

COMMITTEE ON NATURAL RESOURCES
Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

For Individuals:

1. Name: David L. Brown

2. Address: America Outdoors Association, P.O. Box 10847, Knoxville, TN 37939

3. Email Address: [Information redacted for privacy]

4. Phone Number: 865-558-3595

* * * * *

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:

P.O. Box 10847
Knoxville, TN 37939

4. Business Email Address:
[Information redacted for privacy]

5. Business Phone Number: 865-558-3595

Name/Organization America Outdoors Association before Subcommittee on National Parks, Forests and Public Lands

Title/Date of Hearing: "Concession Contract Issues for Outfitters, Guides and Smaller Concessions"
August 2, 2012

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.

- Worked as trade association executive in Outdoor Recreation industry since 1982
- Active outdoor recreation participant

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: Property and Casualty Insurance Producer, State of Tennessee.

b. 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.

- Worked as trade association executive in Outdoor Recreation industry since 1982
- Testimony before numerous Congressional committees on issues including concessions reform, The Federal Land Recreation Enhancement Act and other issues.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) 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. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Name/Organization America Outdoors Association before Subcommittee on National Parks, Forests and Public Lands

Title/Date of Hearing: "Concession Contract Issues for Outfitters, Guides and Smaller Concessions"
August 2, 2012

In addition, for witnesses representing organizations:

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

Executive Director, America Outdoors Association, international trade association, representing outfitters and adventure resorts, with members operating in 44 states.

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) 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.

i. 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.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

No donations from foreign countries. America Outdoors Association has a few member companies operating in foreign countries who pay dues to the organizations.

k. 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)).

CRITICAL MESSAGES

NONE

ELECTRONIC FILING

NONE

INFORMATIONAL MESSAGES

- FORM 990, PART X, LINE 27 END OF YEAR UNRESTRICTED FUND BALANCE IS CALCULATED.
- ELECTRONIC FILING FOR THE MAIN RETURN IS INDICATED. FORM 990-T MUST BE PAPER FILED.
- FORM 8868 FOR FORM 990/990-EZ EXTENSION PREVIOUSLY PRINTED; VERIFY EXTENDED DUE DATE IN SCREEN EXT.
- FORM 8868 FOR FORM 990-T EXTENSION PREVIOUSLY PRINTED; VERIFY EXTENDED DUE DATE AND PAYMENT INFORMATION IN SCREEN EXT.
- EXTENSIONS FOR FORMS 990 OR 990-EZ AND 990-T MUST BE ELECTRONICALLY FILED TOGETHER. IF ONLY ONE EXTENSION IS SUBMITTED AT THIS TIME, THEN YOU MAY PAPER FILE THE OTHER EXTENSION AT A LATER DATE.
- PREPARER 'SUZANNE JONES CLAY, CPA', STAFF 'MIGUEL ALONSO'
- 2 FIELD NOTES EXIST
- FORCE FIELD ENTERED WITH DATA "0" ON SCREEN PSA
- FORCE FIELD ENTERED WITH DATA "518,943" ON SCREEN PSA
- FORCE FIELD ENTERED WITH DATA "AMER" ON SCREEN ELF
- FORCE FIELD ENTERED WITH DATA "0" ON SCREEN EXT
- FORCE FIELD ENTERED WITH DATA "0" ON SCREEN EXT
- FORCE FIELD ENTERED WITH DATA "3,714" ON SCREEN EXP-2

MISSING DATA

PRIOR YEAR DATA

QUESTIONS FOR FORM 990-EZ

- | | |
|---|--------|
| <input type="checkbox"/> POLITICAL ACTIVITIES | X |
| EXPENSES DIRECTLY RELATED TO INCOME (ADVERTISING) | |
| <input type="checkbox"/> P/S OTHER EXPENSES | 30,896 |
| POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES | |
| <input type="checkbox"/> TOTAL EXPENSE | 67,568 |

OVERRIDES

- OVERRIDDEN FIELD WITH DATA "01" ON FORM 8868
- OVERRIDDEN FIELD WITH DATA "X" ON FORM 8868

Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning _____, and ending _____

58-1501330

NORTH AMERICA OUTDOORS, INC

Net Asset / Fund Balance at Beginning of Year		<u>395,797</u>
Revenue		
Contributions	<u>257,900</u>	
Program service revenue	<u>230,186</u>	
Investment income	<u>4,151</u>	
Capital gain / loss	_____	
Special events:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>17,370</u>	
Total revenue		<u>509,607</u>
Expenses		
Program services	_____	
Management and general	_____	
Fundraising	_____	
Total expenses		<u>518,943</u>
Excess / (deficit)		<u>-9,336</u>
Other changes		<u>-3,845</u>
Net Asset / Fund Balance at End of Year		<u><u>382,616</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u>509,607</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>509,607</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>518,943</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>518,943</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>566,826</u>	<u>509,554</u>	
Liabilities	<u>171,029</u>	<u>126,938</u>	
Net assets	<u><u>395,797</u></u>	<u><u>382,616</u></u>	<u>-13,181</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/11
Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2010, or tax year beginning _____, and ending _____

58-1501330

NORTH AMERICA OUTDOORS, INC

Income

Gross profit		
Capital gain / loss		
Unrelated debt-financed income		
All other income	-12,838	
Total income		-12,838

Deductions

Officer compensation		
Salaries		
All other deductions		
Net operating loss		
Specific deduction	1,000	
Total deductions		1,000

Unrelated business taxable income -13,838

Taxes / Credits / Payments

Regular tax		
Proxy tax		
Alternative minimum tax		
Tax		
Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		
Other taxes		
Total tax		
Estimated tax payments		
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
Payments / penalty / application		
Net tax due		

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		

Balance due _____

Refund _____

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/11

Daniels, Uselton & Clay, P.C.
PO Box 626
Kingston, TN 37763
865-376-9564

August 18, 2011

CONFIDENTIAL

NORTH AMERICA OUTDOORS, INC
P.O. BOX 10847
KNOXVILLE, TN 37939

Dear David:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 12/31/10 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail, fax, or email it as soon as possible to:

Attn: Judy Emory
Daniels, Uselton & Clay, P.C.
PO Box 626
Kingston, TN 37763
Fax: 865-376-1819
Email: judy@ducpa.com

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Your Form 990-T for the tax year ended 12/31/10 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return by November 15, 2011 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:

OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

We recommend that you use certified mail with postmarked receipts for proof of timely filing.

We have enclosed mailing envelopes for your convenience in filing the organization returns.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Daniels, Uselton & Clay, P.C.

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20_____

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2010

Department of the Treasury
Internal Revenue Service

Name of exempt organization **NORTH AMERICA OUTDOORS, INC** Employer identification number **58-1501330**

Name and title of officer **DAVID BROWN**
EXECUTIVE DIRECTOR

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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	509,607
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	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 **DANIELS, USELTON & CLAY, P.C.** to enter my PIN **01330** 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 } **08/18/11**

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. **62159162159**
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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

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

2010

Open to Public Inspection

A For the 2010 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
 Doing Business As **AMERICA OUTDOORS ASSOCIATION**
 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 \$ **509,607**

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: **u N/A**

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

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

H(c) Group exemption number **u**

Part I Summary

Activities & Governance	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)	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	3
	6 Total number of volunteers (estimate if necessary)	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	17,370
7b Net unrelated business taxable income from Form 990-T, line 34	-12,838	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 274,453 Current Year: 257,900
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 216,668 Current Year: 230,186
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 9,066 Current Year: 4,151
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 14,455 Current Year: 17,370
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 514,642 Current Year: 509,607
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,100
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	171,367
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	310,635
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	482,002	
19 Revenue less expenses. Subtract line 18 from line 12	32,640	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 566,826 End of Year: 509,554
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 171,029 End of Year: 126,938
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 395,797 End of Year: 382,616

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: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **SUZANNE JONES CLAY, CPA** Preparer's signature: **SUZANNE JONES CLAY, CPA** Date: **08/18/11** Check if self-employed PTIN: **P00575827**

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 exempt purpose achievements for each of the organization's three largest program services 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 \$ **518,943** including grants of \$) (Revenue \$)

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 **u 518,943**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 where 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 term, permanent, 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, and program service activities outside the United States? 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 hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
25a			
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		
25b			
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			
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		X
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			
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		X
33			
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		X
34			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
35			
a	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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
36			
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		X
37			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38			

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u 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 (check all that apply)						(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	
(15) AARON BANNON NATL OUTDOOR LDRSHP	1.00	X					0	0	0	
(16) DAVID BROWN EXECUTIVE DIRECTOR	46.00			X			83,000	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 (check all that apply)						(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							83,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							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 **u 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.

