

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

Subcommittee on Public Lands and Environmental Regulation  
Legislative Hearing on **H.R. 503 \_\_\_ (Bishop)**, To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes.  
March 4, 2014

For Individuals:

1. Name:
  
2. Address:
  
3. Email Address:
  
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: David L. Brown
  
2. Name of Organization(s) You are Representing at the Hearing:  
America Outdoors Association
  
3. Business Address:  
[Information redacted for privacy]
  
4. Business Email Address:  
[Information redacted for privacy]
  
5. Business Phone Number:  
[Information redacted for privacy]

## For all Witnesses

Name/Organization: David Brown/America Outdoors Association

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 503 \_\_\_ (Bishop)**, To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes.  
March 4, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Avid outdoor recreationist. 33 years of experience running non profit associations representing outfitters.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Licensed Insurance agent for property and casualty insurance (TN).

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Executive Director of America Outdoor Association, the nation's largest outfitter trade association, since 1991.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I have testified before Congress 18 times on issues from NPS concessions reform, Forest Service budget, the Federal Lands Recreation Enhancement Act, Impediments to Recreation of Federal Lands and other issues.

## Witnesses Representing Organizations

Name/Organization: David Brown/America Outdoors Association

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes.

March 4, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Executive Director of America Outdoors Association since 1991.

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See Attached.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.  
▶ See instructions on back.**

# 2010

Name of exempt organization \_\_\_\_\_

Employer identification number \_\_\_\_\_

Name and title of officer \_\_\_\_\_

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

- 1a Form 990** check here  **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . . . **1b** \_\_\_\_\_
- 2a Form 990-EZ** check here  **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . **2b** \_\_\_\_\_
- 3a Form 1120-POL** check here  **b Total tax** (Form 1120-POL, line 22) . . . . . **3b** \_\_\_\_\_
- 4a Form 990-PF** check here  **b Tax based on investment income** (Form 990-PF, Part VI, line 5) . . . . . **4b** \_\_\_\_\_
- 5a Form 8868** check here  **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . **5b** \_\_\_\_\_

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--	--

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

## Purpose of Form

An organization officer and an electronic return originator (ERO) use Form 8879-EO when the organization officer wants to use a personal identification number (PIN) to electronically sign an organization's electronic return and, if applicable, authorize an electronic funds withdrawal. In the case of Form 990-PF, Form 1120-POL, and Form 8868 with payment, Form 8879-EO is used to authorize an electronic funds withdrawal. An organization officer who does not use Form 8879-EO must use Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing. For more information, see the instructions for Form 8453-EO.

The ERO must retain Form 8879-EO. Do not send this form to the IRS.

## ERO Responsibilities

The ERO will:

- Enter the name and employer identification number of the organization at the top of the form;
- Complete Part I by checking the box for the type of return being filed and using the amount, if any, from the organization's 2010 return;
- Enter on the authorization line in Part II the ERO firm name (not the name of the individual preparing the return) if the ERO is authorized to enter the officer's PIN;
- Give the officer Form 8879-EO for completion and review. This can be done by hand delivery, U.S. mail, private delivery service, email, fax, or Internet website; and
- Complete Part III by entering the ERO's EFIN/PIN and include a signature and date.



*Form 8879-EO must be completed and signed before submission of the electronic return.*

## Officer's Responsibilities

The officer of an organization has the following responsibilities:

- Verify the accuracy of the organization's prepared return;
- Verify the type of return being filed in Part I;
- Check the appropriate box in Part II to either authorize the ERO to enter the officer's PIN or to choose to enter it in person;
- Indicate or verify his or her self-select PIN when authorizing the ERO to enter it (the PIN must be five numbers other than all zeros);
- Sign and date Form 8879-EO; and
- Return the completed Form 8879-EO to the ERO by hand delivery, U.S. mail, private delivery service, or fax.

## Important Notes for EROs

- Do not send Form 8879-EO to the IRS unless requested to do so. Retain the completed Form 8879-EO for 3 years from the return due date or the date the IRS received the return, whichever is later. Form 8879-EO can be retained electronically in accordance with the recordkeeping guidelines in Rev. Proc. 97-22, which is on page 9 of Internal Revenue Bulletin 1997-13 at [www.irs.gov/pub/irs-irbs/irb97-13.pdf](http://www.irs.gov/pub/irs-irbs/irb97-13.pdf).
- Enter the organization officer's PIN on the input screen only if the organization officer has authorized you to do so.
- Provide the officer with a copy of the signed Form 8879-EO upon request.
- Provide the officer with a corrected copy of the Form 8879-EO if changes are made to the return (for example, based on the officer's review).
- See Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990, Form 990-EZ and Form 990-PF, are covered in Code section 6104. All other tax returns (Form 1120-POL) and return information are generally confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

<b>Recordkeeping</b> . . . . .	3 hr., 49 min.
<b>Learning about the law or the form</b> . . . . .	12 min.
<b>Preparing the form</b> . . . . .	16 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write:

Internal Revenue Service  
 Tax Products Coordinating Committee  
 SE:W:CAR:MP:T:T:SP  
 1111 Constitution Avenue, NW, IR-6526  
 Washington, DC 20224

Do not send the form to this address. Instead, keep it for your records.

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **NORTH AMERICA OUTDOORS, INC**  
**DBA AMERICA OUTDOORS ASSOCIATION**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P. O. BOX 10847**  
 City or town, state or country, and ZIP + 4  
**KNOXVILLE TN 37939**

**D** Employer identification number: **58-1501330**

**E** Telephone number: **865-558-3595**

**F** Name and address of principal officer:  
**DAVID BROWN**  
**P. O. BOX 10847**  
**KNOXVILLE TN 37939**

**G** Gross receipts \$: **536,282**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1991** **M** State of legal domicile: **TN**

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO SERVE THE INTEREST OF OUTFITTERS AND TO FURTHER THE PUBLIC'S INTEREST IN RESPONSIBLE ENJOYABLE USE OF OUR NATION'S NATURAL SPLENDORS.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>16</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>16</b>	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>3</b>	
	6	Total number of volunteers (estimate if necessary)	<b>0</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>31,527</b>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<b>257,900</b>	<b>281,484</b>
	9	Program service revenue (Part VIII, line 2g)	<b>230,186</b>	<b>217,799</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,151</b>	<b>5,472</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>17,370</b>	<b>31,527</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>509,607</b>	<b>536,282</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>3,100</b>	<b>14,137</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>163,649</b>	<b>175,502</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>	<b>0</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>352,194</b>	<b>293,368</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>518,943</b>	<b>483,007</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>-9,336</b>	<b>53,275</b>	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	<b>509,555</b>	<b>544,601</b>
	21	Total liabilities (Part X, line 26)	<b>126,939</b>	<b>108,710</b>
22	Net assets or fund balances. Subtract line 21 from line 20	<b>382,616</b>	<b>435,891</b>	

**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: **DAVID BROWN**  
 Date: \_\_\_\_\_  
 Title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **MARY A. WESOLOWSKI, CPA**  
 Preparer's signature: **MARY A. WESOLOWSKI, CPA**  
 Date: **08/01/12**  
 Check  if PTIN self-employed **P00608841**

Firm's name: **DANIELS, USELTON & CLAY, P.C.**  
 Firm's EIN: **62-1413018**  
 Firm's address: **PO BOX 626 KINGSTON, TN 37763**  
 Phone no.: **865-376-9564**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:  
**TO SERVE THE INTEREST OF OUTFITTERS AND TO FURTHER THE PUBLIC'S INTEREST IN RESPONSIBLE ENJOYABLE USE OF OUR NATION'S NATURAL SPLENDORS.**

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  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **451,731** including grants of \$ ) (Revenue \$ )  
**INFORMS MEMBERS OF NEW DEVELOPMENTS IN THE INDUSTRY; PROVIDES OPPORTUNITIES FOR MEMBERS TO EXCHANGE INFORMATION AND IDEAS.**

CLIENT COPY

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ **31,276** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **483,007**

**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)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
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? If "Yes," complete Schedule J		<b>X</b>
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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? If "Yes," complete Schedule L, Part I		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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? If "Yes," complete Schedule R, Part I		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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? If "Yes," complete Schedule R, Part VI		<b>X</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>X</b>	
<b>4a</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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DAVID BROWN** **P.O. BOX 10847**

