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,047,337	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,456,483		1,483,136
2 Net accounts receivable		34,215		221,282
3 Net notes receivable				
4 Inventories		67,084		116,936
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 9		1,407,958		1,571,935
10 a Depreciable assets	533,795		549,270	
b Less accumulated depreciation	417,461	116,334	436,541	112,729
11 Land				
12 Other assets STMT 10		107,738		323,340
13 Total assets		3,189,812		3,829,358
Liabilities and net worth				
14 Accounts payable		371,995		296,617
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 11		652,773		1,324,861
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,165,044		2,207,880
22 Total liabilities and net worth		3,189,812		3,829,358

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	• -36,091	7	Income recorded on books this year not included in this return. Attach schedule	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year. Attach schedule	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	•	10	Net income per return. Subtract line 9 from line 6	-36,091
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6	Total. Add line 1 through line 5	-36,091			

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>
		12/31/23	520,000.
		12/31/23	130,000.
		12/31/23	13,922.
		12/31/23	1,097,471.
		12/31/23	30,000.
		12/31/23	317,060.
		12/31/23	201,347.
		12/31/23	18,900.
			<u>2,328,700.</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		67,084
2.	MERCHANDISE PURCHASED.	422,913	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		489,997
7.	INVENTORY AT END OF YEAR		116,936
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		373,061

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 3

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

PROPERTY DESCRIPTION

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

JTN TOURNAMENT SUPPORT AND
SUPPLIES

12/31/23

74,167.

74,167.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

PROPERTY

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

DESCRIPTION
EQUIPMENT

12/31/23

20,000.

20,000.

AND STORAGE

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

PROPERTY

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

DESCRIPTION
LODGING

12/31/23

19,984.

19,984.

TOTAL INCLUDED ON LINE 3

114,151.

114,151.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	20,150.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	5,498.	0.	0.	10,300.
TOTAL TO FORM 199, PAGE 2, LN 6	5,498.	0.	0.	30,450.

CA 199 OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
MEMBERSHIP DUES	1,348,502.
TOURNAMENTS	956,014.
COACHING CERTIFICATIONS	716,953.
OTHER INCOME	221,280.
SPONSORSHIPS	112,228.
TOTAL TO FORM 199, PART II, LINE 7	3,354,977.

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	34,980.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STATE ARCHERY ASSOCIATION OF MA	8 CAHOON ROAD - BUZZARDS BAY, MA 02532	STATE AFFILIATE	8,470.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TEXAS STATE ARCHERY ASSOCIATION	2007 OTTAWA LANE - HOUSTON, TX 77043	STATE AFFILIATE	16,575.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FITA ARCHERS OF PENNSYLVANIA	109 MACROOM AVE - WEST CHESTER, PA 19382	STATE AFFILIATE	10,905.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
OHIO TARGET ARCHERS	4144 MARTINSBURG DR - COLUMBUS, OH 43207	STATE AFFILIATE	5,605.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ILLINOIS TARGET ARCHERY ASSOC., INC.	188 GRANDVIEW AVENUE - GLEN ELLYN, IL 60137	STATE AFFILIATE	8,600.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SOCIETY FOR ARCHERY IN MICHIGAN	P O BOX 226 - CARLETON, MI 48162	STATE AFFILIATE	10,420.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS STATE ASSOCIATIONS	210 USA CYCLING POINT - COLORADO SPRINGS, CO 80919	STATE AFFILIATE	18,855.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
USA ARCHERY ARIZONA	8681 E VIA DE NEGUCIO - SCOTTSDALE, AZ 85258	STATE AFFILIATE	11,760.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NEW YORK STATE ARCHERY ASSOCIATION	4301 FAIRGROUNDS DRIVE - NEW YORK, NY 13045	STATE AFFILIATE	10,165.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NEW JERSEY ARCHERY ASSOCIATION	38-46 BELLEVUE AVENUE - MONTCLAIR, NJ 07042	STATE AFFILIATE	8,505.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARCHERY AFFILIATES OF THE USA INC.	106 CIRCLE DRIVE - STATESBORO, GA 30461	STATE AFFILIATE	9,280.

TOTAL FOR THIS ACTIVITY 154,120.

ACTIVITY CLASSIFICATION: ARCHER AWARDS, SUPPORT AND STIPENDS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
136 ATHLETES	210 USA CYCLING POINT - COLORADO SPRINGS, CO 80919	STATE AFFILIATE	377,119.

TOTAL FOR THIS ACTIVITY 377,119.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 531,239.

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>
ROD MENZER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	CEO 40.00	220,619.
BRADY ELLISON 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
MAKENNA PROCTOR 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
KEVIN MATHER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.

NATIONAL ARCHERY ASSOCIATION OF THE U.S.

36-6118407

JACOB WUKIE 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 PARTIAL YEAR 1.00	0.
MIKE CULLUMBER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
LEXI HULL 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
KRIS STREBECK 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
JENNIFER ROTTENBERG 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
JEFF PORTER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
JEFF GREER 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
BRUCE CULL 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
BOBBY SHARMA 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	DIRECTOR 1.00	0.
BELINDA FOXWORTH 210 USA CYCLING POINT, SUITE 130 COLORADO SPRINGS, CO 80919	CHAIR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

220,619.

CA 199	OTHER EXPENSES	STATEMENT 8
DESCRIPTION		AMOUNT
FIELD USAGE & EQUIPMENT		146,516.
VALUE IN KIND		114,151.
MERCHANT FEES		113,976.
RENTAL & MAINTENANCE		81,474.
PENSION PLAN CONTRIBUTIONS		26,500.
OTHER EMPLOYEE BENEFITS		234,465.
LEGAL FEES		53,194.
OTHER PROFESSIONAL FEES		881,705.
ADVERTISING AND PROMOTION		312,773.
OFFICE EXPENSES		122,174.
INFORMATION TECHNOLOGY		56,705.
TRAVEL		892,424.
CONFERENCES AND CONVENTIONS		6,113.
INSURANCE		146,301.
ALL OTHER EXPENSES		273,485.
TOTAL TO FORM 199, PART II, LINE 17		3,461,956.

CA 199	OTHER INVESTMENTS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
US OLYMPIC ENDOWMENT INVESTMENT PORTFOLIO	1,407,958.	1,571,935.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,407,958.	1,571,935.

CA 199	OTHER ASSETS	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	46,472.	9,832.
SECURITY DEPOSIT	7,500.	7,500.
ROU ASSET	53,766.	306,008.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	107,738.	323,340.

CA 199

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CAPITALIZED LEASE OBLIGATIONS	3,489.	1,822.
OPERATING LEASE LIABILITIES	0.	304,326.
REFUNDABLE ADVANCE	0.	194,818.
DEFERRED REVENUE	649,284.	823,895.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	652,773.	1,324,861.

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
NATIONAL ARCHERY ASSOCIATION OF THE U.S.	36-6118407

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	6,389,805
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	6,011,246
3 Total expenses and disbursements (Form 199, line 9)	3	6,047,337
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number	_____
11 Account number	_____
12 Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here			
	Signature of officer	Date	CEO Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00290681
Must Sign	Firm's name (or yours if self-employed) and address	WAUGH & GOODWIN, LLP 1365 GARDEN OF THE GODS, STE 150 COLORADO SPRINGS, CO			Firm's FEIN 20-1766527 ZIP code 80907

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN ZIP code		