(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 in compensation from the organization **u 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	257,900			
	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: \$					
	h Total. Add lines 1a-1f	u	257,900			
Program Service Revenue	2a CONFLUENCE	Busn. Code	230,186	230,186		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	230,186			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,151			4,151
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	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)	u				
	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	u				
	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	u					
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	u					
Miscellaneous Revenue	Busn. Code					
11a ADVERTISING	541800	17,370		17,370		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u	17,370				
12 Total revenue. See instructions.	u	509,607	230,186	17,370	4,151	

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).

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	3,100			
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	67,934			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,715			
11 Fees for services (non-employees):				
a Management				
b Legal	3,146			
c Accounting	6,541			
d Lobbying	61,130			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	30,613			
12 Advertising and promotion				
13 Office expenses	19,749			
14 Information technology	4,460			
15 Royalties				
16 Occupancy	18,912			
17 Travel	15,017			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	144,492			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,714			
23 Insurance	14,212			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COGS	30,208			
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	518,943	0	0	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	337,397	1	335,554
	2	Savings and temporary cash investments	204,889	2	149,784
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,613	4	9,220
	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	
	9	Prepaid expenses and deferred charges	11,015	9	1,421
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	51,367		
		10a			
	b	Less: accumulated depreciation	38,108	10c	13,259
		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	222	15	316	
16	Total assets. Add lines 1 through 15 (must equal line 34)	566,826	16	509,554	
Liabilities	17	Accounts payable and accrued expenses	62,647	17	18,584
	18	Grants payable		18	
	19	Deferred revenue	108,382	19	108,354
	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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	171,029	26	126,938
Net Assets or Fund Balances	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	395,797	27	382,616
	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	Total net assets or fund balances	395,797	33	382,616	
34	Total liabilities and net assets/fund balances	566,826	34	509,554	

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	509,607
2	Total expenses (must equal Part IX, column (A), line 25)	2	518,943
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	395,797
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,845
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	382,616

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?	X	
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ.
 u 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 35a (Proxy Tax), then

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

Name of organization

NORTH AMERICA OUTDOORS, INC

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 u \$ _____
- 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 u \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$ _____
- 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 u \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$ _____
- 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)				

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

Schedule C (Form 990 or 990-EZ) 2010

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.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

	(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? If "Yes," describe in Part IV			
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?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

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

1 Dues, assessments and similar amounts from members	1	230,186
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	61,130
b Carryover from last year	2b	
c Total	2c	61,130
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	87,471
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	-26,341

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; and Part II-B, line 1i. 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

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

NORTH AMERICA OUTDOORS, INC

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 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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 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 in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 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.

Table with 2 columns: Description, Amount. Rows include: 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 u \$, b Assets included in Form 990, Part X u \$

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
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 XIV.

Part V Endowment Funds. Complete if 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 year end balance held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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			38,108	-38,108
e Other		51,367		51,367
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) u				13,259

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)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **u**

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)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) **u**

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)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) **u**

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) **u**

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 XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	509,607
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	518,943
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-9,336
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-9,336

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

1	Total revenue, gains, and other support per audited financial statements	1	509,607
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	509,607
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	509,607

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

1	Total expenses and losses per audited financial statements	1	518,943
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	518,943
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	518,943

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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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.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

NORTH AMERICA OUTDOORS, INC

Employer identification number

58-1501330

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

THE ORGANIZATION HAS DUES PAYING MEMBERS.

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-T**

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

OMB No. 1545-0687

2010

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

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning _____, and
ending _____ **u See separate instructions.**

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(C) (6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 509,554</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTH AMERICA OUTDOORS, INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 10847</p> <p>City or town, state, and ZIP code KNOXVILLE TN 37939</p>	<p>D Employer identification number (Employees' trust, see instructions.) 58-1501330</p> <p>E Unrelated business activity codes (See instructions.) 541800</p>
<p>F Group exemption number (See instructions.) u</p>		<p>G Check organization type u <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.
u SEE STATEMENT 1

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

J The books are in care of **u DAVID BROWN** Telephone number **u 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 u		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	17,370	30,208
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	17,370	30,208

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	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	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-12,838
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	-12,838
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-12,838

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> u <input type="checkbox"/> 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: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	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: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other	42	
43 Total tax. Add lines 41 and 42	43	0
44a Payments: A 2009 overpayment credited to 2010	44a	
b 2010 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: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed u	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid u	48	
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax u Refunded u	49	

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

1 At any time during the 2010 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 u	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.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

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

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

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 u _____ **u** _____
Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name SUZANNE JONES CLAY, CPA	Date 08/18/11	Check <input type="checkbox"/> if self-employed	PTIN P00575827
Preparer's signature SUZANNE JONES CLAY, CPA			
Firm's name u DANIELS, USELTON & CLAY, P.C.	Firm's EIN u 62-1413018		
Firm's address u 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) u
--------------	--------------	---

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

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)		%		

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

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

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)				

Totals	u	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).
---------------	----------	---	---

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) N/A				
(2)				
(3)				
(4)				
Totals	u			

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) N/A						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	u					

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) ADVERTISING	17,370	30,208				
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..	u 17,370	30,208	-12,838			

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) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I	17,370	30,208				
	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.
Totals, Part II (lines 1-5)	u 17,370	30,208				

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) DAVID BROWN	EXECUTIVE DIRECTOR	100.00 %	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2010

Attachment
 Sequence No. **67**

(99)

u See separate instructions.

u Attach to your tax return.

Name(s) shown on return

NORTH AMERICA OUTDOORS, INC

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 2009 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 2011. 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	3,642
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,170

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 2010	17	0
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 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		3,121	5.0	HY	200DB	623
c 7-year property		520	7.0	HY	200DB	74
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 2010 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	7,509
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** (2010)

Tax Computation Worksheet

Form **990-T**

2010

For calendar year 2010, or tax year beginning _____, and ending _____

Name **NORTH AMERICA OUTDOORS, INC**

Employer Identification Number
58-1501330

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>230,186</u>
2. Section 162(e) lobbying and political expenditures	2.	<u>61,130</u>
3. Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	3.	<u>87,471</u>
4. Taxable amount of lobbying and political expenditures (Subtract lines 3 and 6 from the lesser of lines 1 or 2)	4.	<u>-26,341</u>
5. Proxy tax (35% of line 4)	5.	<u>-9,219</u>
6. Excess lobbying expenditures - carryover to next year	6.	_____

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

Description

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

58-1501330

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
34	Canon Copier	4/14/10	5,746		X	2,873	5 HY 200DB	0	3,447
37	COMPUTER MONITOR	5/02/10	206		X	103	5 HY 200DB	0	124
38	HARD DRIVE	9/05/10	66		X	33	5 HY 200DB	0	39
39	NETWORK SOLUTIONS	7/05/10	225		X	112	5 HY 200DB	0	135
			<u>6,243</u>			<u>3,121</u>		<u>0</u>	<u>3,745</u>
7-year GDS Property:									
35	Filing Cabinets	2/19/10	700		X	350	7 HY 200DB	0	400
36	Filing Cabinets	2/19/10	340		X	170	7 HY 200DB	0	194
			<u>1,040</u>			<u>520</u>		<u>0</u>	<u>594</u>
Other Depreciation:									
1	COMPUTERS	2/13/06	4,976			4,976	5 MO S/L	3,898	995
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	517	248
4	LAPTOP (HP)	12/17/08	2,297			2,297	5 MO S/L	498	459
5	FAX/PHONE MACHINE	1/23/08	250			250	5 MO S/L	50	50
6	2 FILING CABINETS	10/17/07	300			300	7 MO S/L	93	43
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66			66	5 MO S/L	13	13
8	LCD PROJECTOR	11/04/05	1,174			1,174	5 MO S/L	978	196
9	LCD PROJECTOR	11/26/08	847			847	5 MO S/L	169	170
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	20	26
18	MINI MICROWAVE	5/28/08	82			82	5 MO S/L	16	17
21	XEROX 6280 PRINTER	11/18/09	600			600	5 MO S/L	10	120
22	COMPUTER EQUIPMENT	2/20/09	145			145	5 MO S/L	24	29
23	DIGITAL CAMERA	5/08/09	111			111	3 MO S/L	25	37
24	OUTLOOK 2007	10/06/09	164			164	5 MO S/L	8	33
25	DESKTOP COMPUTER	1/09/08	1,959			1,959	5 MO S/L	784	391
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	268	104
30	PRINTER	11/25/07	512			512	5 MO S/L	213	103
31	BATTERY BACKUP	12/18/09	109			109	5 MO S/L	0	22
32	FLIP CAMERA/VIDEO	12/18/09	228			228	3 MO S/L	0	76
33	BRIEFCASE	12/18/09	113			113	3 MO S/L	0	38
	Total Other Depreciation		<u>44,084</u>			<u>44,084</u>		<u>35,844</u>	<u>3,170</u>
	Total ACRS and Other Depreciation		<u>44,084</u>			<u>44,084</u>		<u>35,844</u>	<u>3,170</u>
	Grand Totals		51,367			47,725		35,844	7,509
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>51,367</u>			<u>47,725</u>		<u>35,844</u>	<u>7,509</u>