**KNOXVILLE**

**TN 37939**

**865-558-3595**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE MILLS PRESIDENT	1.00	X						0	0	0
(2) DAVID COSTLOW FIRST VICE PRESIDENT	1.00	X						0	0	0
(3) BRIAN CAMPBELL SECOND VICE PRESIDEN	1.00	X						0	0	0
(4) VALYNDA HENINGTON TREASURER	1.00	X						0	0	0
(5) JEFF GREINER EASTERN REGION	1.00	X						0	0	0
(6) ERIC MARTIN EASTERN REGION	1.00	X						0	0	0
(7) MIKE COTTINGHAM WESTERN REGION	1.00	X						0	0	0
(8) ARLO TEJADA WESTERN REGION	1.00	X						0	0	0
(9) WILL VOLPERT WESTERN REGION	1.00	X						0	0	0
(10) BOB FOSTER AT-LARGE	1.00	X						0	0	0
(11) BRIAN MERRILL AT-LARGE	1.00	X						0	0	0
(12) JACK RICH AT-LARGE	1.00	X						0	0	0
(13) BRIAN SYKES AT-LARGE	1.00	X						0	0	0
(14) GREG HENINGTON IMMEDIATE PAST PRESI	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <b>AARON BANNON</b> <b>NATL OUTDOOR LDRSHP</b>	<b>1.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	
(16) <b>DAVID BROWN</b> <b>EXECUTIVE DIRECTOR</b>	<b>46.00</b>			<b>X</b>				<b>83,000</b>	<b>0</b>	
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....								<b>83,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>83,000</b>		

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> 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? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**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

**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**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b	281,484			
	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				
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>281,484</b>			
<b>Program Service Revenue</b>	2a	Busn. Code				
	CONFLUENCE		249,326	249,326		
	b ADVERTISING INCOME INC BELOW		-31,527	-31,527		
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		<b>217,799</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		5,472			5,472
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a	ADVERTISING	541800	31,527		31,527	
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>			<b>31,527</b>			
<b>12 Total revenue. See instructions.</b>			<b>536,282</b>	<b>217,799</b>	<b>31,527</b>	<b>5,472</b>

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**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	14,137			
5 Compensation of current officers, directors, trustees, and key employees	83,000			
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	77,226			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,200			
10 Payroll taxes	12,076			
11 Fees for services (non-employees):				
a Management				
b Legal	1,552			
c Accounting	6,093			
d Lobbying	66,915			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	10,119			
12 Advertising and promotion				
13 Office expenses	19,080			
14 Information technology	7,641			
15 Royalties				
16 Occupancy	18,950			
17 Travel	12,813			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,478			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,200			
23 Insurance	12,251			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COGS	31,276			
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	483,007	0	0	0
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**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	335,555	1	301,011
	2	Savings and temporary cash investments	149,784	2	199,747
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,220	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	17,938
	9	Prepaid expenses and deferred charges	1,421	9	9,752
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	57,034		
		10a			
	b	Less: accumulated depreciation	41,308	10c	15,726
		10b			
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	316	15	427	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	509,555	16	544,601	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	18,585	17	8,884
	18	Grants payable		18	
	19	Deferred revenue	108,354	19	99,826
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	126,939	26	108,710
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	382,616	27	435,891
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	382,616	33	435,891	
34	<b>Total liabilities and net assets/fund balances</b>	509,555	34	544,601	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	536,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	483,007
3	Revenue less expenses. Subtract line 2 from line 1	3	53,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	382,616
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	435,891

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

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**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>NORTH AMERICA OUTDOORS, INC</b> <b>DBA AMERICA OUTDOORS ASSOCIATION</b>	Employer identification number <b>58-1501330</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$

3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$

4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		<b>X</b>
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<b>X</b>
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		<b>X</b>

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	<b>249,326</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	<b>66,889</b>
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	<b>66,889</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	<b>94,744</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	<b>-27,855</b>

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART IV, ADDITIONAL INFORMATION**

**PART I-A, LINE 1:**

**REPRESENTS THE INTERESTS OF OUTFITTERS.**

**Part IV** Supplemental Information (continued)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

NORTH AMERICA OUTDOORS, INC DBA AMERICA OUTDOORS ASSOCIATION

Employer identification number

58-1501330

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
  - e** Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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** Temporarily restricted endowment ▶ ..... %
- The percentages in 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>57,034</b>	<b>41,308</b>	<b>15,726</b>
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **15,726**

**Part VII Investments—Other Securities.** 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) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).





**Part XIV Supplemental Information** (continued)

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**NORTH AMERICA OUTDOORS, INC**  
**DBA AMERICA OUTDOORS ASSOCIATION**

Employer identification number

**58-1501330**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

SALE OF ADVERTISEMENTS IN THE ORGANIZATIONS NEWSLETTER.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

DAVID BROWN

ROBIN BEARD BROWN

EXEC DIR

COMM DIR

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ORGANIZED WITH MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BODY.

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FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

MEMBERS MUST APPROVE BY-LAW CHANGES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY THE BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD REVIEWS AND DISCUSSES ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE  
BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE AOA; (2) USE OF DATA TO

Name of the organization

**NORTH AMERICA OUTDOORS, INC**

Employer identification number

**58-1501330**

**COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE AOA; (2) USE OF DATA TO COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THIS INFORMATION IS AVAILABLE BY REQUEST.**

**CLIENT COPY**

Form **990-T**

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

OMB No. 1545-0687

## 2011

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

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ **▶ See separate instructions.**

**A**  Check box if address changed

**B** Exempt under section  
 501(c) ( **C** ) ( **6** )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Name of organization (  Check box if name changed and see instructions.)  
**NORTH AMERICA OUTDOORS, INC**  
**DBA AMERICA OUTDOORS ASSOCIATION**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**P.O. BOX 10847**

City or town, state, and ZIP code  
**KNOXVILLE TN 37939**

**D** Employer identification number  
(Employees' trust, see instructions.)  
**58-1501330**

**E** Unrelated business activity codes  
(See instructions.)  
**541800**

**C** Book value of all assets at end of year  
**544,601**

**F** Group exemption number (See instructions.) **▶**

**G** Check organization type **▶**  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.  
**▶ SEE STATEMENT 1**

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

**J** The books are in care of **▶ DAVID BROWN** Telephone number **▶ 865-558-3595**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance <b>▶</b>				
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	31,527	31,276	251
12	Other income (See instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	31,527	31,276	251

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	251
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	251
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  See instructions and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) ..... \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 ..... **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) ..... **36**

**37 Proxy tax.** See instructions ..... **37**

**38** Alternative minimum tax ..... **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ..... **39**

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... **40a**

**b** Other credits (see instructions) ..... **40b**

**c** General business credit. Attach Form 3800 (see instructions) ..... **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ..... **40d**

**e Total credits.** Add lines 40a through 40d ..... **40e**

**41** Subtract line 40e from line 39 ..... **41**

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other ..... **42**

**43 Total tax.** Add lines 41 and 42 ..... **43** **0**

**44a** Payments: A 2010 overpayment credited to 2011 ..... **44a**

**b** 2011 estimated tax payments ..... **44b**

**c** Tax deposited with Form 8868 ..... **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) ..... **44d**

**e** Backup withholding (see instructions) ..... **44e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) ..... **44f**

**g** Other credits and payments:  Form 2439  Form 4136  Other ..... Total **44g**

**45 Total payments.** Add lines 44a through 44g ..... **45**

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  ..... **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ..... **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... **48**

**49** Enter the amount of line 48 you want: **Credited to 2012 estimated tax**  **Refunded**  ..... **49**

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

**1** At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  ..... **Yes**  **No**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  ..... **Yes**  **No**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$ ..... **Yes**  **No**

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

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

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

**Sign Here**  Signature of officer  Date  Title **EXECUTIVE DIRECTOR**

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

**Paid Preparer Use Only**

Print/Type preparer's name **MARY A. WESOLOWSKI, CPA** Date **08/01/12** Check  if self-employed PTIN **P00608841**

Preparer's signature **MARY A. WESOLOWSKI, CPA**

Firm's name **DANIELS, USELTON & CLAY, P.C.** Firm's EIN **62-1413018**

Firm's address **PO BOX 626 KINGSTON, TN 37763** Phone no. **865-376-9564**

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

(see instructions)

1. Description of property

(1) **N/A**

(2)  
(3)  
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

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

Total

Total

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

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

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

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) **N/A**

(2)  
(3)  
(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

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

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals

Total dividends-received deductions included in column 8 ▶

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

1. Name of controlled organization

2. Employer identification number

Exempt Controlled Organizations

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross inc.

