Form <b>990</b>
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Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



B checket address addres	AF	or th	e 2018 calendar year, or tax year beginning and	l ending		
User ShiOoCling, The .       84-1263863         User Structure       84-1263863         Under Structure       Number and street (in P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Telephone number       10 Jympic Plaza       719-866-4670         Clorado Springs, CO 80909       H(a) Is this a group return for subordinates?       Yes X No         Appender       Fame as C above       H(b) Areal subordinates?       Yes X No         How return       Xist       1501(c)(3)       501(c) ()       (inset no.)       4947(a)(1) or 527         J Breidy describe the organization:       X Corporation       Trus       Association       Other ►       L Year of formation: 1994 M State of legal domicie: CO         Particle       Summary       Shooting Team, sponsor competitions, provide member services, and       2         2 Check this box ►       If the organization's mission or most significant activities: To support the US Olympic       3         3 Number of independent voting members of the governing body (Part V, line 1a)       3       3       1         3 Number of independent voting members of the governing body (Part V, line 2a)       5       5       3         4 Number of independent voting members of the governing body (Part V, line 1a)       3       3       1         4 Number of indepen	B c	Check if pplicab	e: C Name of organization		D Employer identified	cation number
Image: Transport       Doing business as       84-1263863         Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Transport       City or town, state or province, country, and ZIP or foreign postal code       G @reserecepts \$ 7,083,312.         Arrented       Colorado Springs, CO 80909       Hails this a group return       frame and address of principal officer: Robert Gambardella         Same as C above       F Name and address of principal officer: Robert Gambardella       Hails this a group return         I tax exempt status:       X 501(c)(3)       S01(c)(-) < (inset no.)       4947(a)(1) or 527         J Website:       Yes       No         Method       Corop exemption number >         K Form of organization;       Corop return for onumber >         Vestite:       Nomber of independent voting members of the governing body (Part VI, line 1a)       I Simport the US Olympic         Shooting Team, sponsor competitions, provide members services, and       3       1 5         Number of independent voting members of the governing body (Part VI, line 1a)       3       3         Number of independent voting members of the governing body (Part VI, line 1a)       3       3         Number of independent voting members of the governing body (Part VI, line 1a)       3       1         S Contributions and grants		Addre	USA Shooting, Inc.			
Implementation       Number and street (or PU. box f mails not delivered to street address)       Hoom/suite       E       Telephone number         Implementation       Olympic Plaza       T19-866-4670         City or town, state or province, country, and ZIP or foreign postal code       G cross receipts \$       7,083,312.         Magelian       Fame and address of principal officer: Robert Gambardella       H(a) Is this a group return       for a subordinates?         J website:       Now Www.usashooting.org       H(a) Dargelian       H(b) Areal subordinates include?       Yes No         J Website:       Now Www.usashooting.org       H(c) Group exemption number       K         Form of organization:       X Corporation       Trust       Association       Other       L year of formation:       1994 M State of legal domicie: CO         Partial       Summary       If the organization is mission or most significant activities:       To Support the US Olympic         State       State of legal domicie: CO       Support       1       3       15         A Number of volting members of the governing body (Part VI, line 1a)       3       15       3         A Number of volting members of the governing body (Part VI, line 1a)       3       27, 27, 936, 49, 948, 525.       6         S Total number of volting members of the governing body (Part VI, line 1a)       3, 22		chang		84-1	263863	
I Originality Field       1 Originality Field			Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Answended Decked Pending       Colorado Springs, Co 80909       H(a) Is this a group return for subordinates?       Yes X No         I make as C above       H(a) Is this a group return for subordinates?       Yes X No         I make as C above       H(b) Are al aubordinates include?       Yes No         I make as C above       H(b) Are al aubordinates include?       Yes No         I make as C above       H(c) Group exemption number       Yes       No         J Website: > www.usashooting.org       K Corporation       Trust       Association       Other >       L Year of formation: 1994 M State of legal domicile: CO         Part I Summary       1 Briefly describe the organization's mission or most significant activities:       To support the US Olympic       Shooting Team, sponsor competitions, provide member services, and         2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets.       Significant activities:       Significant activities:         3 Number of viding members of the governing body (Part VI, line 1a)       3 15       Significant activities:       Significant activities:         4 Number of viding members of the governing body (Part VI, line 2a)       Significant activities:       Significant activities:       Significant activities:         6 Total number of volunters (estimate if necessary)       Total unrelated business taxable income from Form 900-T, line 38       Prior Year		⊥return			719-	
Imperiation       Coloradors of principal officer: Robert Gambardella       Ha is this a group return         Periation       Fame and address of principal officer: Robert Gambardella       for subordinates?       Yes X No         I tracexempt status:       X 501(c)(3)       501(c)() ◀ (insert no.)       4947(a)(1) or       527       H(b) Are all subordinates?       Yes No         J Website:       Www.usashooting.org       K form of organization:       X coproration       Trust       Association       Other       L year of tornation:       1994 M State of legal domicile: CO         Part I       Summary       I briefly describe the organization's mission or most significant activities:       To support the US Olympic         Shooting Team, sponsor competitions, provide member services, and       2       Check this box       is 1 as 3       15         4       Number of uoing members of the governing body (Part V, line 1a)       is 3       15         5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       5       3.227, 936.4,948,525.         6       Total number of individuals employed in calendary ear 2018 (Part V, line 2a)       154,128.666,338.       6       6.538.         10       Investment income (Part VIII, column (A), lines 3.4, and 7d)       154,128.666,538.       166,538.       154,128.666,538.         10		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,083,312.