58-1501330

TN Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
5-year GDS Property:								
34	Canon Copier	4/14/10	5,746	5,746	0	1,149	3,447	2,298
37	COMPUTER MONITOR	5/02/10	206	206	0	41	124	83
38	HARD DRIVE	9/05/10	66	66	0	13	39	26
39	NETWORK SOLUTIONS	7/05/10	225	225	0	45	135	90
			<u>6,243</u>	<u>6,243</u>	<u>0</u>	<u>1,248</u>	<u>3,745</u>	<u>2,497</u>
7-year GDS Property:								
35	Filing Cabinets	2/19/10	700	700	0	100	400	300
36	Filing Cabinets	2/19/10	340	340	0	49	194	145
			<u>1,040</u>	<u>1,040</u>	<u>0</u>	<u>149</u>	<u>594</u>	<u>445</u>
Other Depreciation:								
1	COMPUTERS	2/13/06	4,976	4,976	3,898	995	995	0
2	DESKTOP COMPUTER	5/16/03	1,413	1,413	1,413	0	0	0
3	LAPTOP (DELL)	11/16/07	1,241	1,241	517	248	248	0
4	LAPTOP (HP)	12/17/08	2,297	2,297	459	460	459	-1
5	FAX/PHONE MACHINE	1/23/08	250	250	96	50	50	0
6	2 FILING CABINETS	10/17/07	300	300	93	43	43	0
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66	66	26	13	13	0
8	LCD PROJECTOR	11/04/05	1,174	1,174	978	196	196	0
9	LCD PROJECTOR	11/26/08	847	847	183	170	170	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	20	26	26	0
18	MINI MICROWAVE	5/28/08	82	82	26	16	17	1
21	XEROX 6280 PRINTER	11/18/09	600	600	10	120	120	0
22	COMPUTER EQUIPMENT	2/20/09	145	145	24	29	29	0
23	DIGITAL CAMERA	5/08/09	111	111	25	37	37	0
24	OUTLOOK 2007	10/06/09	164	164	8	33	33	0
25	DESKTOP COMPUTER	1/09/08	1,959	1,959	784	391	391	0
26	TELEPHONE	5/18/96	3,093	3,093	3,093	0	0	0
29	PHONE SYSTEM	6/06/07	519	519	268	104	104	0
30	PRINTER	11/25/07	512	512	213	103	103	0
31	BATTERY BACKUP	12/18/09	109	109	0	22	22	0
32	FLIP CAMERA/VIDEO	12/18/09	228	228	0	76	76	0
33	BRIEFCASE	12/18/09	113	113	0	38	38	0
	Total Other Depreciation		<u>44,084</u>	<u>44,084</u>	<u>35,888</u>	<u>3,170</u>	<u>3,170</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>44,084</u>	<u>44,084</u>	<u>35,888</u>	<u>3,170</u>	<u>3,170</u>	<u>0</u>
	Grand Totals		51,367	51,367	35,888	4,567	7,509	2,942
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>51,367</u>	<u>51,367</u>	<u>35,888</u>	<u>4,567</u>	<u>7,509</u>	<u>2,942</u>

58-1501330

AMT Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
34	Canon Copier	4/14/10	5,746		X	2,873	5 HY 200DB	0	3,447
37	COMPUTER MONITOR	5/02/10	206		X	103	5 HY 200DB	0	124
38	HARD DRIVE	9/05/10	66		X	33	5 HY 200DB	0	39
39	NETWORK SOLUTIONS	7/05/10	225		X	112	5 HY 200DB	0	135
			<u>6,243</u>			<u>3,121</u>		<u>0</u>	<u>3,745</u>
7-year GDS Property:									
35	Filing Cabinets	2/19/10	700		X	350	7 HY 200DB	0	400
36	Filing Cabinets	2/19/10	340		X	170	7 HY 200DB	0	194
			<u>1,040</u>			<u>520</u>		<u>0</u>	<u>594</u>
Other Depreciation:									
1	COMPUTERS	2/13/06	0			0	0 HY	0	0
2	DESKTOP COMPUTER	5/16/03	0			0	0 HY	0	0
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
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		7,283			3,641		0	4,339
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>7,283</u>			<u>3,641</u>		<u>0</u>	<u>4,339</u>

58-1501330

Bonus Depreciation Report

FYE: 12/31/2010

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

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>
<u>MACRS Adjustments:</u>						
Page 1	1	34	Canon Copier	3,447	3,447	0
Page 1	1	35	Filing Cabinets	400	400	0
Page 1	1	36	Filing Cabinets	194	194	0
Page 1	1	37	COMPUTER MONITOR	124	124	0
Page 1	1	38	HARD DRIVE	39	39	0
Page 1	1	39	NETWORK SOLUTIONS	135	135	0
				<u>4,339</u>	<u>4,339</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
34	Canon Copier	4/14/10	5,746	920	920
35	Filing Cabinets	2/19/10	700	86	86
36	Filing Cabinets	2/19/10	340	42	42
37	COMPUTER MONITOR	5/02/10	206	33	33
38	HARD DRIVE	9/05/10	66	11	11
39	NETWORK SOLUTIONS	7/05/10	225	36	36
			<u>7,283</u>	<u>1,128</u>	<u>1,128</u>
Other Depreciation:					
1	COMPUTERS	2/13/06	4,976	83	0
2	DESKTOP COMPUTER	5/16/03	1,413	0	0
3	LAPTOP (DELL)	11/16/07	1,241	249	0
4	LAPTOP (HP)	12/17/08	2,297	460	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	169	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	26	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	37	0
24	OUTLOOK 2007	10/06/09	164	33	0
25	DESKTOP COMPUTER	1/09/08	1,959	392	0
26	TELEPHONE	5/18/96	3,093	0	0
29	PHONE SYSTEM	6/06/07	519	104	0
30	PRINTER	11/25/07	512	102	0
31	BATTERY BACKUP	12/18/09	109	22	0
32	FLIP CAMERA/VIDEO	12/18/09	228	76	0
33	BRIEFCASE	12/18/09	113	37	0
	Total Other Depreciation		<u>44,084</u>	<u>2,061</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>44,084</u>	<u>2,061</u>	<u>0</u>
	Grand Totals		<u>51,367</u>	<u>3,189</u>	<u>1,128</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
<u>Prior MACRS:</u>				
34	Canon Copier	4/14/10	5,746	1,839
35	Filing Cabinets	2/19/10	700	171
36	Filing Cabinets	2/19/10	340	83
37	COMPUTER MONITOR	5/02/10	206	66
38	HARD DRIVE	9/05/10	66	21
39	NETWORK SOLUTIONS	7/05/10	225	72
			<u>7,283</u>	<u>2,252</u>
<u>Other Depreciation:</u>				
1	COMPUTERS	2/13/06	4,976	83
2	DESKTOP COMPUTER	5/16/03	1,413	0
3	LAPTOP (DELL)	11/16/07	1,241	249
4	LAPTOP (HP)	12/17/08	2,297	459
5	FAX/PHONE MACHINE	1/23/08	250	50
6	2 FILING CABINETS	10/17/07	300	43
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66	14
8	LCD PROJECTOR	11/04/05	1,174	0
9	LCD PROJECTOR	11/26/08	847	169
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	26
18	MINI MICROWAVE	5/28/08	82	17
21	XEROX 6280 PRINTER	11/18/09	600	120
22	COMPUTER EQUIPMENT	2/20/09	145	29
23	DIGITAL CAMERA	5/08/09	111	37
24	OUTLOOK 2007	10/06/09	164	33
25	DESKTOP COMPUTER	1/09/08	1,959	392
26	TELEPHONE	5/18/96	3,093	0
29	PHONE SYSTEM	6/06/07	519	104
30	PRINTER	11/25/07	512	102
31	BATTERY BACKUP	12/18/09	109	22
32	FLIP CAMERA/VIDEO	12/18/09	228	76
33	BRIEFCASE	12/18/09	113	37
	Total Other Depreciation		<u>44,084</u>	<u>2,062</u>
	Total ACRS and Other Depreciation		<u>44,084</u>	<u>2,062</u>
	Grand Totals		<u>51,367</u>	<u>4,314</u>

