

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH AMERICAN FLYBALL ASSOCIATION, INC.	D Employer identification number 38-3257568
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 512, 1400 WEST DEVON AVE	E Telephone number (800) 318-6312
		City or town, state or country, and ZIP + 4 CHICAGO, IL 60660	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: **WWW.FLYBALL.ORG**

J Organization type (check only one) 501(c) (**4**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **185,708.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		159,588.	
	3 Membership dues and assessments	3		21,140.	
	4 Interest on savings and temporary cash investments	4		3,815.	
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		8a			
		8b Less: cost or other basis and sales expenses	8b		
		8c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
Revenue	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
		9b Less: direct expenses other than fundraising expenses	9b		
		9c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
Revenue	10 a Gross sales of inventory, less returns and allowances	10a	1,165.		
		10b Less: cost of goods sold	10b		
		10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 1	10c		1,165.
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		185,708.		
Expenses	13 Program services (from line 44, column (B))	13		150,707.	
	14 Management and general (from line 44, column (C))	14		49,580.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17		200,287.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-14,579.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		318,118.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		303,539.	

Part I Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	840.		840.	
32 Legal fees	397.		397.	
33 Supplies	36,365.	34,080.	2,285.	
34 Telephone	99.		99.	
35 Postage and shipping	48,547.	41,018.	7,529.	
36 Occupancy	910.	910.		
37 Equipment rental and maintenance	14,891.	14,375.	516.	
38 Printing and publications				
39 Travel	31,800.		31,800.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	39,851.	39,851.		
43 Other expenses not covered above (itemize):				
a ADVERTISING	700.	700.		
b BANK & CREDIT CARD CHARGES				
c INSURANCE	2,342.		2,342.	
d WEB SITE MAINTENANCE	1,115.		1,115.	
e HONORARIUM	2,864.	2,864.		
f MISCELLANEOUS	16,909.	16,909.		
g	2,657.		2,657.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	200,287.	150,707.	49,580.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ►

SUPPORT RESPONSIBLE DOG OWNERSHIP

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a SANCTIONED 352 EVENTS ACROSS THE US AND CANADA WHERE 5728 DOGS AND THEIR OWNERS COMPETED. NAFA PROVIDED EJS SYSTEMS, CONSISTENT RULES, AND JUDGES AND AWARDS FOR 6241 TITLES EARNED INCLUDING CERTIFICATES, PINS AND PLAQUES.

86,117.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

b REGISTERED 1199 NEW DOGS TO PARTICIPATE IN THE SPORT, REGISTERED 41 NEW CLUBS ACROSS THE US AND CANADA, AND PROVIDED WEBSITE TO ACTIVE CLUBS AND THEIR DELEGATES.

2,864.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c PROVIDE MAINTENANCE FOR 26 ELECTRONIC JUDGING SYSTEMS AND 18 MEASURING DEVICES THAT ARE SHIPPED TO TOURNAMENTS ACROSS THE US AND CANADA.

61,726.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

150,707.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	61,947.	76,158.	
	46 Savings and temporary cash investments	135,997.	125,028.	
	47 a Accounts receivable	47a	47c	
	b Less: allowance for doubtful accounts	47b		
	48 a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a	55c	
	b Less: accumulated depreciation	55b		
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 385,618.	110,954.	
b Less: accumulated depreciation STMT 2	57b 279,582.			
58 Other assets, including program-related investments (describe ► DEPOSIT ON EQUIPMENT)		14,760.	58 0.	
59 Total assets (must equal line 74). Add lines 45 through 58		323,658.	59 307,222.	
Liabilities	60 Accounts payable and accrued expenses	5,540.	60 3,683.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65		5,540.	66 3,683.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	318,118.	67 303,539.	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		318,118.	73 303,539.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		323,658.	74 307,222.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 3		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) X
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." X
75 d Does the organization have a written conflict of interest policy? X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? X
80 b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 0
81 b Did the organization file Form 1120-POL for this year? X

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes questions 82a through 91b regarding donations, lobbying, and foreign accounts.