6. Deductions directly connected with income in column 5

(1) **N/A**

(2)  
(3)  
(4)

Nonexempt Controlled Organizations

7. Taxable Income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization's gross income

11. Deductions directly connected with income in column 10

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

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

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

Totals

**Schedule G – Investment Income of a section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>ADVERTISING</b>	<b>31,527</b>	<b>31,276</b>				
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	<b>31,527</b>	<b>31,276</b>	<b>251</b>			

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) <b>N/A</b>						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	<b>31,527</b>	<b>31,276</b>				
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
	<b>31,527</b>	<b>31,276</b>				

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>DAVID BROWN</b>	<b>EXECUTIVE DIRECTOR</b>	<b>100.00%</b>	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			



Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2011**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No. **179**

Name(s) shown on return **NORTH AMERICA OUTDOORS, INC  
DBA AMERICA OUTDOORS ASSOCIATION**

Identifying number  
**58-1501330**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,472

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	1,128
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,600
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

**Tax Computation Worksheet**

Form **990-T**

**2011**

For calendar year 2011, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name <b>NORTH AMERICA OUTDOORS, INC DBA AMERICA OUTDOORS ASSOCIATION</b>	Employer Identification Number <b>58-1501330</b>
---	---

**Controlled Group**

1. Unrelated business taxable income	1.	_____
2. Line 1 or share of \$50,000 bracket, whichever is less	2.	_____
3. Subtract line 2 from line 1	3.	_____
4. Line 3 or share of \$25,000 bracket, whichever is less	4.	_____
5. Subtract line 4 from line 3	5.	_____
6. Line 5 or share of \$9,925,000 bracket, whichever is less	6.	_____
7. Subtract line 6 from line 5	7.	_____
8. 15% of line 2, not less than zero	8.	_____
9. 25% of line 4, not less than zero	9.	_____
10. 34% of line 6, not less than zero	10.	_____
11. 35% of line 7, not less than zero	11.	_____
12. Member's share of additional .05% tax	12.	_____
13. Member's share of additional .03% tax	13.	_____
14. Tax (Add lines 8 through 13)	14.	_____

**Proxy Tax**

1. Dues, assessments, and similar amounts from members	1.	<b>249,326</b>
2. Section 162(e) lobbying and political expenditures	2.	<b>66,889</b>
3. Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	3.	<b>94,744</b>
4. Taxable amount of lobbying and political expenditures (Subtract lines 3 and 6 from the lesser of lines 1 or 2)	4.	<b>-27,855</b>
5. Proxy tax (35% of line 4)	5.	<b>-9,749</b>
6. Excess lobbying expenditures - carryover to next year	6.	_____

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**Statement 1 - Form 990-T - Primary Unrelated Business Activity**

Description

SALE OF ADVERTISEMENTS IN THE ORGANIZATION'S MEMBERSHIP  
DIRECTORY AND NEWSLETTER.

CLIENT COPY

58-1501330

## Federal Asset Report

FYE: 12/31/2011

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>										
34	Canon Copier	4/14/10	5,746		X	2,873	5	HY 200DB	3,447	920
35	Filing Cabinets	2/19/10	700		X	350	7	HY 200DB	400	86
36	Filing Cabinets	2/19/10	340		X	170	7	HY 200DB	194	42
37	COMPUTER MONITOR	5/02/10	206		X	103	5	HY 200DB	124	33
38	HARD DRIVE	9/05/10	66		X	33	5	HY 200DB	39	11
39	NETWORK SOLUTIONS	7/05/10	225		X	112	5	HY 200DB	135	36
			<u>7,283</u>			<u>3,641</u>			<u>4,339</u>	<u>1,128</u>
<b>Other Depreciation:</b>										
1	COMPUTERS	2/13/06	4,976			4,976	5	MO S/L	4,893	83
2	DESKTOP COMPUTER	5/16/03	1,413			1,413	5	MO S/L	1,413	0
3	LAPTOP (DELL)	11/16/07	1,241			1,241	5	MO S/L	765	249
4	LAPTOP (HP)	12/17/08	2,297			2,297	5	MO S/L	957	460
5	FAX/PHONE MACHINE	1/23/08	250			250	5	MO S/L	100	50
6	2 FILING CABINETS	10/17/07	300			300	7	MO S/L	136	43
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66			66	5	MO S/L	26	13
8	LCD PROJECTOR	11/04/05	1,174			1,174	5	MO S/L	1,174	0
9	LCD PROJECTOR	11/26/08	847			847	5	MO S/L	339	169
10	SOFTWARE	5/27/05	21,422			21,422	3	MO S/L	21,422	0
11	FURNITURE	5/01/93	1,207			1,207	5	MO S/L	1,207	0
12	FILING CABINET	3/30/97	108			108	7	MO S/L	108	0
13	FILE AND DESK	3/17/00	216			216	7	MO S/L	216	0
14	FILE AND DESK	3/17/00	216			216	7	MO S/L	216	0
15	ALL IN ONE	3/30/00	325			325	7	MO S/L	325	0
16	FILING CABINET	5/28/02	260			260	5	MO S/L	260	0
17	EXECUTIVE DESK CHAIR	3/18/09	131			131	5	MO S/L	46	26
18	MINI MICROWAVE	5/28/08	82			82	5	MO S/L	33	16
21	XEROX 6280 PRINTER	11/18/09	600			600	5	MO S/L	130	120
22	COMPUTER EQUIPMENT	2/20/09	145			145	5	MO S/L	53	29
23	DIGITAL CAMERA	5/08/09	111			111	3	MO S/L	62	37
24	OUTLOOK 2007	10/06/09	164			164	5	MO S/L	41	33
25	DESKTOP COMPUTER	1/09/08	1,959			1,959	5	MO S/L	1,175	392
26	TELEPHONE	5/18/96	3,093			3,093	5	MO S/L	3,093	0
29	PHONE SYSTEM	6/06/07	519			519	5	MO S/L	372	104
30	PRINTER	11/25/07	512			512	5	MO S/L	316	102
31	BATTERY BACKUP	12/18/09	109			109	5	MO S/L	22	22
32	FLIP CAMERA/VIDEO	12/18/09	228			228	3	MO S/L	76	76
33	BRIEFCASE	12/18/09	113			113	3	MO S/L	38	37
40	Software	10/31/11	3,525			3,525	5	-- Memo	0	0
41	ED Laptop	2/11/11	1,869			1,869	5	MO S/L	0	343
42	Think Pad Dock	4/07/11	273			273	3	MO S/L	0	68
	<b>Total Other Depreciation</b>		<u>49,751</u>			<u>49,751</u>			<u>39,014</u>	<u>2,472</u>
	<b>Total ACRS and Other Depreciation</b>		<u>49,751</u>			<u>49,751</u>			<u>39,014</u>	<u>2,472</u>
	<b>Grand Totals</b>		57,034			53,392			43,353	3,600
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	<b>Net Grand Totals</b>		<u>57,034</u>			<u>53,392</u>			<u>43,353</u>	<u>3,600</u>

58-1501330

**Bonus Depreciation Report**

FYE: 12/31/2011

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
34	Canon Copier	4/14/10	5,746		0	0	2,873	2,873
35	Filing Cabinets	2/19/10	700		0	0	350	350
36	Filing Cabinets	2/19/10	340		0	0	170	170
37	COMPUTER MONITOR	5/02/10	206		0	0	103	103
38	HARD DRIVE	9/05/10	66		0	0	33	33
39	NETWORK SOLUTIONS	7/05/10	225		0	0	113	112
	<b>Form 990, Page 1</b>		<u>7,283</u>		<u>0</u>	<u>0</u>	<u>3,642</u>	<u>3,641</u>
	<b>Grand Total</b>		<u>7,283</u>		<u>0</u>	<u>0</u>	<u>3,642</u>	<u>3,641</u>

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**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME	\$ 2,156				14	
OTHER INCOME	3,316				14	
TOTAL	<u>\$ 5,472</u>					

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### Federal Statements

#### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER TAXES	\$ 508	508		
TELEPHONE	8,012	8,012		
CAMP WASHINGTON	3,675	3,675		
TO 990T	-2,076	-2,076		
TOTAL	\$ 10,119	\$ 10,119	\$ 0	\$ 0

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Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NORTH AMERICA OUTDOORS, INC DBA AMERICA OUTDOORS ASSOCIATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 10847 City, town or post office, state, and ZIP code KNOXVILLE TN 37939	<b>D</b> Employer identification number 58-1501330 <b>E</b> Telephone number 865-558-3595 <b>G</b> Gross receipts\$ 560,666
<b>F</b> Name and address of principal officer: DAVID BROWN P.O. BOX 10847 KNOXVILLE TN 37939		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ N/A		<b>L</b> Year of formation: 1991 <b>M</b> State of legal domicile: TN
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: TO SERVE THE INTEREST OF OUTFITTERS AND TO FURTHER THE PUBLIC'S INTEREST IN RESPONSIBLE ENJOYABLE USE OF OUR NATION'S NATURAL SPLENDORS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,008	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	281,484	259,460	
	9 Program service revenue (Part VIII, line 2g)	217,799	272,680	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,472	2,546	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,527	25,980	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	536,282	560,666	
<b>Expenses</b>		0	0	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,137	15,191	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	175,502	195,266	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	293,368	344,166	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	483,007	554,623	
	19 Revenue less expenses. Subtract line 18 from line 12	53,275	6,043	
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	544,601	556,685	
	21 Total liabilities (Part X, line 26)	108,710	114,750	
	22 Net assets or fund balances. Subtract line 21 from line 20	435,891	441,935	