Tax Asset Detail 1/01/10 - 12/31/10

FYE: 12/31/2010

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 Net Book Value	Tax Method	Tax Period
Group: COMPUTERS												
1		COMPUTERS	2/13/06	4,976.39	0.00	0.00	3,898.18	995.28	4,893.46	82.93	S/L	5.0
2		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	517.13	248.22	765.35	475.75	S/L	5.0
4		LAPTOP (HP)	12/17/08	2,297.27	0.00	0.00	497.74	459.45	957.19	1,340.08	S/L	5.0
5		FAX/PHONE MACHINE	1/23/08	249.99	0.00	0.00	50.00	50.00	100.00	149.99	S/L	5.0
6		2 FILING CABINETS	10/17/07	300.00	0.00	0.00	92.86	42.86	135.72	164.28	S/L	7.0
7		3 ELECTRIC DESK CALCULATC	12/27/07	65.82	0.00	0.00	13.16	13.16	26.32	39.50	S/L	5.0
8		LCD PROJECTOR	11/04/05	1,174.00	0.00	0.00	978.33	195.67	1,174.00	0.00	S/L	5.0
9		LCD PROJECTOR	11/26/08	846.68	0.00	0.00	169.34	169.34	338.68	508.00	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	16.39	16.39	32.78	49.15	S/L	5.0
21		XEROX 6280 PRINTER	11/18/09	599.78	0.00	0.00	10.00	119.96	129.96	469.82	S/L	5.0
22		COMPUTER EQUIPMENT	2/20/09	144.98	0.00	0.00	24.16	29.00	53.16	91.82	S/L	5.0
23		DIGITAL CAMERA	5/08/09	111.13	0.00	0.00	24.70	37.04	61.74	49.39	S/L	3.0
24		OUTLOOK 2007	10/06/09	163.85	0.00	0.00	8.19	32.77	40.96	122.89	S/L	5.0
25		DESKTOP COMPUTER	1/09/08	1,958.84	0.00	0.00	783.54	391.77	1,175.31	783.53	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	268.15	103.80	371.95	147.05	S/L	5.0
30		PRINTER	11/25/07	512.00	0.00	0.00	213.33	102.40	315.73	196.27	S/L	5.0
31		BATTERY BACKUP	12/18/09	109.24	0.00	0.00	0.00	21.85	21.85	87.39	S/L	5.0
32		FLIP CAMERA/VIDEO	12/18/09	228.06	0.00	0.00	0.00	76.02	76.02	152.04	S/L	3.0
33		BRIEFCASE	12/18/09	113.05	0.00	0.00	0.00	37.68	37.68	75.37	S/L	3.0
34		Canon Copier	4/14/10	5,745.55	0.00c	0.00	0.00	3,447.33	3,447.33	2,298.22	200DB	5.0
37		COMPUTER MONITOR	5/02/10	206.14	0.00c	0.00	0.00	123.68	123.68	82.46	200DB	5.0
38		HARD DRIVE	9/05/10	65.54	0.00c	0.00	0.00	39.32	39.32	26.22	200DB	5.0
39		NETWORK SOLUTIONS	7/05/10	225.00	0.00c	0.00	0.00	135.00	135.00	90.00	200DB	5.0
		COMPUTERS		<u>47,862.66</u>	<u>0.00c</u>	<u>0.00</u>	<u>33,492.52</u>	<u>6,887.99</u>	<u>40,380.51</u>	<u>7,482.15</u>		
Group: FURNITURE & FIXTURES												
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	19.66	26.22	45.88	85.21	S/L	5.0
35		Filing Cabinets	2/19/10	699.98	0.00c	0.00	0.00	399.99	399.99	299.99	200DB	7.0
36		Filing Cabinets	2/19/10	340.00	0.00c	0.00	0.00	194.29	194.29	145.71	200DB	7.0
		FURNITURE & FIXTURES		<u>3,503.99</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,352.58</u>	<u>620.50</u>	<u>2,973.08</u>	<u>530.91</u>		
		Grand Total		<u>51,366.65</u>	<u>0.00c</u>	<u>0.00</u>	<u>35,845.10</u>	<u>7,508.49</u>	<u>43,353.59</u>	<u>8,013.06</u>		

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>
	\$ 4,151			14		
TOTAL	\$ 4,151					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
MEMBER BENEFITS	\$ <u>30,613</u>	\$ <u>30,613</u>	\$ <u> </u>	\$ <u> </u>
TOTAL	\$ <u><u>30,613</u></u>	\$ <u><u>30,613</u></u>	\$ <u><u> 0</u></u>	\$ <u><u> 0</u></u>

Daniels, Uselton & Clay, P.C.
PO Box 626
Kingston, TN 37763
865-376-9564

May 13, 2010

CONFIDENTIAL

NORTH AMERICA OUTDOORS, INC
P.O. BOX 10847
KNOXVILLE, TN 37939

Dear David:

We have prepared the enclosed returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax
990-T - Exempt Organization Business Income Tax Return

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/09 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail, fax, or email it as soon as possible to:

Attn: Judy Emory
Daniels, Uselton & Clay, P.C.
PO Box 626
Kingston, TN 37763
Fax: 865-376-1819
Email: judy@ducpa.com

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Your Form 990-T for the tax year ended 12/31/09 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return by May 17, 2010 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:

OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Daniels, Uselton & Clay, P.C.

CRITICAL MESSAGES

NONE

ELECTRONIC FILING

- RETURN DOES NOT QUALIFY FOR ELECTRONIC FILING BECAUSE:
- SIGNATURE DATE IS BLANK
- FORM 8453-EO SIGNATURE SECTION IS INCOMPLETE; SIGNATURE DATE IS A REQUIRED ENTRY AND MUST ATTACH A PDF COPY OF THE SIGNED 8453-EO VIA EDIT / ELECTRONIC FILING ATTACHMENTS.

INFORMATIONAL MESSAGES

- FORCE FIELD ENTERED WITH DATA "482,002" ON SCREEN PSA

RIA TAX ALERTS

- REGS CONFORMED TO DISCL. REQS. IN REDESIGN. FORM 990
- IRS GUIDANCE ON REVISED FORM 990

WATCH FIELDS

FIELD	CURRENT VALUE	PRIOR (FROZEN) VALUE
<input type="checkbox"/> 990 TOTAL CONTRIBUTIONS	274,453	211,622
<input type="checkbox"/> 990 TOTAL PROGRAM SERVICE REVENUE	216,668	231,474
<input type="checkbox"/> 990 TOTAL REVENUE	514,642	514,617
<input type="checkbox"/> 990 TOTAL EXPENSES	482,002	481,978
<input type="checkbox"/> 990 TOTAL REVENUE PER RETURN	514,642	514,617
<input type="checkbox"/> 990 TOTAL EXPENSES PER RETURN	482,002	481,978
<input type="checkbox"/> 990T TOTAL INCOME	-16,441	-8,448
<input type="checkbox"/> 990T UNRELATED BUSINESS TAXABLE INCOME	-17,441	-9,448
<input type="checkbox"/> 990T PROXY TAX	<BLANK>	23,649
<input type="checkbox"/> 990T NET TAX DUE	<BLANK>	23,649
<input type="checkbox"/> 990T BALANCE DUE	<BLANK>	23,649

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning _____, and ending _____

58-1501330

NORTH AMERICA OUTDOORS, INC

Net Asset / Fund Balance at Beginning of Year 363,157

Revenue

Contributions	<u>274,453</u>
Program service revenue	<u>216,668</u>
Investment income	<u>9,066</u>
Capital gain / loss	_____
Special events:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	<u>14,455</u>

Total revenue 514,642

Expenses

Program services	_____
Management and general	_____
Fundraising	_____

Total expenses 482,002

Excess / (deficit) 32,640

Other changes _____

Net Asset / Fund Balance at End of Year 395,797

Reconciliation of Revenue

Total revenue per financial statements	<u>514,642</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>514,642</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>482,002</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>482,002</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>465,154</u>	<u>566,826</u>	
Liabilities	<u>101,997</u>	<u>171,029</u>	
Net assets	<u>363,157</u>	<u>395,797</u>	<u>32,640</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/17/10
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2009, or tax year beginning _____, and ending _____

58-1501330

NORTH AMERICA OUTDOORS, INC

Income

Gross profit		
Capital gain / loss		
Unrelated debt-financed income		
All other income	-16,441	
Total income		-16,441

Deductions

Officer compensation		
Salaries		
All other deductions		
Net operating loss		
Specific deduction	1,000	
Total deductions		1,000

Unrelated business taxable income

-17,441

Taxes / Credits / Payments

Regular tax		
Proxy tax		
Alternative minimum tax		
Tax		
Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		
Other taxes		
Total tax		
Estimated tax payments		
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
Payments / penalty / application		
Net tax due		

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		

Balance due

Refund

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return
 Return / extended due date 05/17/10

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

2009

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning _____, and ending _____

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

Please use IRS label or print or type. See Specific Instructions.