Image: Product and address of principal officer. RODEL'C Gamba's Gerral       The Subodinates / Yes (A) No         I max exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(b) <i>Real insuborinates included?</i> [> Yes (A) No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(b) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(b) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(b) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(b) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(b) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(c) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(c) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(c) <i>Real insuborinates included?</i> [> No         I more status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527       H(c) <i>Real insuborinates include?</i> [> No         I more of volume more organization discontinue to the operations or disposed of more than 25% of its net assets.       Number of independent voting members of the governing body (Part V, line 1a)       I for a sadd a) </th <td colspan="5">I return COLOFADO SPELINGS, CO 80909 H(a) is this a</td> <td></td>	I return COLOFADO SPELINGS, CO 80909 H(a) is this a					
Same as C above       High Are all subordinates include?       Yes       No         Tax-exempt status:       X 501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         J Website:       > Www usashooting.org       High Are all subordinates include?       Wrs. (see instructions)         High Are all subordinates include?       Corporation       Trust       Association       Other ▶       L Year of formation:       1994 M State of legal demicile? CO         Part I       Summary       Isriefly describe the organization's mission or most significant activities:       TO Support the US Olympic         Shooting Team, sponsor competitions,       provide member services, and       3       3         2 Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3 Number of independent voting members of the governing body (Part VI, line 1a)       3       15         4 Number of independent voting members (part Part Part Part Part Part Part Part P		Ition	F Name and address of principal officer: RODELC Gallibal della		for subordinates	? Yes X No
J Website:       WWW. USa Shooting.org       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1994       M State of legal domicile: CO         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       To Support the US Olympic         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       if the organization geody (Part VI, line 1a)         4       Number of independent voting members of the governing body (Part VI, line 1a)       if the organization (C), line 1a)         5       Total number of individuals employed in calendar year 2018 (Part VI, line 2a)       5         6       Total number of volunteers (estimate if necessary)       7a         7a       Total number of errom Part VIII, column (C), line 12       7a         b Net unrelated business revenue from Part VIII, column (C), line 3       2,227,936.       4,948,525.         9       Program service revenue (Part VIII, line 2g)       796,055.       1,666,5386.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       164,971.       335,458.         12       Total revenue: add l		-	same as C above			
K Form of organization:       X       Corporation       Trust       Association       Other ▶       L Year of formation:       1994 M State of legal domicile; CO         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       To support the US Olympic         Shooting Team, sponsor competitions, provide member services, and       2         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       15         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       5         5       Total number of volunteers (estimate if necessary)       6       500         7a       Total number of volunteers (estimate if necessary)       7b       0.         7a       Total unrelated business revenue from Form 990-T, line 38       Prior Year       Current Year         8       Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         10       there revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 1-3)       144, 357.				or 527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: Shooting Team, sponsor competitions, provide member services, and         2       Check this box ▶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)						
Prior       Prior <t< th=""><th></th><td>_</td><td></td><td>L Year</td><td>of formation: 1994  N</td><td>State of legal domicile: CO</td></t<>		_		L Year	of formation: 1994  N	State of legal domicile: CO
Shooting Team, sponsor competitions, provide member services, and         2       Check this box ▶ 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)         4       Number of individuals employed in calendar year 2018 (Part V, line 2a)         5       Total number of volunteers (estimate if necessary)         7       Notime of volunteers (estimate if necessary) <t< th=""><th>Pa</th><td></td><td></td><td><u> </u></td><td>1 779 01</td><td></td></t<>	Pa			<u> </u>	1 779 01	
b Net unrelated business taxable income from Form 990-T, line 38       Tb       U.         8       Contributions and grants (Part VIII, line 1h)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, line 2g)       796, 055.       1, 666, 538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       444, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       1, 557, 486.       3, 936, 667.       5, 259, 403.         17       Other expenses (Part IX, column (D), line 25)       1, 557, 742.       7, 037, 273.       -924, 652.       -20, 366.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7	ø	1				
b Net unrelated business taxable income from Form 990-T, line 38       Tb       U.         8       Contributions and grants (Part VIII, line 1h)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, line 2g)       796, 055.       1, 666, 538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       444, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       1, 557, 486.       3, 936, 667.       5, 259, 403.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.         53<	anc					