**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.

<b>Sign Here</b>	Signature of officer  DAVID BROWN Type or print name and title	Date 4/16/2013 EXECUTIVE DIRECTOR
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARY A. WESOLOWSKI, CPA Preparer's signature MARY A. WESOLOWSKI, CPA Date 05/01/13 Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00608841	Firm's name ▶ DANIELS, USELTON & CLAY, P.C. Firm's EIN ▶ 62-1413018 Firm's address ▶ KINGSTON, TN 37763 Phone no. 865-376-9564

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



**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**TO SERVE THE INTEREST OF OUTFITTERS AND TO FURTHER THE PUBLIC'S INTEREST IN RESPONSIBLE ENJOYABLE USE OF OUR NATION'S NATURAL SPLENDORS.**

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  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **554,623** including grants of \$ ) (Revenue \$ **532,140** )

**INFORMS MEMBERS OF NEW DEVELOPMENTS IN THE INDUSTRY; PROVIDES OPPORTUNITIES FOR MEMBERS TO EXCHANGE INFORMATION AND IDEAS.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **554,623**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		<b>X</b>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>X</b>	
<b>6</b> 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? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> 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? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<b>d</b> 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? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> 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? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
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? If "Yes," complete Schedule J		<b>X</b>
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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? If "Yes," complete Schedule L, Part I		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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? If "Yes," complete Schedule R, Part I		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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? If "Yes," complete Schedule R, Part VI		<b>X</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>X</b>	
<b>4a</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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>16</b>		
b	Enter the number of voting members included in line 1a, above, who are independent		
	<b>16</b>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
6	Did the organization have members or stockholders?		<b>X</b>
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?	<b>X</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<b>X</b>	
b	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
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 in Schedule O		<b>X</b>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
12c			
13	Did the organization have a written whistleblower policy?	<b>X</b>	
14	Did the organization have a written document retention and destruction policy?	<b>X</b>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<b>X</b>	
b	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		<b>X</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DAVID BROWN** **P.O. BOX 10847**  
**KNOXVILLE** **TN 37939** **865-558-3595**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>MIKE MILLS</b>	1.00									
PRESIDENT	0.00	X					0	0	0	
(2) <b>DONNA MCDONALD</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) <b>BRIAN CAMPBELL</b>	1.00									
SECOND VICE PRESIDEN	0.00	X					0	0	0	
(4) <b>DON ROBERTS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>JEFF GREINER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>ERIC MARTIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>MIKE COTTINGHAM</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>ARLO TEJADA</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>WILL VOLPERT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>DUKE BRADFORD</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>BRIAN MERRILL</b>	1.00									
DIRECTOR	0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JACK RICH</b>	1.00									
DIRECTOR	0.00	X						0	0	
(13) <b>BRIAN SYKES</b>	1.00									
DIRECTOR	0.00	X						0	0	
(14) <b>GREG HENINGTON</b>	1.00									
TREASURER	0.00	X						0	0	
(15) <b>AARON BANNON</b>	1.00									
DIRECTOR	0.00	X						0	0	
(16) <b>ROBERT BASS</b>	1.00									
DIRECTOR	0.00	X						0	0	
(17) <b>JOSH GRAY</b>	1.00									
DIRECTOR	0.00	X						0	0	
(18) <b>NATHAN DEPENBROCK</b>	1.00									
DIRECTOR	0.00	X						0	0	
(19) <b>DAVID BROWN</b>	46.00									
EXECUTIVE DIRECTOR	0.00			X				83,000	0	
<b>1b Sub-total</b>								83,000		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								83,000		

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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

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 to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	259,460				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		259,460				
<b>Program Service Revenue</b>	<b>2a</b> CONFLUENCE	Busn. Code	264,588	264,588			
	<b>b</b> MARKETING STUDY		21,100	21,100			
	<b>c</b> LESS ADVERTISING INCOME		-13,008	-13,008			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		272,680				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,546			2,546	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
<b>11a</b> ADVERTISING		541800	13,008		13,008		
<b>b</b> REBATES			10,472	10,472			
<b>c</b> MISC			2,500	2,500			
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			25,980				
<b>12 Total revenue.</b> See instructions.			560,666	285,652	13,008	2,546	



**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 to any question in this Part IX

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	15,191			
5 Compensation of current officers, directors, trustees, and key employees	83,000			
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	95,316			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,180			
10 Payroll taxes	13,770			
11 Fees for services (non-employees):				
a Management				
b Legal	2,679			
c Accounting	8,090			
d Lobbying	74,712			
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 Schedule O.)	54,225			
12 Advertising and promotion	2,313			
13 Office expenses	18,536			
14 Information technology				
15 Royalties				
16 Occupancy	17,747			
17 Travel	15,077			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133,163			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,204			
23 Insurance	13,420			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	554,623	0	0	0
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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	301,011	1	306,730
	2	Savings and temporary cash investments	199,747	2	199,987
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	10,851
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	17,938	8	17,938
	9	Prepaid expenses and deferred charges	9,752	9	4,676
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	60,358	10a	
	b	Less: accumulated depreciation	44,102	10b	
			15,726	10c	16,256
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	427	15	247	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	544,601	16	556,685	
Liabilities	17	Accounts payable and accrued expenses	8,880	17	1,428
	18	Grants payable		18	
	19	Deferred revenue	99,830	19	113,322
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	108,710	26	114,750
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	435,891	27	441,935
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	435,891	33	441,935	
34	<b>Total liabilities and net assets/fund balances</b>	544,601	34	556,685	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	560,666
2	Total expenses (must equal Part IX, column (A), line 25)	2	554,623
3	Revenue less expenses. Subtract line 2 from line 1	3	6,043
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	435,891
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	441,935

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: NORTH AMERICA OUTDOORS, INC DBA AMERICA OUTDOORS ASSOCIATION
Employer identification number: 58-1501330

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		<input checked="" type="checkbox"/>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<input checked="" type="checkbox"/>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		<input checked="" type="checkbox"/>

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) if Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	264,588
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	74,712
b Carryover from last year	2b	
c Total	2c	74,712
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	100,543
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-25,831

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART IV, ADDITIONAL INFORMATION**

**PART I-A, LINE 1:**

**REPRESENTS THE INTERESTS OF OUTFITTERS.**



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: NORTH AMERICA OUTDOORS, INC DBA AMERICA OUTDOORS ASSOCIATION. Employer identification number: 58-1501330

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Tax Year. Rows include: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06...

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
  - 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" to 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?  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" to 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 Temporarily restricted endowment ▶ ..... %
- The percentages in 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" to 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.** 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 .....		60,358	44,102	16,256
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				<b>16,256</b>

**Part VII Investments—Other Securities.** 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶	

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

Complete this part to 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.

Series of horizontal dotted lines for providing supplemental information.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

**NORTH AMERICA OUTDOORS, INC**  
**DBA AMERICA OUTDOORS ASSOCIATION**

Employer identification number  
**58-1501330**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

SALE OF ADVERTISEMENTS IN THE ORGANIZATIONS NEWSLETTER.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

DAVID BROWN

ROBIN BEARD BROWN

EXEC DIR

COMM DIR

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BODY.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

MEMBERS MUST APPROVE BY-LAW CHANGES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY THE BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD REVIEWS AND DISCUSSES ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE  
BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE AOA; (2) USE OF DATA TO  
COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND  
RECORDKEEPING.

Name of the organization

NORTH AMERICA OUTDOORS, INC

Employer identification number

58-1501330

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE AOA; (2) USE OF DATA TO COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THIS INFORMATION IS AVAILABLE BY REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 1

Form **990-T**

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

OMB No. 1545-0687

**2012**

Department of the Treasury  
Internal Revenue Service

For calendar year 2012 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ See separate instructions.