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

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

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

G Gross receipts \$: **514,642**

F Name and address of principal officer:
DAVID BROWN
SAME AS C ABOVE

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) (**6**) (insert no.) 4947(a)(1) or 527

J Website: **u N/A**

K Type of organization: Corporation Trust Association Other **u**

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

H(c) Group exemption number **u**

Part I Summary

Activities & Governance	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of employees (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	14,455
b Net unrelated business taxable income from Form 990-T, line 34	7b	-16,441	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	234,141	274,453
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	232,556	216,668
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,516	9,066
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,451	14,455
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	172,067	171,367
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) u		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	392,401	310,635
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	564,468	482,002	
19 Revenue less expenses. Subtract line 18 from line 12	-8,804	32,640	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	465,154	566,826
	22 Net assets or fund balances. Subtract line 21 from line 20	101,997	171,029

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: **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **SUZANNE JONES CLAY, CPA** Date: **05/13/10** Check if self-employed Preparer's identifying number (see instructions): **P00575827**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **DANIELS, USELTON & CLAY, P.C. PO BOX 626 KINGSTON, TN 37763** EIN **u 62-1413018** Phone no. **u 865-376-9564**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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 exempt purpose achievements for each of the organization's three largest program services 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 \$ **482,002** including grants of \$) (Revenue \$)

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 **u 482,002**

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?		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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • 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. • 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. • Did the organization report an amount for other assets related 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. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • 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? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		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, Part II		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, Part III		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		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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	26	
1b	Enter the number of voting members that are independent	26	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	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?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u 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**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID BROWN EXECUTIVE DIRECTOR	46.00	X					80,000	0	0	
GREG HENINGTON PRESIDENT	1.00	X					0	0	0	
JOE KOWALSKI EASTERN VP	1.00	X					0	0	0	
DAVID COSTLOW WESTERN VP	1.00	X					0	0	0	
MIKE MILLS SECRETARY/TREASURER	1.00	X					0	0	0	
SUZANNE HOCKMEYER NORTHERN REGION	1.00	X					0	0	0	
ARLO TEJADA CANYONS REGION	1.00	X					0	0	0	
JOHN CONNELLY DIRECTOR AT LARGE	1.00	X					0	0	0	
HAROLD TURNER DIRECTOR AT LARGE	1.00	X					0	0	0	
BRIAN CAMPBELL CENTRAL REGION	1.00	X					0	0	0	
NATE RANGEL FAR WEST REGION	1.00	X					0	0	0	
MIKE COTTINGHAM DIRECTOR AT LARGE	1.00	X					0	0	0	
BOB VOLPERT DIRECTOR AT LARGE	1.00	X					0	0	0	
SUTTON BACON SOUTHERN REGION	1.00	X					0	0	0	
JACK RICK NORTHERN ROCKIES REG	1.00	X					0	0	0	
BOB FOSTER DIRECTOR AT LARGE	1.00	X					0	0	0	
BOB WESTBROOK DIRECTOR AT LARGE	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	(C) Position (check all that apply)						(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			
MARCUS MAGGARD MIDWEST REGION	1.00	X						0	0	0
RICH WILKINSON NORTHWEST REGION	1.00	X						0	0	0
ELLEN HARGRAVE DIRECTOR AT LARGE	1.00	X						0	0	0
JIM ROGERS VENDOR REP.	1.00	X						0	0	0
JOHN CANTAMESSA GREAT SW REGION	1.00	X						0	0	0
RAFAEL GALLO DIRECTOR AT LARGE	1.00	X						0	0	0
BILL MARRINER DIRECTOR AT LARGE	1.00	X						0	0	0
DICK LINFORD IMMEDIATE PAST PRES.	1.00	X						0	0	0
BRIAN MERRILL GRAND CANYON REGION	1.00	X						0	0	0
KEVIN CALLAGHAN DIRECTOR AT LARGE	1.00	X						0	0	0
ERIC MARTIN DIRECTOR AT LARGE	1.00	X						0	0	0
1b Total							u	80,000		

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 **u 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 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.

(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 in compensation from the organization **u 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	274,453			
	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: \$					
	h Total. Add lines 1a-1f	u	274,453			
Program Service Revenue		Busn. Code				
	2a CONFLUENCE		216,668	216,668		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	u	216,668				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	9,066			9,066
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	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)	u				
	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	u				
	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	u					
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	u					
Miscellaneous Revenue		Busn. Code				
11a ADVERTISING		541800	14,455		14,455	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		14,455			
12 Total Revenue. See instructions	u		514,642	216,668	14,455	9,066

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).**

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				
5 Compensation of current officers, directors, trustees, and key employees	80,000			
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	82,854			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,513			
11 Fees for services (non-employees):				
a Management				
b Legal	1,156			
c Accounting	7,888			
d Lobbying	67,568			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	29,328			
12 Advertising and promotion				
13 Office expenses	5,273			
14 Information technology	7,424			
15 Royalties				
16 Occupancy	12,469			
17 Travel	14,074			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	113,743			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,940			
23 Insurance	17,876			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING, DESIGN	18,176			
b STAFF TIME	12,720			
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	482,002			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	30,693	1	337,397
	2	Savings and temporary cash investments	417,697	2	204,889
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	415	4	3,613
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,719	9	11,015
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	44,084		
	10b	Less: accumulated depreciation	34,394	10c	9,690
	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	1,580	15	222
16	Total assets. Add lines 1 through 15 (must equal line 34)	465,154	16	566,826	
Liabilities	17	Accounts payable and accrued expenses	3,329	17	62,647
	18	Grants payable		18	
	19	Deferred revenue	98,668	19	108,382
	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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	101,997	26	171,029
Net Assets or Fund Balances	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	363,157	27	395,797
	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	Total net assets or fund balances	363,157	33	395,797	
34	Total liabilities and net assets/fund balances	465,154	34	566,826	

Part XI Financial Statements and Reporting

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?

b 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 consolidated basis, separate 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		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

u Complete if the organization is described below.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization

NORTH AMERICA OUTDOORS, INC

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 u \$ _____
- 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 u \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$ _____
- 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 u \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$ _____
- 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 payments were made. 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-.

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.

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** 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?

Yes 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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

	(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 other means?			
i Other activities? If "Yes," describe in Part IV			
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?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

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

1 Dues, assessments and similar amounts from members	1	231,474
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	67,568
b Carryover from last year	2b	
c Total	2c	67,568
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	87,960
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	-20,392

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; and Part II-B, line 1i.

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

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

NORTH AMERICA OUTDOORS, INC

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 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 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 in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, 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. 1b If the organization elected, as permitted under SFAS 116, 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 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 |
|--|-----------|
| 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 XIV.

Part V Endowment Funds. Complete if 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 year end balance held as:
- a** Board designated or quasi-endowment **u** _____ %
 - b** Permanent endowment **u** _____ %
 - c** Term endowment **u** _____ %
- 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? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		44,084	34,394	9,690
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			u	9,690

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows. Row 1: Total revenue (Form 990, Part VIII, column (A), line 12) 514,642. Row 2: Total expenses (Form 990, Part IX, column (A), line 25) 482,002. Row 3: Excess or (deficit) for the year. Subtract line 2 from line 1 32,640. Row 10: Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 32,640.

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements 514,642. Row 3: Subtract line 2e from line 1 514,642. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 514,642.

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements 482,002. Row 3: Subtract line 2e from line 1 482,002. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 482,002.

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

A series of horizontal dashed lines provided for entering supplemental information.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
u Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

NORTH AMERICA OUTDOORS, INC

Employer identification number
58-1501330

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 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION CHANGED ITS BY-LAWS DURING 2009.

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

THE ORGANIZATION HAS DUES PAYING MEMBERS.

