

Return of Organization Exempt From Income Tax

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

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

Form Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning OCT 1, 2005 and ending SEP 30, 2006

B Check if applicable: C Name of organization NORTH AMERICAN FLYBALL ASSOCIATION, INC. D Employer identification number 38-3257568 E Telephone number (800) 318-6312

G Website: WWW.FLYBALL.ORG J Organization type 501(c)(4) K Check here if the organization's gross receipts are normally not more than \$25,000. M Check if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 183,745.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II 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
22 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)				
25 Compensation of officers, directors, etc.	0.	0.	0.	0.
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	415.		415.	
32 Legal fees	400.		400.	
33 Supplies	22,884.	20,969.	1,915.	
34 Telephone	1,476.	815.	661.	
35 Postage and shipping	32,821.	26,057.	6,764.	
36 Occupancy				
37 Equipment rental and maintenance	8,194.	7,825.	369.	
38 Printing and publications	998.	998.		
39 Travel	21,722.		21,722.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	52,402.	52,402.		
43 Other expenses not covered above (itemize):				
a ADVERTISING	1,866.	1,866.		
b BANK & CREDIT CARD				
c CHARGES	2,080.		2,080.	
d INSURANCE	1,160.		1,160.	
e WEB SITE MAINTENANCE	5,945.	870.	5,075.	
f HONORARIUM	13,500.	13,500.		
g MISCELLANEOUS	673.		673.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	166,536.	125,302.	41,234.	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 325 EVENTS ACROSS THE US AND CANADA WHERE 5762 DOGS AND THEIR OWNERS COMPETED. NAFA PROVIDED EJS SYSTEMS, CONSISTENT RULES, AND JUDGES AND AWARDS FOR 6661 TITLES EARNED INCLUDING CERTIFICATES, PINS AND PLAQUES.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	84,437.
b REGISTERED 1277 NEW DOGS TO PARTICIPATE IN THE SPORT AND REGISTERED 46 NEW CLUBS ACROSS THE US AND CANADA.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,685.
c PROVIDE MAINTENANCE FOR 26 ELECTRONIC JUDGING SYSTEMS AND 18 MEASURING DEVICES THAT ARE SHIPPED TO TOURNAMENTS ACROSS THE US AND CANADA.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	38,031.
d PUBLISHED NAFA NEWS TO 348 ACTIVE CLUBS AND THEIR DELEGATES 1 TIME DURING THE YEAR.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,149.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) 125,302.	125,302.

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	45 45,610.	144,487.
	46 Savings and temporary cash investments	46 105,471.	7,113.
	47 a Accounts receivable	47a 7,476.	
	b Less: allowance for doubtful accounts	47b	47c 7,476.
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	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 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	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 348,534.		
b Less: accumulated depreciation STMT 3	57b 192,230.	57c 141,283.	
58 Other assets (describe ▶		58	
59 Total assets (must equal line 74). Add lines 45 through 58	299,790.	59 315,380.	
Liabilities	60 Accounts payable and accrued expenses		60 1,082.
	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)	0.	66 1,082.	
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	67 299,790.	314,298.
	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; column (B) must equal line 21)	299,790.	73 314,298.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	299,790.	74 315,380.	

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 4		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 this organization through common supervision or common control? 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
Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (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 engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 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 or 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)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed MI		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0
91 a	The books are in care of SCOTT STEIN Telephone no. (802) 442-8605 Located at 48 RIVERSIDE DRIVE, NORTH BENNINGTON, VT ZIP + 4 05257-9666		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A		
91c			X
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					162,064.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					19,502.
95 Interest on savings and temporary cash investments			14		345.
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					1,834.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	183,745.
105 Total (add line 104, columns (B), (D), and (E))					183,745.

Note: Line 105 plus line 1d, 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 5

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).

Please 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 officer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4		<input type="checkbox"/>	
Signature of officer		Date	Type or print name and title.	
RENEE J. JACOBS, CPA P.C.		01/08/07		
224 UNION STREET		EIN		
BENNINGTON, VERMONT 05201		Phone no. 802-442-2468		

FORM 990 INCOME AND COST OF GOODS SOLD STATEMENT 1
 INCLUDED ON PART I, LINE 10

INCOME

1. GROSS RECEIPTS	1,834	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,834
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,834

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	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
ADJUSTMENT TO UNRESTRICTED ASSETS	-2,701.
TOTAL TO FORM 990, PART I, LINE 20	-2,701.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	3
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
RACING EQUIPMENT	45,872.	45,872.	0.
RACING EQUIPMENT	61,829.	49,464.	12,365.
RACING EQUIPMENT	7,644.	4,587.	3,057.
RACING EQUIPMENT	113,607.	45,442.	68,165.
RACING EQUIPMENT	32,547.	32,547.	0.
TRADEMARK COSTS	9,332.	5,135.	4,197.
TRADEMARK COSTS	1,055.	529.	526.
TRADEMARK COSTS	1,086.	487.	599.
TRADEMARK COSTS	1,639.	656.	983.
TRADEMARK COSTS	1,000.	350.	650.
TRADEMARK COSTS	2,203.	660.	1,543.
TRADEMARK COSTS	1,405.	350.	1,055.
TRADEMARK COSTS	756.	152.	604.
TRADEMARK COSTS	636.	64.	572.
INCORPORATION COSTS	500.	307.	193.
EJS EQUIPMENT (5 SYSTEMS)	48,150.	4,012.	44,138.
EJS CASES	16,693.	1,391.	15,302.
XEROX OFFICE EQUIPMENT	1,133.	208.	925.
WICKETS	1,148.	14.	1,134.
TRADEMARK COSTS	300.	3.	297.
TOTAL TO FORM 990, PART IV, LN 57	348,535.	192,230.	156,305.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS,
 TRUSTEES AND KEY EMPLOYEES STATEMENT 4

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.
GLENN HAMILTON 3983 IRWIN STREET INNISFIL, ON L9S2T5	SECRETARY 5.00	0.	0.	0.
DALE SMITH 6137 N RIDGE ROAD FORT CALHOUN, NE 68023	BOARD MEMBER 4.00	0.	0.	0.
JEFF KINSLEY 6699 HIGHWAY HH ROBERTSVILLE, MO 63072	BOARD MEMBER 4.00	0.	0.	0.
TODD MORNINGSTAR 10090 FAR ROAD MILAN, MI 48160	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 5

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

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.