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(c) ( <b>6</b> )</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p><b>C</b> Book value of all assets at end of year <b>556,685</b></p>	<input checked="" type="checkbox"/> 501(c) ( <b>6</b> )	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>NORTH AMERICA OUTDOORS, INC</b> <b>DBA AMERICA OUTDOORS ASSOCIATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 10847</b></p> <p>City or town, state, and ZIP code <b>KNOXVILLE TN 37939</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>58-1501330</b></p> <p><b>E</b> Unrelated business activity codes (see instructions) <b>541800</b></p>
<input checked="" type="checkbox"/> 501(c) ( <b>6</b> )	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								
<p><b>F</b> Group exemption number (see instructions) ▶</p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>							

**H** Describe the organization's primary unrelated business activity.  
▶ **SEE STATEMENT 1**

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

**J** The books are in care of ▶ **DAVID BROWN** Telephone number ▶ **865-558-3595**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	13,008	13,008	
12	Other income (see instructions; attach statement)			
13	<b>Total.</b> Combine lines 3 through 12	13,008	13,008	0

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)				
14	Compensation of officers, directors, and trustees (Schedule K)			14
15	Salaries and wages			15
16	Repairs and maintenance			16
17	Bad debts			17
18	Interest (attach statement)			18
19	Taxes and licenses			19
20	Charitable contributions (see instructions for limitation rules)			20
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0
23	Depletion			23
24	Contributions to deferred compensation plans			24
25	Employee benefit programs			25
26	Excess exempt expenses (Schedule I)			26
27	Excess readership costs (Schedule J)			27
28	Other deductions (attach statement)			28
29	<b>Total deductions.</b> Add lines 14 through 28			29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30
31	Net operating loss deduction (limited to the amount on line 30)			31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32
33	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)			33 1,000
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34 0

**Part III Tax Computation**

<b>35</b>	<b>Organizations taxable as corporations</b> (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>
<b>36</b>	<b>Trusts taxable at trust rates</b> (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>
<b>37</b>	<b>Proxy tax</b> (see instructions)	<b>37</b>
<b>38</b>	Alternative minimum tax	<b>38</b>
<b>39</b>	<b>Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>

**Part IV Tax and Payments**

<b>40a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>
<b>40b</b>	Other credits (see instructions)	<b>40b</b>
<b>40c</b>	General business credit. Attach Form 3800 (see instructions)	<b>40c</b>
<b>40d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>
<b>40e</b>	<b>Total credits.</b> Add lines 40a through 40d	<b>40e</b>
<b>41</b>	Subtract line 40e from line 39	<b>41</b>
<b>42</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. slmt.)	<b>42</b>
<b>43</b>	<b>Total tax.</b> Add lines 41 and 42	<b>43</b> <b>0</b>
<b>44a</b>	Payments: A 2011 overpayment credited to 2012	<b>44a</b>
<b>44b</b>	2012 estimated tax payments	<b>44b</b>
<b>44c</b>	Tax deposited with Form 8868	<b>44c</b>
<b>44d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>
<b>44e</b>	Backup withholding (see instructions)	<b>44e</b>
<b>44f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>
<b>44g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>44g</b>
<b>45</b>	<b>Total payments.</b> Add lines 44a through 44g	<b>45</b>
<b>46</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>
<b>47</b>	<b>Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>
<b>48</b>	<b>Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>
<b>49</b>	Enter the amount of line 48 you want: Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>49</b>

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

<b>1</b>	At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

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

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

**Sign Here**  Signature of officer  Date  Title **EXECUTIVE DIRECTOR**

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARY A. WESOLOWSKI, CPA</b>	Preparer's signature <b>MARY A. WESOLOWSKI, CPA</b>	Date <b>05/01/13</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <b>P00608841</b>
	Firm's name <b>DANIELS, USELTON &amp; CLAY, P.C.</b>	Firm's EIN <b>62-1413018</b>		
	Firm's address <b>PO BOX 626 KINGSTON, TN 37763</b>	Phone no. <b>865-376-9564</b>		



Form 990-T (2012) **NORTH AMERICA OUTDOORS, INC** **58-1501330** Page **3**  
**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**  
 (see instructions)

1. Description of property		
(1)	<b>N/A</b>	
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		
		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

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

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

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

**Totals** ▶

**Total dividends-received deductions** included in column 8 ▶

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

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

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ▶

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>ADVERTISING</b>	<b>13,008</b>	<b>13,008</b>				
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	<b>13,008</b>	<b>13,008</b>				

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>13,008</b>	<b>13,008</b>				
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A). <b>13,008</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>13,008</b>				Enter here and on page 1, Part II, line 27.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>DAVID BROWN</b>	<b>EXECUTIVE DIRECTOR</b>	<b>100.00 %</b>	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2012**

Attachment Sequence No. **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **NORTH AMERICA OUTDOORS, INC  
DBA AMERICA OUTDOORS ASSOCIATION** Identifying number **58-1501330**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,475

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	689
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,164
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

Form <b>990-T</b>	<b>Tax Computation Worksheet</b>	<b>2012</b>
For calendar year 2012, or tax year beginning _____, and ending _____		

Name <b>NORTH AMERICA OUTDOORS, INC DBA AMERICA OUTDOORS ASSOCIATION</b>	Employer Identification Number <b>58-1501330</b>
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**Controlled Group**

1. Unrelated business taxable income .....	1. _____
2. Line 1 or share of \$50,000 bracket, whichever is less .....	2. _____
3. Subtract line 2 from line 1 .....	3. _____
4. Line 3 or share of \$25,000 bracket, whichever is less .....	4. _____
5. Subtract line 4 from line 3 .....	5. _____
6. Line 5 or share of \$9,925,000 bracket, whichever is less .....	6. _____
7. Subtract line 6 from line 5 .....	7. _____
8. 15% of line 2, not less than zero .....	8. _____
9. 25% of line 4, not less than zero .....	9. _____
10. 34% of line 6, not less than zero .....	10. _____
11. 35% of line 7, not less than zero .....	11. _____
12. Member's share of additional .05% tax .....	12. _____
13. Member's share of additional .03% tax .....	13. _____
14. Tax (Add lines 8 through 13) .....	14. _____

**Proxy Tax**

1. Dues, assessments, and similar amounts from members .....	1. <u>264,588</u>
2. Section 162(e) lobbying and political expenditures .....	2. <u>74,712</u>
3. Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	3. <u>100,543</u>
4. Taxable amount of lobbying and political expenditures (Subtract lines 3 and 6 from the lesser of lines 1 or 2) .....	4. <u>-25,831</u>
5. Proxy tax (35% of line 4) .....	5. <u>-9,041</u>
6. Excess lobbying expenditures - carryover to next year .....	6. _____

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**

Description

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SALE OF ADVERTISEMENTS IN THE ORGANIZATION'S MEMBERSHIP  
DIRECTORY AND NEWSLETTER.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
34	Canon Copier	4/14/10	5,746		X	2,873	5 HY 200DB	4,367	551
35	Filing Cabinets	2/19/10	700		X	350	7 HY 200DB	486	61
36	Filing Cabinets	2/19/10	340		X	170	7 HY 200DB	236	30
37	COMPUTER MONITOR	5/02/10	206		X	103	5 HY 200DB	157	19
38	HARD DRIVE	9/05/10	66		X	33	5 HY 200DB	50	6
39	NETWORK SOLUTIONS	7/05/10	225		X	112	5 HY 200DB	171	22
			<u>7,283</u>			<u>3,641</u>		<u>5,467</u>	<u>689</u>
<b>Other Depreciation:</b>									
1	COMPUTERS	2/13/06	4,976			4,976	5 MO S/L	4,976	0
2	DESKTOP COMPUTER	5/16/03	1,413			1,413	5 MO S/L	1,413	0
	Sold/Scrapped: 2/12/12								
3	LAPTOP (DELL)	11/16/07	1,241			1,241	5 MO S/L	1,014	227
4	LAPTOP (HP)	12/17/08	2,297			2,297	5 MO S/L	1,417	459
5	FAX/PHONE MACHINE	1/23/08	250			250	5 MO S/L	150	50
6	2 FILING CABINETS	10/17/07	300			300	7 MO S/L	179	42
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66			66	5 MO S/L	39	14
8	LCD PROJECTOR	11/04/05	1,174			1,174	5 MO S/L	1,174	0
9	LCD PROJECTOR	11/26/08	847			847	5 MO S/L	508	169
10	SOFTWARE	5/27/05	21,422			21,422	3 MO S/L	21,422	0
11	FURNITURE	5/01/93	1,207			1,207	5 MO S/L	1,207	0
12	FILING CABINET	3/30/97	108			108	7 MO S/L	108	0
13	FILE AND DESK	3/17/00	216			216	7 MO S/L	216	0
14	FILE AND DESK	3/17/00	216			216	7 MO S/L	216	0
15	ALL IN ONE	3/30/00	325			325	7 MO S/L	325	0
16	FILING CABINET	5/28/02	260			260	5 MO S/L	260	0
17	EXECUTIVE DESK CHAIR	3/18/09	131			131	5 MO S/L	72	26
18	MINI MICROWAVE	5/28/08	82			82	5 MO S/L	49	17
21	XEROX 6280 PRINTER	11/18/09	600			600	5 MO S/L	250	120
22	COMPUTER EQUIPMENT	2/20/09	145			145	5 MO S/L	82	29
23	DIGITAL CAMERA	5/08/09	111			111	3 MO S/L	99	12
24	OUTLOOK 2007	10/06/09	164			164	5 MO S/L	74	33
25	DESKTOP COMPUTER	1/09/08	1,959			1,959	5 MO S/L	1,567	392
26	TELEPHONE	5/18/96	3,093			3,093	5 MO S/L	3,093	0
29	PHONE SYSTEM	6/06/07	519			519	5 MO S/L	476	43
30	PRINTER	11/25/07	512			512	5 MO S/L	418	94
31	BATTERY BACKUP	12/18/09	109			109	5 MO S/L	44	22
32	FLIP CAMERA/VIDEO	12/18/09	228			228	3 MO S/L	152	76
33	BRIEFCASE	12/18/09	113			113	3 MO S/L	75	38
40	Software	10/31/11	3,525			3,525	5 MO S/L	0	705
41	ED Laptop	2/11/11	1,869			1,869	5 MO S/L	343	373
42	Think Pad Dock	4/07/11	273			273	3 MO S/L	68	91
43	MS Word & Access	12/28/12	249			249	5 MO S/L	0	0
44	Robin's Computer & Monitor	2/09/12	1,416			1,416	5 MO S/L	0	260
46	Chrystal's Computer	7/10/12	1,139			1,139	5 MO S/L	0	114
47	HP Color Printer	10/04/12	1,387			1,387	5 MO S/L	0	69
48	Computer (Server 2)	12/28/12	546			546	5 MO S/L	0	0
	<b>Total Other Depreciation</b>		<u>54,488</u>			<u>54,488</u>		<u>41,486</u>	<u>3,475</u>
	<b>Total ACRS and Other Depreciation</b>		<u>54,488</u>			<u>54,488</u>		<u>41,486</u>	<u>3,475</u>
	<b>Grand Totals</b>		61,771			58,129		46,953	4,164
	Less: Dispositions and Transfers		1,413			1,413		1,413	0
	Less: Start-up/Org Expense		0			0		0	0
	<b>Net Grand Totals</b>		<u>60,358</u>			<u>56,716</u>		<u>45,540</u>	<u>4,164</u>