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 11A - 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

Form **990-T**

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

OMB No. 1545-0687

2009

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning _____, and
ending _____ **u See separate instructions.**

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(C) (6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 566,826</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTH AMERICA OUTDOORS, INC</p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. P.O. BOX 10847</p> <p>City or town, state, and ZIP code KNOXVILLE TN 37939</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 58-1501330</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 541800</p>
<p>F Group exemption number (See instructions for Block F on page 9.) u</p>		<p>G Check organization type u <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.
u SEE STATEMENT 1

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

J The books are in care of **u DAVID BROWN** Telephone number **u 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 u	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11 14,455	30,896	-16,441
12 Other income (See page 10 of the instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13 14,455	30,896	-16,441

Part II Deductions Not Taken Elsewhere (See page 11 of the 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 page 13 of the 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 Total deductions. Add lines 14 through 28		29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		-16,441
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		-16,441
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33		1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		-16,441

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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 on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ 36	
37 Proxy tax. See page 16 of the 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 page 16 of the instructions) 40b	
c General business credit. Attach Form 3800 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: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other 42	
43 Total tax. Add lines 41 and 42 43 0	
44a Payments: A 2008 overpayment credited to 2009 44a	
b 2009 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 Other credits and payments: <input type="checkbox"/> Form 2439 44f	
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u 44f	
45 Total payments. Add lines 44a through 44f 45	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached u <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed u 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid u 48	
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax u 49	Refunded u

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 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 u	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 page 5 of the instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

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

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

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

Signature of officer _____ Date _____ Title _____

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

Paid Preparer's Use Only

Preparer's signature: **SUZANNE JONES CLAY, CPA** Date: **05/13/10** Check if self-employed: Preparer's SSN or PTIN: **P00575827**

Firm's name (or yours if self-employed), address, and ZIP code: **DANIELS, USELTON & CLAY, P.C. PO BOX 626 KINGSTON, TN 37763** EIN: **62-1413018** Phone no.: **865-376-9564**

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

(see instructions on page 18)

1. Description of property

(1) N/A
(2)
(3)
(4)

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

Schedule E – Unrelated Debt-Financed Income (see instructions on page 19)

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)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). u	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

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

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

(see instructions on page 20)

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) N/A				
(2)				
(3)				
(4)				
Totals	u			

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

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) N/A						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	u					

Schedule J – Advertising Income (see instructions on page 21)

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) ADVERTISING	14,455	30,896				
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..	u 14,455	30,896	-16,441			

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) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I	14,455	30,896				
	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.
Totals, Part II (lines 1-5)	u 14,455	30,896				

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions on page 21)

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

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment
 Sequence No. **67**

(99)

u See separate instructions.

u Attach to your tax return.

Name(s) shown on return

NORTH AMERICA OUTDOORS, INC

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 the instructions for a higher limit for certain businesses	1	250,000
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	800,000
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 2008 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 2010. 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 instr.)

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	2,940

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 2009	17	0
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 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 2009 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	2,940
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** (2009)

Tax Computation Worksheet

Form **990-T**

2009

For calendar year 2009, or tax year beginning _____, and ending _____

Name **NORTH AMERICA OUTDOORS, INC**

Employer Identification Number
58-1501330

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>231,474</u>
2. Section 162(e) lobbying and political expenditures	2.	<u>67,568</u>
3. Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	3.	<u>87,960</u>
4. Taxable amount of lobbying and political expenditures (Subtract lines 3 and 6 from the lesser of lines 1 or 2)	4.	<u>-20,392</u>
5. Proxy tax (35% of line 4)	5.	<u>-7,137</u>
6. Excess lobbying expenditures - carryover to next year	6.	_____

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

Description

SALE OF ADVERTISEMENTS IN THE ORGANIZATION'S MEMBERSHIP
DIRECTORY AND NEWSLETTER AND SALE OF ENHANCED LISTINGS ON
THE ORGANIZATION'S WEBSITE.

58-1501330

Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	COMPUTERS	2/13/06	4,976			4,976	5 MO S/L	2,903	995
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	269	248
4	LAPTOP (HP)	12/17/08	2,297			2,297	5 MO S/L	38	460
5	FAX/PHONE MACHINE	1/23/08	250			250	5 MO S/L	0	50
6	2 FILING CABINETS	10/17/07	300			300	7 MO S/L	50	43
7	3 ELECTRIC DESK CALCULATORS	12/27/07	66			66	5 MO S/L	0	13
8	LCD PROJECTOR	11/04/05	1,174			1,174	5 MO S/L	744	234
9	LCD PROJECTOR	11/26/08	847			847	5 MO S/L	0	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	0	20
18	MINI MICROWAVE	5/28/08	82			82	5 MO S/L	0	16
19	SHREDDER	1/03/08	164			164	5 MO S/L	137	27
	Sold/Scrapped: 11/01/09								
21	XEROX 6280 PRINTER	11/18/09	600			600	5 MO S/L	0	10
22	COMPUTER EQUIPMENT	2/20/09	145			145	5 MO S/L	0	24
23	DIGITAL CAMERA	5/08/09	111			111	3 MO S/L	0	25
24	OUTLOOK 2007	10/06/09	164			164	5 MO S/L	0	8
25	DESKTOP COMPUTER	1/09/08	1,959			1,959	5 MO S/L	392	392
26	TELEPHONE	5/18/96	3,093			3,093	5 MO S/L	3,093	0
27	ADOBE PAGEMAKER	8/04/98	747			747	5 MO S/L	747	0
	Sold/Scrapped: 12/01/09								
28	INFOCUS LP4	12/28/98	5,648			5,648	5 MO S/L	5,648	0
	Sold/Scrapped: 12/01/09								
29	PHONE SYSTEM	6/06/07	519			519	5 MO S/L	164	104
30	PRINTER	11/25/07	512			512	5 MO S/L	111	102
31	BATTERY BACKUP	12/18/09	109			109	5 MO S/L	0	0
32	FLIP CAMERA/VIDEO	12/18/09	228			228	3 MO S/L	0	0
33	BRIEFCASE	12/18/09	113			113	3 MO S/L	0	0
	Total Other Depreciation		<u>50,643</u>			<u>50,643</u>		<u>39,463</u>	<u>2,940</u>
	Total ACRS and Other Depreciation		<u>50,643</u>			<u>50,643</u>		<u>39,463</u>	<u>2,940</u>
	Grand Totals		50,643			50,643		39,463	2,940
	Less: Dispositions and Transfers		6,559			6,559		6,532	27
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>44,084</u>			<u>44,084</u>		<u>32,931</u>	<u>2,913</u>

58-1501330

AMT Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	COMPUTERS	2/13/06	0			0	0 HY	0	0
2	DESKTOP COMPUTER	5/16/03	0			0	0 HY	0	0
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
19	SHREDDER	1/03/08	0			0	0 HY	0	0
	Sold/Scrapped: 11/01/09								
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
27	ADOBE PAGEMAKER	8/04/98	0			0	0 HY	0	0
	Sold/Scrapped: 12/01/09								
28	INFOCUS LP4	12/28/98	0			0	0 HY	0	0
	Sold/Scrapped: 12/01/09								
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
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

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>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	COMPUTERS	2/13/06	4,976	995	0
2	DESKTOP COMPUTER	5/16/03	1,413	0	0
3	LAPTOP (DELL)	11/16/07	1,241	248	0
4	LAPTOP (HP)	12/17/08	2,297	459	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	196	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	26	0
18	MINI MICROWAVE	5/28/08	82	17	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	37	0
24	OUTLOOK 2007	10/06/09	164	33	0
25	DESKTOP COMPUTER	1/09/08	1,959	391	0
26	TELEPHONE	5/18/96	3,093	0	0
29	PHONE SYSTEM	6/06/07	519	104	0
30	PRINTER	11/25/07	512	103	0
31	BATTERY BACKUP	12/18/09	109	22	0
32	FLIP CAMERA/VIDEO	12/18/09	228	76	0
33	BRIEFCASE	12/18/09	113	38	0
	Total Other Depreciation		<u>44,084</u>	<u>3,170</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>44,084</u>	<u>3,170</u>	<u>0</u>
	Grand Totals		<u>44,084</u>	<u>3,170</u>	<u>0</u>

