

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002**

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

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates

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

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

I Enter 4-digit GEN

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

G Web site: **WWW.FLYBALL.ORG**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **121,804.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		97,227.
	3 Membership dues and assessments	3		17,750.
	4 Interest on savings and temporary cash investments	4		3,232.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7			
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances		10a	3,595.	
	b Less: cost of goods sold	10b	830.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1	2,765.
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		120,974.	
Expenses	13 Program services (from line 44, column (B))	13	46,075.	
	14 Management and general (from line 44, column (C))	14	34,643.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		80,718.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	40,256.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	202,693.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		242,949.

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	0.	0.	0.
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	26,902.	17,800.	9,102.
34 Telephone	34	6,806.		6,806.
35 Postage and shipping	35	5,326.	4,439.	887.
36 Occupancy	36			
37 Equipment rental and maintenance	37	332.	332.	
38 Printing and publications	38	2,368.	2,368.	
39 Travel	39	17,060.		17,060.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	21,136.	21,136.	
43 Other expenses not covered above (itemize):				
a BANK CHARGES	43a	788.		788.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	80,718.	46,075.	34,643.
				0.

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SUPPORT RESPONSIBLE DOG OWNERSHIP**

SUPPORT RESPONSIBLE DOG OWNERSHIP

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

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

a SEE STATEMENT 2	(Grants and allocations \$ _____)	43,375.
b REGISTERED 1614 NEW DOGS TO PARTICIPATE IN THE SPORT AND REGISTERED 75 NEW CLUBS ACROSS THE US AND CANADA	(Grants and allocations \$ _____)	2,368.
c PROVIDE MAINTENANCE FOR 7 ELECTRONIC JUDGING SYSTEMS AND 16 MEASURING DEVICES THAT ARE SHIPPED TO TOURNAMENTS ACROSS THE US AND CANADA	(Grants and allocations \$ _____)	332.
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		46,075.

Part IV Balance Sheets

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45 12,726.
	46 Savings and temporary cash investments	148,072.	46 153,180.
	47 a Accounts receivable	47a 1,750.	
	b Less: allowance for doubtful accounts	47b	47c 1,750.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 119,349.		
b Less: accumulated depreciation STMT 3	57b 43,715.	57c 75,634.	
58 Other assets (describe		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	202,693.	59 243,290.	
Liabilities	60 Accounts payable and accrued expenses		60 341.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe		65
66 Total liabilities (add lines 60 through 65)	0.	66 341.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	202,693.	67 242,949.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	202,693.	73 242,949.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	202,693.	74 243,290.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

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

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEVE MCAVOY 1002 E SAMUEL AVE PEORIA HEIGHTS, IL 61614	EXECUTIVE DIRECTOR/CEO 10	0.	0.	0.
ALAN WEINER PO BOX 1214 STAFFORD, TX 77497	CHAIRMAN 4	0.	0.	0.
VAL CULPIN 3466 CRESTON DR ABBOTSFORD, BC V2T5B9, AK 00000	VICE CHAIRMAN 4	0.	0.	0.
SUE ROGERS 2795 EAST MILL CREEK ROAD SAINT CLAIR, MI 48079	SECRETARY 7	0.	0.	0.
DALE SMITH 6137 N RIDGE ROAD FORT CALHOUN, NE 68023	TREASURER 10	0.	0.	0.
TERRI MAY PO BOX 125 CLOVIS, CA 93613	BOARD MEMBER 2	0.	0.	0.
ULE JAMES 4517 SAGE ROAD ROCHESTER, IL 62563	BOARD MEMBER 2	0.	0.	0.
JUDY HAGAN 1890 COTTAGE GROVE PKWY MARION, IA 52302	BOARD MEMBER 2	0.	0.	0.
BRETT WILLIAMS PO BOX 335932 NORTH LAS VEGAS, NV 89033	BOARD MEMBER 2	0.	0.	0.
ROBIN MARION 11 ARGONNE BAY WINNIPEG, MB R2J2K5, AK 00000	BOARD MEMBER 2	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No Form 990 (2001)

20-20-101 030271

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Rows include questions 76 through 90b regarding organizational activities, financials, and governance.