## TN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
<b>Prior MACRS:</b>								
34	Canon Copier	4/14/10	5,746	5,746	2,988	1,103	551	-552
35	Filing Cabinets	2/19/10	700	700	271	123	61	-62
36	Filing Cabinets	2/19/10	340	340	132	59	30	-29
37	COMPUTER MONITOR	5/02/10	206	206	107	40	19	-21
38	HARD DRIVE	9/05/10	66	66	34	13	6	-7
39	NETWORK SOLUTIONS	7/05/10	225	225	117	43	22	-21
			<u>7,283</u>	<u>7,283</u>	<u>3,649</u>	<u>1,381</u>	<u>689</u>	<u>-692</u>
<b>Other Depreciation:</b>								
1	COMPUTERS	2/13/06	4,976	4,976	4,976	0	0	0
2	DESKTOP COMPUTER	5/16/03	1,413	1,413	1,413	0	0	0
	Sold/Scrapped: 2/12/12							
3	LAPTOP (DELL)	11/16/07	1,241	1,241	1,014	227	227	0
4	LAPTOP (HP)	12/17/08	2,297	2,297	1,378	460	459	-1
5	FAX/PHONE MACHINE	1/23/08	250	250	196	50	50	0
6	2 FILING CABINETS	10/17/07	300	300	179	42	42	0
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66	66	53	13	14	1
8	LCD PROJECTOR	11/04/05	1,174	1,174	1,174	0	0	0
9	LCD PROJECTOR	11/26/08	847	847	522	169	169	0
10	SOFTWARE	5/27/05	21,422	21,422	21,422	0	0	0
11	FURNITURE	5/01/93	1,207	1,207	1,207	0	0	0
12	FILING CABINET	3/30/97	108	108	108	0	0	0
13	FILE AND DESK	3/17/00	216	216	216	0	0	0
14	FILE AND DESK	3/17/00	216	216	216	0	0	0
15	ALL IN ONE	3/30/00	325	325	325	0	0	0
16	FILING CABINET	5/28/02	260	260	260	0	0	0
17	EXECUTIVE DESK CHAIR	3/18/09	131	131	72	26	26	0
18	MINI MICROWAVE	5/28/08	82	82	59	16	17	1
21	XEROX 6280 PRINTER	11/18/09	600	600	250	120	120	0
22	COMPUTER EQUIPMENT	2/20/09	145	145	82	29	29	0
23	DIGITAL CAMERA	5/08/09	111	111	99	12	12	0
24	OUTLOOK 2007	10/06/09	164	164	74	33	33	0
25	DESKTOP COMPUTER	1/09/08	1,959	1,959	1,567	392	392	0
26	TELEPHONE	5/18/96	3,093	3,093	3,093	0	0	0
29	PHONE SYSTEM	6/06/07	519	519	476	43	43	0
30	PRINTER	11/25/07	512	512	418	94	94	0
31	BATTERY BACKUP	12/18/09	109	109	44	22	22	0
32	FLIP CAMERA/VIDEO	12/18/09	228	228	152	76	76	0
33	BRIEFCASE	12/18/09	113	113	75	38	38	0
40	Software	10/31/11	3,525	3,525	0	705	705	0
41	ED Laptop	2/11/11	1,869	1,869	343	373	373	0
42	Think Pad Dock	4/07/11	273	273	68	91	91	0
43	MS Word & Access	12/28/12	249	249	0	0	0	0
44	Robin's Computer & Monitor	2/09/12	1,416	1,416	0	260	260	0
46	Chrystal's Computer	7/10/12	1,139	1,139	0	114	114	0
47	HP Color Printer	10/04/12	1,387	1,387	0	69	69	0
48	Computer (Server 2)	12/28/12	546	546	0	0	0	0
	<b>Total Other Depreciation</b>		<u>54,488</u>	<u>54,488</u>	<u>41,531</u>	<u>3,474</u>	<u>3,475</u>	<u>1</u>
	<b>Total ACRS and Other Depreciation</b>		<u>54,488</u>	<u>54,488</u>	<u>41,531</u>	<u>3,474</u>	<u>3,475</u>	<u>1</u>
	<b>Grand Totals</b>		<u>61,771</u>	<u>61,771</u>	<u>45,180</u>	<u>4,855</u>	<u>4,164</u>	<u>-691</u>
	<b>Less: Dispositions</b>		<u>1,413</u>	<u>1,413</u>	<u>1,413</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Less: Start-up/Org Expense</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>60,358</u>	<u>60,358</u>	<u>43,767</u>	<u>4,855</u>	<u>4,164</u>	<u>-691</u>

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>										
34	Canon Copier	4/14/10	5,746		X	2,873	5	HY 200DB	4,367	551
35	Filing Cabinets	2/19/10	700		X	350	7	HY 200DB	486	61
36	Filing Cabinets	2/19/10	340		X	170	7	HY 200DB	236	30
37	COMPUTER MONITOR	5/02/10	206		X	103	5	HY 200DB	157	19
38	HARD DRIVE	9/05/10	66		X	33	5	HY 200DB	50	6
39	NETWORK SOLUTIONS	7/05/10	225		X	112	5	HY 200DB	171	22
			<u>7,283</u>			<u>3,641</u>			<u>5,467</u>	<u>689</u>
<b>Other Depreciation:</b>										
1	COMPUTERS	2/13/06	0			0	0	HY	0	0
2	DESKTOP COMPUTER	5/16/03	0			0	0	HY	0	0
	Sold/Scrapped: 2/12/12									
3	LAPTOP (DELL)	11/16/07	0			0	0	HY	0	0
4	LAPTOP (HP)	12/17/08	0			0	0	HY	0	0
5	FAX/PHONE MACHINE	1/23/08	0			0	0	HY	0	0
6	2 FILING CABINETS	10/17/07	0			0	0	HY	0	0
7	3 ELECTRIC DESK CALCULATORS	12/27/07	0			0	0	HY	0	0
8	LCD PROJECTOR	11/04/05	0			0	0	HY	0	0
9	LCD PROJECTOR	11/26/08	0			0	0	HY	0	0
10	SOFTWARE	5/27/05	0			0	0	HY	0	0
11	FURNITURE	5/01/93	0			0	0	HY	0	0
12	FILING CABINET	3/30/97	0			0	0	HY	0	0
13	FILE AND DESK	3/17/00	0			0	0	HY	0	0
14	FILE AND DESK	3/17/00	0			0	0	HY	0	0
15	ALL IN ONE	3/30/00	0			0	0	HY	0	0
16	FILING CABINET	5/28/02	0			0	0	HY	0	0
17	EXECUTIVE DESK CHAIR	3/18/09	0			0	0	HY	0	0
18	MINI MICROWAVE	5/28/08	0			0	0	HY	0	0
21	XEROX 6280 PRINTER	11/18/09	0			0	0	HY	0	0
22	COMPUTER EQUIPMENT	2/20/09	0			0	0	HY	0	0
23	DIGITAL CAMERA	5/08/09	0			0	0	HY	0	0
24	OUTLOOK 2007	10/06/09	0			0	0	HY	0	0
25	DESKTOP COMPUTER	1/09/08	0			0	0	HY	0	0
26	TELEPHONE	5/18/96	0			0	0	HY	0	0
29	PHONE SYSTEM	6/06/07	0			0	0	HY	0	0
30	PRINTER	11/25/07	0			0	0	HY	0	0
31	BATTERY BACKUP	12/18/09	0			0	0	HY	0	0
32	FLIP CAMERA/VIDEO	12/18/09	0			0	0	HY	0	0
33	BRIEFCASE	12/18/09	0			0	0	HY	0	0
40	Software	10/31/11	0			0	0	HY	0	0
41	ED Laptop	2/11/11	1,869			1,869	5	MO S/L	343	373
42	Think Pad Dock	4/07/11	0			0	0	HY	0	0
43	MS Word & Access	12/28/12	0			0	0	HY	0	0
44	Robin's Computer & Monitor	2/09/12	0			0	0	HY	0	0
46	Chrystal's Computer	7/10/12	0			0	0	HY	0	0
47	HP Color Printer	10/04/12	0			0	0	HY	0	0
48	Computer (Server 2)	12/28/12	0			0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>1,869</u>			<u>1,869</u>			<u>343</u>	<u>373</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,869</u>			<u>1,869</u>			<u>343</u>	<u>373</u>
	<b>Grand Totals</b>		9,152			5,510			5,810	1,062
	<b>Less: Dispositions and Transfers</b>		0			0			0	0
	<b>Net Grand Totals</b>		<u>9,152</u>			<u>5,510</u>			<u>5,810</u>	<u>1,062</u>