Tax Asset Detail 1/01/09 - 12/31/09

FYE: 12/31/2009

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 Net Book Value	Tax Method	Tax Period
Group: COMPUTERS												
1		COMPUTERS	2/13/06	4,976.39	0.00	0.00	2,902.90	995.28	3,898.18	1,078.21	S/L	5.0
2		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	268.91	248.22	517.13	723.97	S/L	5.0
4		LAPTOP (HP)	12/17/08	2,297.27	0.00	0.00	38.29	459.45	497.74	1,799.53	S/L	5.0
5		FAX/PHONE MACHINE	1/23/08	249.99	0.00	0.00	0.00	50.00	50.00	199.99	S/L	5.0
6		2 FILING CABINETS	10/17/07	300.00	0.00	0.00	50.00	42.86	92.86	207.14	S/L	7.0
7		3 ELECTRIC DESK CALCULATC	12/27/07	65.82	0.00	0.00	0.00	13.16	13.16	52.66	S/L	5.0
8		LCD PROJECTOR	11/04/05	1,174.00	0.00	0.00	743.53	234.80	978.33	195.67	S/L	5.0
9		LCD PROJECTOR	11/26/08	846.68	0.00	0.00	0.00	169.34	169.34	677.34	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	0.00	16.39	16.39	65.54	S/L	5.0
19	d	SHREDDER	1/03/08	163.85	0.00	0.00	136.54	27.31	163.85	0.00	S/L	5.0
21		XEROX 6280 PRINTER	11/18/09	599.78	0.00c	0.00	0.00	10.00	10.00	589.78	S/L	5.0
22		COMPUTER EQUIPMENT	2/20/09	144.98	0.00c	0.00	0.00	24.16	24.16	120.82	S/L	5.0
23		DIGITAL CAMERA	5/08/09	111.13	0.00c	0.00	0.00	24.70	24.70	86.43	S/L	3.0
24		OUTLOOK 2007	10/06/09	163.85	0.00c	0.00	0.00	8.19	8.19	155.66	S/L	5.0
25		DESKTOP COMPUTER	1/09/08	1,958.84	0.00	0.00	391.77	391.77	783.54	1,175.30	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
27	d	ADOBE PAGEMAKER	8/04/98	746.81	0.00	0.00	746.81	0.00	746.81	0.00	S/L	5.0
28	d	INFOCUS LP4	12/28/98	5,648.24	0.00	0.00	5,648.24	0.00	5,648.24	0.00	S/L	5.0
29		PHONE SYSTEM	6/06/07	519.00	0.00	0.00	164.35	103.80	268.15	250.85	S/L	5.0
30		PRINTER	11/25/07	512.00	0.00	0.00	110.93	102.40	213.33	298.67	S/L	5.0
31		BATTERY BACKUP	12/18/09	109.24	0.00c	0.00	0.00	0.00	0.00	109.24	S/L	5.0
32		FLIP CAMERA/VIDEO	12/18/09	228.06	0.00c	0.00	0.00	0.00	0.00	228.06	S/L	3.0
33		BRIEFCASE	12/18/09	113.05	0.00c	0.00	0.00	0.00	0.00	113.05	S/L	3.0
		COMPUTERS		48,179.33	0.00c	0.00	37,129.59	2,921.83	40,051.42	8,127.91		
		*Less: Dispositions and Transfers		6,558.90	0.00	0.00	6,531.59	0.00	6,558.90	0.00		
		Net COMPUTERS		<u>41,620.43</u>	<u>0.00c</u>	<u>0.00</u>	<u>30,598.00</u>	<u>2,921.83</u>	<u>33,492.52</u>	<u>8,127.91</u>		
Group: FURNITURE & FIXTURES												
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	0.00c	0.00	0.00	19.66	19.66	111.43	S/L	5.0
		FURNITURE & FIXTURES		<u>2,464.01</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,332.92</u>	<u>19.66</u>	<u>2,352.58</u>	<u>111.43</u>		
		Grand Total		50,643.34	0.00c	0.00	39,462.51	2,941.49	42,404.00	8,239.34		
		Less: Dispositions and Transfers		6,558.90	0.00	0.00	6,531.59	0.00	6,558.90	0.00		
		Net Grand Total		<u>44,084.44</u>	<u>0.00c</u>	<u>0.00</u>	<u>32,930.92</u>	<u>2,941.49</u>	<u>35,845.10</u>	<u>8,239.34</u>		

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>9,066</u>			14	
TOTAL	\$ <u><u>9,066</u></u>				

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
MEMBER BENEFITS	\$ 29,328	\$ 29,328	\$	\$
TOTAL	\$ 29,328	\$ 29,328	\$ 0	\$ 0

**NORTH AMERICA OUTDOORS,
INC.
2008
INCOME TAX RETURNS**

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)

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH AMERICA OUTDOORS, INC. Doing Business As		D Employer identification number 58-1501330
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (865) 558-3595
		P.O. BOX 10847		G Gross receipts \$ 555,664.
		City or town, state or country, and ZIP + 4 KNOXVILLE, TN 37939		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer: DAVID BROWN SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
J Website: ▶ N/A				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991		M State of legal domicile: TN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SERVE THE INTERESTS OF OUTFITTERS AND TO FUTHER THE PUBLIC'S INTEREST IN RESPONSIBLE AND	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26
	5	Total number of employees (Part V, line 2a)	3
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	13,425.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 223,011. Current Year: 234,141.
	9	Program service revenue (Part VIII, line 2g)	403,725. 232,556.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,802. 12,516.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,467. 76,451.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	712,005. 555,664.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,602. 172,067.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	444,301. 392,401.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	611,903. 564,468.	
19	Revenue less expenses. Subtract line 18 from line 12	100,102. <8,804.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 495,844. End of Year: 465,154.
	21	Total liabilities (Part X, line 26)	123,883. 101,997.
	22	Net assets or fund balances. Subtract line 21 from line 20	371,961. 363,157.

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, EXECUTIVE DIRECTOR** Date: _____

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	BEALL BARCLAY & COMPANY, PLC, CPA 2005 WEST ELM ST. ROGERS, AR 72758		EIN ▶ Phone no. ▶ (479) 636-4461

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
GROWING, PROTECTING AND SUPPORTING AMERICA'S OUTFITTING BUSINESSES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
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 [X] No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 204,521. including grants of \$) (Revenue \$ 231,824.)
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 ▶ \$ 204,521. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
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	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
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	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
			26
b	Enter the number of voting members that are independent		
			26
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DAVID BROWN - (865) 558-3595**
P.O. BOX 10847, KNOXVILLE, TN 37939-0847

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ARLO TEJADA DIRECTOR-CANYON REGION	1.00	X					0.	0.	0.	
BILL MARRINER AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	
BOB FOSTER AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	
BOB WESTBROOK AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	
BRIAN CAMPBELL DIRECTOR-CENTRAL REGION	1.00	X					0.	0.	0.	
BRIAN MERRILL DIRECTOR-GRAND CANYON RE	1.00	X					0.	0.	0.	
DAVID COSTLOW VICE PRES.-WEST	1.00	X					0.	0.	0.	
DICK LINFORD AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	
ELLEN HARGRAVE AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	
ERIC MARTIN AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	
GREG HENINGTON PRESIDENT	1.00	X					0.	0.	0.	
HAROLD TURNER AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	
JACK RICH DIRECTOR-NORTHERN ROCKIE	1.00	X					0.	0.	0.	
JIM ROGERS DIRECTOR-VENDOR REP	1.00	X					0.	0.	0.	
JOE KOWALSKI VICE PRES.-EAST	1.00	X					0.	0.	0.	
JOHN CANTAMESSA DIRECTOR-GREAT SOUTHWEST	1.00	X					0.	0.	0.	
JOHN CONNELLY AT-LARGE DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
KEVIN CALLAGHAN AT-LARGE DIRECTOR	1.00	X						0.	0.	0.
MARCUS MAGGARD DIRECTOR-MIDWEST REGION	1.00	X						0.	0.	0.
MIKE COTTINGHAM AT-LARGE DIRECTOR	1.00	X						0.	0.	0.
MIKE MILLS SEC./TREAS	1.00	X						0.	0.	0.
NATE RANGEL DIRECTOR-FAR WEST REGION	1.00	X						0.	0.	0.
RAFAEL GALLO AT-LARGE DIRECTOR	1.00	X						0.	0.	0.
RICH WILKINSON DIRECTOR-NORTHWEST REGIO	1.00	X						0.	0.	0.
SUTTON BACON DIRECTOR-SOUTHERN REGION	1.00	X						0.	0.	0.
SUZANNE HOCKMEYER DIRECTOR-NORTHERN REGION	1.00	X						0.	0.	0.
DAVID BROWN EXECUTIVE DIRECTOR	46.00				X			84,000.	0.	0.
1b Total								84,000.	0.	0.