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TOURNAMENT SANCTIONING					159,588.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					21,140.
95 Interest on savings and temporary cash investments			14		3,815.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					1,165.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	185,708.
105 Total (add line 104, columns (B), (D), and (E))					185,708.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 4

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer _____ Date _____
Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: 01/27/09
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: RENE E J. JACOBS, CPA P.C.
 224 UNION STREET
 BENNINGTON, VERMONT 05201
 EIN: _____
 Phone no.: 802-442-2468

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	1,165	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,165
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,165

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 2

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
RACING EQUIPMENT	45,872.	45,872.	0.
RACING EQUIPMENT	61,829.	61,829.	0.
RACING EQUIPMENT	7,644.	7,644.	0.
RACING EQUIPMENT	113,607.	90,884.	22,723.
RACING EQUIPMENT	32,547.	32,547.	0.
TRADEMARK COSTS	9,332.	6,069.	3,263.
TRADEMARK COSTS	1,055.	635.	420.
TRADEMARK COSTS	1,086.	595.	491.
TRADEMARK COSTS	1,639.	820.	819.
TRADEMARK COSTS	1,000.	450.	550.
TRADEMARK COSTS	2,203.	880.	1,323.
TRADEMARK COSTS	1,405.	490.	915.
TRADEMARK COSTS	756.	228.	528.
TRADEMARK COSTS	636.	128.	508.
INCORPORATION COSTS	500.	357.	143.
EJS EQUIPMENT (5 SYSTEMS)	48,150.	17,770.	30,380.
EJS CASES	16,693.	6,161.	10,532.
XEROX OFFICE EQUIPMENT	1,133.	662.	471.
WICKETS	1,148.	342.	806.
TRADEMARK COSTS	300.	33.	267.
DEPOSIT ON 3 EJS SYSTEMS	14,760.	2,109.	12,651.
EJS CASES	184.	48.	136.
WICKETS	765.	182.	583.
TRADEMARK COSTS	650.	66.	584.
ACCOUNTING SOFTWARE	223.	117.	106.
INTUIT SOFTWARE	329.	174.	155.
EJS	14,830.	2,119.	12,711.
EJS CASES	3,587.	342.	3,245.
TRADEMARK COSTS	1,756.	29.	1,727.
TOTAL TO FORM 990, PART IV, LN 57	385,619.	279,582.	106,037.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SAM FORD PO BOX 1338 LA PORTE, TX 77572	EXECUTIVE DIRECTOR 5.00	0.	0.	0.
H. LEE HEIGHTON 10390 LINDSAY ROAD CASCO, MI 48064	CHAIRMAN 5.00	0.	0.	0.
KRIS PICKERING 300 SOUTH 4TH STREET, SUITE 900 LAS VEGAS, NV 89101	VICE CHAIRMAN 5.00	0.	0.	0.
SCOTT STEIN 48 RIVERSIDE DRIVE NORTH BENNINGTON, VT 05257	TREASURER 6.00	0.	0.	0.
DANA NICHOLS 2810 13TH AVE. GREELEY, CO 80631	SECRETARY 5.00	0.	0.	0.
DALE SMITH 6137 N RIDGE ROAD FORT CALHOUN, NE 68023	BOARD MEMBER 4.00	0.	0.	0.
LISA PECKHAM 100 HUGH CROCKER DRIVE MATTHEWS, NC 28104	BOARD MEMBER 4.00	0.	0.	0.
ALISA ROMAINE 28706 N 223 AVENUE WITTMANN, AZ 85361	BOARD MEMBER 4.00	0.	0.	0.
BRIAN FAY 916 N MURPHY ROAD HANNA CITY, IL 61536	BOARD MEMBER 4.00	0.	0.	0.
MIKE SMITH 39127 ADDIE GEE ROAD HEMPSTEAD, TX 77445	BOARD MEMBER 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 4

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
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93A	FOR EACH SANCTIONED TOURNAMENT HELD, FEES WERE ASSESSED TO COVER TRACKING OF POINTS AND ISSUING OF AWARDS FOR VARIOUS TITLES RECEIVED AS A RESULT OF THE SANCTIONED COMPETITION. ELECTRONIC TIMING SYSTEMS ARE ALSO PROVIDED FOR THESE EVENTS WHICH ARE FUNDED FROM THIS INCOME. FEES ARE CHARGED FOR EACH DOG AND CLUB REGISTERED WITH NAFA. ONCE A DOG OR CLUB IS REGISTERED, THE REGISTRATION IS GOOD INDEFINITELY. REGISTRATION FEES GO TO DEFRAY ONE-TIME SETUP AND PROCESSING EFFORTS FOR EACH DOG/CLUB REGISTERED. INITIAL RULES AND DOCUMENTS ARE PROVIDED TO THE REGISTRANT SUPPORTED BY THESE FEES.
102	UNIQUE PATCHES ARE PROVIDED TO RECOGNIZE MEMBER'S TITLES EARNED IN COMPETITION. THESE PATCHES ARE PURCHASED IN VOLUME SO THEY CAN BE ACQUIRED COST-EFFECTIVELY BY MEMBERS.