**Bonus Depreciation Report**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
34	Canon Copier	4/14/10	5,746		0	0	2,873	2,873
35	Filing Cabinets	2/19/10	700		0	0	350	350
36	Filing Cabinets	2/19/10	340		0	0	170	170
37	COMPUTER MONITOR	5/02/10	206		0	0	103	103
38	HARD DRIVE	9/05/10	66		0	0	33	33
39	NETWORK SOLUTIONS	7/05/10	225		0	0	113	112
			<b>Form 990, Page 1</b>		<b>7,283</b>	<b>0</b>	<b>3,642</b>	<b>3,641</b>
			<b>Grand Total</b>		<b>7,283</b>	<b>0</b>	<b>3,642</b>	<b>3,641</b>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	34	Canon Copier	551	551	0
Page 1	1	35	Filing Cabinets	61	61	0
Page 1	1	36	Filing Cabinets	30	30	0
Page 1	1	37	COMPUTER MONITOR	19	19	0
Page 1	1	38	HARD DRIVE	6	6	0
Page 1	1	39	NETWORK SOLUTIONS	22	22	0
				<u>689</u>	<u>689</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
34	Canon Copier	4/14/10	5,746	331	331
35	Filing Cabinets	2/19/10	700	44	44
36	Filing Cabinets	2/19/10	340	21	21
37	COMPUTER MONITOR	5/02/10	206	12	12
38	HARD DRIVE	9/05/10	66	4	4
39	NETWORK SOLUTIONS	7/05/10	225	13	13
			<u>7,283</u>	<u>425</u>	<u>425</u>
<b>Other Depreciation:</b>					
1	COMPUTERS	2/13/06	4,976	0	0
3	LAPTOP (DELL)	11/16/07	1,241	0	0
4	LAPTOP (HP)	12/17/08	2,297	421	0
5	FAX/PHONE MACHINE	1/23/08	250	50	0
6	2 FILING CABINETS	10/17/07	300	43	0
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66	13	0
8	LCD PROJECTOR	11/04/05	1,174	0	0
9	LCD PROJECTOR	11/26/08	847	170	0
10	SOFTWARE	5/27/05	21,422	0	0
11	FURNITURE	5/01/93	1,207	0	0
12	FILING CABINET	3/30/97	108	0	0
13	FILE AND DESK	3/17/00	216	0	0
14	FILE AND DESK	3/17/00	216	0	0
15	ALL IN ONE	3/30/00	325	0	0
16	FILING CABINET	5/28/02	260	0	0
17	EXECUTIVE DESK CHAIR	3/18/09	131	27	0
18	MINI MICROWAVE	5/28/08	82	16	0
21	XEROX 6280 PRINTER	11/18/09	600	120	0
22	COMPUTER EQUIPMENT	2/20/09	145	29	0
23	DIGITAL CAMERA	5/08/09	111	0	0
24	OUTLOOK 2007	10/06/09	164	32	0
25	DESKTOP COMPUTER	1/09/08	1,959	0	0
26	TELEPHONE	5/18/96	3,093	0	0
29	PHONE SYSTEM	6/06/07	519	0	0
30	PRINTER	11/25/07	512	0	0
31	BATTERY BACKUP	12/18/09	109	21	0
32	FLIP CAMERA/VIDEO	12/18/09	228	0	0
33	BRIEFCASE	12/18/09	113	0	0
40	Software	10/31/11	3,525	705	0
41	ED Laptop	2/11/11	1,869	374	374
42	Think Pad Dock	4/07/11	273	91	0
43	MS Word & Access	12/28/12	249	50	0
44	Robin's Computer & Monitor	2/09/12	1,416	283	0
46	Chrystal's Computer	7/10/12	1,139	228	0
47	HP Color Printer	10/04/12	1,387	278	0
48	Computer (Server 2)	12/28/12	546	109	0
	<b>Total Other Depreciation</b>		<u>53,075</u>	<u>3,060</u>	<u>374</u>
	<b>Total ACRS and Other Depreciation</b>		<u>53,075</u>	<u>3,060</u>	<u>374</u>
	<b>Grand Totals</b>		<u>60,358</u>	<u>3,485</u>	<u>799</u>

Asset	Description	Date In Service	Cost	TN
<b>Prior MACRS:</b>				
34	Canon Copier	4/14/10	5,746	662
35	Filing Cabinets	2/19/10	700	87
36	Filing Cabinets	2/19/10	340	43
37	COMPUTER MONITOR	5/02/10	206	24
38	HARD DRIVE	9/05/10	66	7
39	NETWORK SOLUTIONS	7/05/10	225	26
			<u>7,283</u>	<u>849</u>
<b>Other Depreciation:</b>				
1	COMPUTERS	2/13/06	4,976	0
3	LAPTOP (DELL)	11/16/07	1,241	0
4	LAPTOP (HP)	12/17/08	2,297	459
5	FAX/PHONE MACHINE	1/23/08	250	4
6	2 FILING CABINETS	10/17/07	300	43
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66	0
8	LCD PROJECTOR	11/04/05	1,174	0
9	LCD PROJECTOR	11/26/08	847	156
10	SOFTWARE	5/27/05	21,422	0
11	FURNITURE	5/01/93	1,207	0
12	FILING CABINET	3/30/97	108	0
13	FILE AND DESK	3/17/00	216	0
14	FILE AND DESK	3/17/00	216	0
15	ALL IN ONE	3/30/00	325	0
16	FILING CABINET	5/28/02	260	0
17	EXECUTIVE DESK CHAIR	3/18/09	131	27
18	MINI MICROWAVE	5/28/08	82	7
21	XEROX 6280 PRINTER	11/18/09	600	120
22	COMPUTER EQUIPMENT	2/20/09	145	29
23	DIGITAL CAMERA	5/08/09	111	0
24	OUTLOOK 2007	10/06/09	164	32
25	DESKTOP COMPUTER	1/09/08	1,959	0
26	TELEPHONE	5/18/96	3,093	0
29	PHONE SYSTEM	6/06/07	519	0
30	PRINTER	11/25/07	512	0
31	BATTERY BACKUP	12/18/09	109	21
32	FLIP CAMERA/VIDEO	12/18/09	228	0
33	BRIEFCASE	12/18/09	113	0
40	Software	10/31/11	3,525	705
41	ED Laptop	2/11/11	1,869	374
42	Think Pad Dock	4/07/11	273	91
43	MS Word & Access	12/28/12	249	50
44	Robin's Computer & Monitor	2/09/12	1,416	283
46	Chrystal's Computer	7/10/12	1,139	228
47	HP Color Printer	10/04/12	1,387	278
48	Computer (Server 2)	12/28/12	546	109
	<b>Total Other Depreciation</b>		<u>53,075</u>	<u>3,016</u>
	<b>Total ACRS and Other Depreciation</b>		<u>53,075</u>	<u>3,016</u>
	<b>Grand Totals</b>		<u>60,358</u>	<u>3,865</u>