2 Total number of individuals (including those in 1a) 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	3	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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VII 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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	234,141.			
	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: \$					
	h Total. Add lines 1a-1f		234,141.			
	Program Service Revenue	2 a <u>CONFLUENCE</u>	Business Code 900099	231,824.	231,824.	
		b <u>MISCELLANEOUS</u>	900099	732.	732.	
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			232,556.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,516.		12,516.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		63,026.		63,026.	
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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		Business Code				
11 a <u>DIREC/NEWSLETTER/ADV.</u>	541800	13,425.		13,425.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		13,425.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		555,664.	232,556.	13,425.	75,542.	

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).

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				
5 Compensation of current officers, directors, trustees, and key employees	84,000.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	73,479.			
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,588.			
11 Fees for services (non-employees):				
a Management				
b Legal	4,824.			
c Accounting	4,325.			
d Lobbying	67,635.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	27,786.			
14 Information technology	3,845.			
15 Royalties				
16 Occupancy	27,955.			
17 Travel	21,763.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	155,843.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,094.			
23 Insurance	18,981.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEMBER BENEFITS	48,678.			
b OTHER	4,720.			
c FRANCHISE TAXES	952.			
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	564,468.			
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	8,652.	1	30,693.
	2	Savings and temporary cash investments	466,996.	2	417,697.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,880.	4	415.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,131.	9	8,719.
	10a	Land, buildings, and equipment: cost basis	43,925.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	37,875.	10c	6,050.
	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	0.	15	1,580.
16	Total assets. Add lines 1 through 15 (must equal line 34)	495,844.	16	465,154.	
Liabilities	17	Accounts payable and accrued expenses	6,442.	17	3,329.
	18	Grants payable		18	
	19	Deferred revenue	117,441.	19	98,668.
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	123,883.	26	101,997.
Net Assets or Fund Balances	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	371,961.	27	363,157.
	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	Total net assets or fund balances	371,961.	33	363,157.
34	Total liabilities and net assets/fund balances	495,844.	34	465,154.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 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?		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?		

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization NORTH AMERICA OUTDOORS, INC.	Employer identification number 58-1501330
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 67,635.
- 3 Volunteer hours 0.

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(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 other means?			
i Other activities? If "Yes," describe in Part IV			
j Total 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	234,141.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	67,635.
b Carryover from last year	2b	
c Total	2c	67,635.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	92,486.
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 (line 2c total minus 3 and 4)	5	<24,851.>

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; and Part II-B, line 1i. Also, complete this part for any 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

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: NORTH AMERICA OUTDOORS, INC. 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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-2d if the organization held a qualified conservation contribution... 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. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No. 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? Yes No. 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, 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, 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 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 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 Trust, Escrow and Custodial Arrangements. Complete if 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
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 XIV.

Part V Endowment Funds. Complete if 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 Investment earnings or 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 year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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 XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	43,925.		37,875.	6,050.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,050.

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should 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
Total. (Col (b) should 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
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows and 3 columns. Row 1: Total revenue (Form 990, Part VIII, column (A), line 12) 555,664. Row 2: Total expenses (Form 990, Part IX, column (A), line 25) 564,468. Row 3: Excess or (deficit) for the year. Subtract line 2 from line 1 <8,804.>

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows 2a-2d. Row 3: Subtract line 2e from line 1.

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows 2a-2d. Row 3: Subtract line 2e from line 1.

Part XIV 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

NORTH AMERICA OUTDOORS, INC.

Employer identification number
58-1501330

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

ENJOYABLE USE OF OUR NATION'S NATURAL SPLENDORS.

FORM 990, PART VI, SECTION A, LINE 10: THE RETURN IS REVIEWED BY THE BOARD

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS AND DISCUSSES
ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15: 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 AS TO COMPARABLE COMPENSATION; AND
(3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

FORM 990, PART VI, SECTION C, LINE 19: THIS INFORMATION IS AVAILABLE BY
REQUEST

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

ARLO TEJADA - P.O. BOX 1324

MOAB, UT 84532

BILL MARRINER - 2840 WILDERNESS PLACE, SUITE D

BOULDER, CO 80301

BOB FOSTER - 29555 GOOSE CREEK RD.

SEDALIA, CO 80135

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

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Name of the organization

NORTH AMERICA OUTDOORS, INC.

Employer identification number
58-1501330

BOB WESTBROOK - 929 WOODS ROAD

CLAYTON, GA 30525

BRIAN CAMPBELL - P.O. BOX 220

LANSING, WV 25862

BRIAN MERRILL - 7258 RACQUET CLUB DR

SALT LAKE CITY, UT 84121

DAVID COSTLOW - P.O. BOX 1989

FT COLLINS, CO 80522

DICK LINFORD - 6529 TELEGRAPH AVE.

OAKLAND, CA 94609

ELLEN HARGRAVE - PO BOX 1400

KALISPELL, MT 59903

ERIC MARTIN - PO BOX 97

OHIOPLYE, PA 15470

GREG HENINGTON - P.O. BOX 377

TERLINGUA, TX 79852

HAROLD TURNER - 2 TRIANGLE X RANCH ROAD

MOOSE, WY 83012

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

NORTH AMERICA OUTDOORS, INC.

Employer identification number

58-1501330

JACK RICH - P.O. BOX 495

SEELEY LAKE, MT 59868

JIM ROGERS - 3773 S. JASON ST.

ENGLEWOOD, CO 80110

JOE KOWALSKI - P.O. BOX 89

BEACHBURG, ON CANADA

JOHN CANTAMESSA - 183 MEADOW DRIVE

DILLON, CO 80435

JOHN CONNELLY - 260 CASCO STREET

FREEPORT, ME 04033

KEVIN CALLAGHAN - 1266 LLTH ST. #4

EMERYVILLE, CA 94608

MARCUS MAGGARD - HCR 81, BOX 90

SALEM, MO 65560

MIKE COTTINGHAM - P.O. BOX 2768

JACKSON, WY 83001

MIKE MILLS - P.O. BOX 1

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

Schedule O (Form 990) 2008

832211
12-18-08

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

2008

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

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning _____, and ending _____

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 477,802.</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTH AMERICA OUTDOORS, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. P.O. BOX 10847</p> <p>City or town, state, and ZIP code KNOXVILLE, TN 37939</p> <p>F Group exemption number (See instructions for Block F.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 58-1501330</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 541800</p>
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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
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11	6,787.	6,638.
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	6,787.	6,638.

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
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 Total deductions. 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 instructions for exceptions)			33
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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	0.
36 Trusts Taxable at Trust Rates. 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)		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	0.

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	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		0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43		0.
44a Payments: A 2007 overpayment credited to 2008	44a		
b 2008 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 Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44f	Total	
45 Total payments. Add lines 44a through 44f	45		
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		0.
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49		

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 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 page 5 of the instructions for other forms the organization may have to file.		X
3 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

N/A

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

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	EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature		Date	Preparer's SSN or PTIN
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	BEALL BARCLAY & COMPANY, PLC, CPA 2005 WEST ELM ST. ROGERS, AR 72758			P00736358
		EIN		71-0355269
		Phone no.		(479) 636-4461

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number		
	NORTH AMERICA OUTDOORS, INC.		58-1501330		
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 10847		For IRS use only		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE, TN 37939					

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DAVID BROWN

• The books are in the care of **P.O. BOX 10847 - KNOXVILLE, TN 37939-0847**
 Telephone No. **(865) 558-3595** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**

5 For calendar year **2008**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

INFORMATION REQUIRED TO FILE AN COMPLETE RETURN IS NOT YET AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title **CPA** Date _____

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

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

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals 0. Total dividends-received deductions included in column 8 0.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included, 11 Deductions directly connected with income.

Totals 0. 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).

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

(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

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) NEWSLETTER	13,425.	6,787.		11,336.	16,339.	
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	13,425.	6,787.	6,638.	11,336.	16,339.	5,003.

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	13,425.	6,787.				5,003.
Totals, Part II (lines 1-5)	13,425.	6,787.				5,003.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total.			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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SALE OF ADVERTISEMENTS IN THE ORGANIZATION'S MEMBERSHIP DIRECTORY AND NEWSLETTER AND SALE OF ENHANCED LISTINGS ON THE ORGANIZATION'S WEBSITE.

TO FORM 990-T, PAGE 1

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	NORTH AMERICA OUTDOORS, INC.	58-1501330
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 10847	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE, TN 37939	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

DAVID BROWN

- The books are in the care of ▶ **P.O. BOX 10847 - KNOXVILLE, TN 37939-0847**
Telephone No. ▶ **(865) 558-3595** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2008** or
▶ tax year beginning _____, and ending _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.