91 The books are in care of DALE SMITH Telephone no. 402-468-4804
Located at 6137 N RIDGE ROAD, FORT CALHOUN, NE ZIP + 4 68023

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

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TOURNAMENT SANCTIONING					97,227.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					17,750.
95 Interest on savings and temporary cash investments			14	3,232.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					2,765.
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		3,232.	117,742.
105 Total (add line 104, columns (B), (D), and (E))					120,974.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

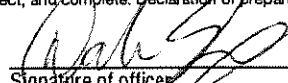
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

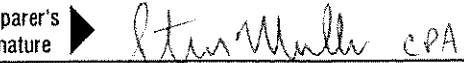
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

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

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

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

Please Sign Here:  Date: 12/15/06 Date Smith Treasurer

Preparer's signature:  Date: 2/14/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: SEIM, JOHNSON, SESTAK & QUIST, LLP
8807 INDIAN HILLS DRIVE, SUITE 300
OMAHA, NE 68114-4123

EIN: _____ Phone no.: (402) 330-2660

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	RACING EQUIPMENT	100101SL		5.00	16	45,872.			45,872.			9,174.
2	RACING EQUIPMENT	100197SL		5.00	16	2,783.			2,783.	2,226.		557.
3	RACING EQUIPMENT	100198SL		5.00	16	9,772.			9,772.	5,863.		1,954.
4	RACING EQUIPMENT	100199SL		5.00	16	10,155.			10,155.	4,062.		2,031.
5	RACING EQUIPMENT	100100SL		5.00	16	32,547.			32,547.	6,509.		6,509.
6	TRADEMARK COSTS	100195SL		20.00	16	9,332.			9,332.	2,800.		467.
7	TRADEMARK COSTS	100196SL		20.00	16	1,055.			1,055.	264.		53.
8	TRADEMARK COSTS	100197SL		20.00	16	1,086.			1,086.	217.		54.
9	TRADEMARK COSTS	100198SL		20.00	16	1,639.			1,639.	246.		82.
10	TRADEMARK COSTS	100199SL		20.00	16	1,000.			1,000.	100.		50.
11	TRADEMARK COSTS	100100SL		20.00	16	2,203.			2,203.	110.		110.
12	INCORPORATION COSTS	010193SL		20.00	16	500.			500.	182.		25.
13	TRADEMARK COSTS	100101SL		20.00	16	1,405.			1,405.	70.		70.
	* TOTAL 990 PAGE 2 DEPR					119,349.		0.	119,349.	22,579.	0.	21,136.

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

INCOME

1. GROSS RECEIPTS	3,595	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		3,595
4. COST OF GOODS SOLD (LINE 13)	830	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,765

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	830	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		830
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		830

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 2

DESCRIPTION OF PROGRAM SERVICE ONE

SANCTIONED 207 EVENTS ACROSS THE US AND CANADA WHERE 31,510 DOGS AND THEIR OWNERS COMPETED. NAFA PROVIDED EJS SYSTEMS, CONSISTENT RULES & JUDGES AND AWARDS FOR 5174 TITLES EARNED INCLUDING CERTIFICATES, PINS AND PLAQUES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		43,375.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
RACING EQUIPMENT	45,872.	9,174.	36,698.
RACING EQUIPMENT	2,783.	2,783.	0.
RACING EQUIPMENT	9,772.	7,817.	1,955.
RACING EQUIPMENT	10,155.	6,093.	4,062.
RACING EQUIPMENT	32,547.	13,018.	19,529.
TRADEMARK COSTS	9,332.	3,267.	6,065.
TRADEMARK COSTS	1,055.	317.	738.
TRADEMARK COSTS	1,086.	271.	815.
TRADEMARK COSTS	1,639.	328.	1,311.
TRADEMARK COSTS	1,000.	150.	850.
TRADEMARK COSTS	2,203.	220.	1,983.
INCORPORATION COSTS	500.	207.	293.
TRADEMARK COSTS	1,405.	70.	1,335.
TOTAL TO FORM 990, PART IV, LN 57	119,349.	43,715.	75,634.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 4

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FOR EACH SANCTIONED TOURNAMENT HELD, FEES WERE ASSESSED TO COVER TRACKING OF POINTS AND ISSUING OF AWARDS FOR VARIOUS TITLES RECEIVED AS A RESULT OF THE SANCTIONED COMPETITION. ELECTRONIC TIMING SYSTEMS ARE ALSO PROVIDED FOR THESE EVENTS WHICH ARE FUNDED FROM THIS INCOME.
94	FEES ARE CHARGED FOR EACH DOG AND CLUB REGISTERED WITH NAFA. ONCE A DOG OR CLUB IS REGISTERED, THE REGISTRATION IS GOOD INDEFINITELY. REGISTRATION FEES GO TO DEFRAY ONE-TIME SETUP AND PROCESSING EFFORTS FOR EACH DOG/CLUB REGISTERED. INITIAL RULES AND DOCUMENTS ARE

102 · PROVIDED TO THE REGISTRANT SUPPORTED BY THESE FEES.
UNIQUE PATCHES ARE PROVIDED TO RECOGNIZE MEMBER'S TITLES
EARNED IN COMPETITION. THESE PATCHES ARE PURCHASED IN VOLUME
SO THEY CAN BE ACQUIRED COST-EFFECTIVELY BY MEMBERS.