Asset	d	t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Book Value	Tax Method	Tax Period
<b>Group: COMPUTERS</b>													
1			COMPUTERS	2/13/06	4,976.39	0.00	0.00	4,976.39	0.00	4,976.39	0.00	S/L	5.0
2	d		DESKTOP COMPUTER	5/16/03	1,412.50	0.00	0.00	1,412.50	0.00	1,412.50	0.00	S/L	5.0
3			LAPTOP (DELL)	11/16/07	1,241.10	0.00	0.00	1,013.37	227.53	1,241.10	0.00	S/L	5.0
4			LAPTOP (HP)	12/17/08	2,297.27	0.00	0.00	1,416.64	459.45	1,876.09	421.18	S/L	5.0
5			FAX/PHONE MACHINE	1/23/08	249.99	0.00	0.00	150.00	50.00	200.00	49.99	S/L	5.0
6			2 FILING CABINETS	10/17/07	300.00	0.00	0.00	178.58	42.86	221.44	78.56	S/L	7.0
7			3 ELECTRIC DESK CALCULATC	12/27/07	65.82	0.00	0.00	39.48	13.16	52.64	13.18	S/L	5.0
8			LCD PROJECTOR	11/04/05	1,174.00	0.00	0.00	1,174.00	0.00	1,174.00	0.00	S/L	5.0
9			LCD PROJECTOR	11/26/08	846.68	0.00	0.00	508.02	169.34	677.36	169.32	S/L	5.0
10			SOFTWARE	5/27/05	21,422.00	0.00	0.00	21,422.00	0.00	21,422.00	0.00	S/L	3.0
18			MINI MICROWAVE	5/28/08	81.93	0.00	0.00	49.17	16.39	65.56	16.37	S/L	5.0
21			XEROX 6280 PRINTER	11/18/09	599.78	0.00	0.00	249.92	119.96	369.88	229.90	S/L	5.0
22			COMPUTER EQUIPMENT	2/20/09	144.98	0.00	0.00	82.16	29.00	111.16	33.82	S/L	5.0
23			DIGITAL CAMERA	5/08/09	111.13	0.00	0.00	98.78	12.35	111.13	0.00	S/L	3.0
24			OUTLOOK 2007	10/06/09	163.85	0.00	0.00	73.73	32.77	106.50	57.35	S/L	5.0
25			DESKTOP COMPUTER	1/09/08	1,958.84	0.00	0.00	1,567.08	391.76	1,958.84	0.00	S/L	5.0
26			TELEPHONE	5/18/96	3,092.82	0.00	0.00	3,092.82	0.00	3,092.82	0.00	S/L	5.0
29			PHONE SYSTEM	6/06/07	519.00	0.00	0.00	475.75	43.25	519.00	0.00	S/L	5.0
30			PRINTER	11/25/07	512.00	0.00	0.00	418.13	93.87	512.00	0.00	S/L	5.0
31			BATTERY BACKUP	12/18/09	109.24	0.00	0.00	43.70	21.85	65.55	43.69	S/L	5.0
32			FLIP CAMERA/VIDEO	12/18/09	228.06	0.00	0.00	152.04	76.02	228.06	0.00	S/L	3.0
33			BRIEFCASE	12/18/09	113.05	0.00	0.00	75.36	37.69	113.05	0.00	S/L	3.0
34			Canon Copier	4/14/10	5,745.55	0.00	0.00	4,366.62	551.57	4,918.19	827.36	200DB	5.0
37			COMPUTER MONITOR	5/02/10	206.14	0.00	0.00	156.66	19.79	176.45	29.69	200DB	5.0
38			HARD DRIVE	9/05/10	65.54	0.00	0.00	49.81	6.29	56.10	9.44	200DB	5.0
39			NETWORK SOLUTIONS	7/05/10	225.00	0.00	0.00	171.00	21.60	192.60	32.40	200DB	5.0
44			Robin's Computer & Monitor	2/09/12	1,415.87	0.00c	0.00	0.00	259.58	259.58	1,156.29	S/L	5.0
46			Chrystal's Computer	7/10/12	1,138.80	0.00c	0.00	0.00	113.88	113.88	1,024.92	S/L	5.0
47			HP Color Printer	10/04/12	1,387.41	0.00c	0.00	0.00	69.37	69.37	1,318.04	S/L	5.0
48			Computer (Server 2)	12/28/12	546.24	0.00c	0.00	0.00	0.00	0.00	546.24	S/L	5.0
<b>COMPUTERS</b>													
*Less: Dispositions and Transfers													
					52,350.98	0.00c	0.00	43,413.91	2,879.33	46,293.24	6,057.74		
					1,412.50	0.00	0.00	1,412.50	0.00	1,412.50	0.00		
					50,938.48	0.00c	0.00	42,001.41	2,879.33	44,880.74	6,057.74		
<b>Net COMPUTERS</b>													
<b>Group: FURNITURE &amp; FIXTURES</b>													
11			FURNITURE	5/01/93	1,207.20	0.00	0.00	1,207.20	0.00	1,207.20	0.00	S/L	5.0
12			FILING CABINET	3/30/97	108.24	0.00	0.00	108.24	0.00	108.24	0.00	S/L	7.0
13			FILE AND DESK	3/17/00	216.48	0.00	0.00	216.48	0.00	216.48	0.00	S/L	7.0
14			FILE AND DESK	3/17/00	216.48	0.00	0.00	216.48	0.00	216.48	0.00	S/L	7.0
15			ALL IN ONE	3/30/00	324.73	0.00	0.00	324.73	0.00	324.73	0.00	S/L	7.0
16			FILING CABINET	5/28/02	259.79	0.00	0.00	259.79	0.00	259.79	0.00	S/L	5.0
17			EXECUTIVE DESK CHAIR	3/18/09	131.09	0.00	0.00	72.10	26.22	98.32	32.77	S/L	5.0
35			Filing Cabinets	2/19/10	699.98	0.00	0.00	485.70	61.22	546.92	153.06	200DB	7.0
36			Filing Cabinets	2/19/10	340.00	0.00	0.00	235.92	29.74	265.66	74.34	200DB	7.0
41			ED Laptop	2/11/11	1,868.56	0.00	0.00	342.57	373.71	716.28	1,152.28	S/L	5.0
42			Think Pad Dock	4/07/11	273.11	0.00	0.00	68.28	91.04	159.32	113.79	S/L	3.0

**Tax Asset Detail 1/01/12 - 12/31/12**

<u>Asset</u>	<u>t</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Sec 179 Exp Current = c</u>	<u>Tax Salvage Value</u>	<u>Tax Prior Depreciation</u>	<u>Tax Current Depreciation</u>	<u>Tax End Depr</u>	<u>Tax Net Book Value</u>	<u>Tax Method</u>	<u>Tax Period</u>
<b>Group: FURNITURE &amp; FIXTURES (continued)</b>												
		FURNITURE & FIXTURES		5,645.66	0.00c	0.00	3,537.49	581.93	4,119.42	1,526.24		
<b>Group: SOFTWARE</b>												
40		Software	10/31/11	3,525.00	0.00	0.00	0.00	705.00	705.00	2,820.00	S/L	5.0
43		MS Word & Access	12/28/12	248.53	0.00c	0.00	0.00	0.00	0.00	248.53	S/L	5.0
		<b>SOFTWARE</b>		<b>3,773.53</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>705.00</b>	<b>705.00</b>	<b>3,068.53</b>		
		<b>Grand Total</b>		<b>61,770.17</b>	<b>0.00c</b>	<b>0.00</b>	<b>46,951.40</b>	<b>4,166.26</b>	<b>51,117.66</b>	<b>10,652.51</b>		
		<b>Less: Dispositions and Transfers</b>		<b>1,412.50</b>	<b>0.00</b>	<b>0.00</b>	<b>1,412.50</b>	<b>0.00</b>	<b>1,412.50</b>	<b>0.00</b>		
		<b>Net Grand Total</b>		<b>60,357.67</b>	<b>0.00c</b>	<b>0.00</b>	<b>45,538.90</b>	<b>4,166.26</b>	<b>49,705.16</b>	<b>10,652.51</b>		

**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 2,546			14		
	TOTAL	<u>\$ 2,546</u>					

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
STATE TAX	\$ 541	541		
TELEPHONE	6,894	6,894		
CAMP WASHINGTON	4,941	4,941		
BANK FEES	8,423	8,423		
STAFF TRAINING	335	335		
RISK MANAGEMENT	75	75		
MARKETING STUDY OCOEE	13,500	13,500		
BENCHMARK STUDY	6,508	6,508		
ADVERTISING				
DIRECT COSTS	13,008	13,008		
TOTAL	\$ 54,225	\$ 54,225	\$ 0	\$ 0