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b Net unrelated business taxable income from Form 990-T, line 38       Tb       U.         8       Contributions and grants (Part VIII, line 1h)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, line 2g)       796, 055.       1, 666, 538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       444, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       1, 557, 486.       3, 936, 667.       5, 259, 403.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.         53<	202					
b Net unrelated business taxable income from Form 990-T, line 38       Tb       U.         8       Contributions and grants (Part VIII, line 1h)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, line 2g)       796, 055.       1, 666, 538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       444, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       1, 557, 486.       3, 936, 667.       5, 259, 403.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.         53<	ۍ ه	-				
b Net unrelated business taxable income from Form 990-T, line 38       Tb       U.         8       Contributions and grants (Part VIII, line 1h)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, line 2g)       796, 055.       1, 666, 538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       444, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       1, 557, 486.       3, 936, 667.       5, 259, 403.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.         53<	ies					
b Net unrelated business taxable income from Form 990-T, line 38       Tb       U.         8       Contributions and grants (Part VIII, line 1h)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, line 2g)       796, 055.       1, 666, 538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       444, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       1, 557, 486.       3, 936, 667.       5, 259, 403.         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.         53<	tivit					
B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       44, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       1, 557, 486.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3, 936, 667.       5, 259, 403.       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.       -20, 366.	Ac					
8       Contributions and grants (Part VIII, line 1h)       3, 227, 936.       4, 948, 525.         9       Program service revenue (Part VIII, line 2g)       796, 055.       1, 666, 538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154, 128.       66, 386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164, 971.       335, 458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 343, 090.       7, 016, 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       44, 357.       64, 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising fees (Part IX, column (D), line 25)       1, 557, 486.       0.       0.         17       Other expenses (Part IX, column (A), line 11e)       0.       3, 936, 667.       5, 259, 403.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.						
9       Program service revenue (Part VIII, line 2g)       796,055.       1,666,538.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       154,128.       66,386.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       164,971.       335,458.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4,343,090.       7,016,907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       44,357.       64,121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1,286,718.       1,713,749.         16a       Professional fundraising fees (Part IX, column (A), line 25)       1,557,486.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       1,557,486.       3,936,667.       5,259,403.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,267,742.       7,037,273.         19       Revenue less expenses. Subtract line 18 from line 12       -924,652.       -20,366.         56       Beginning of Current Year       End of Year		8	Contributions and grants (Part VIII, line 1b)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) $4, 343, 090.$ $7, 016, 907.$ 13Grants and similar amounts paid (Part IX, column (A), lines 1-3) $44, 357.$ $64, 121.$ 14Benefits paid to or for members (Part IX, column (A), line 4) $0.$ $0.$ 15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $1, 286, 718.$ $1, 713, 749.$ 16aProfessional fundraising fees (Part IX, column (A), line 11e) $0.$ $0.$ $0.$ 16aProfessional fundraising expenses (Part IX, column (D), line 25) $1, 557, 486.$ $3, 936, 667.$ $5, 259, 403.$ 17Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) $5, 267, 742.$ $7, 037, 273.$ 19Revenue less expenses. Subtract line 18 from line 12 $-924, 652.$ $-20, 366.$ $5\frac{94}{2}$ Beginning of Current YearEnd of Year	Jue					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) $4, 343, 090.$ $7, 016, 907.$ 13Grants and similar amounts paid (Part IX, column (A), lines 1-3) $44, 357.$ $64, 121.$ 14Benefits paid to or for members (Part IX, column (A), line 4) $0.$ $0.$ 15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $1, 286, 718.$ $1, 713, 749.$ 16aProfessional fundraising fees (Part IX, column (A), line 11e) $0.$ $0.$ $0.$ 16aProfessional fundraising expenses (Part IX, column (D), line 25) $1, 557, 486.$ $3, 936, 667.$ $5, 259, 403.$ 17Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) $5, 267, 742.$ $7, 037, 273.$ 19Revenue less expenses. Subtract line 18 from line 12 $-924, 652.$ $-20, 366.$ $5\frac{94}{2}$ Beginning of Current YearEnd of Year	vel					
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4 , 343, 090.       7 , 016 , 907.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       44 , 357.       64 , 121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1 , 286 , 718.       1 , 713 , 749.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       1 , 557 , 486.       3 , 936 , 667.       5 , 259 , 403.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e)       3 , 936 , 667.       5 , 259 , 403.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       5 , 267 , 742.       7 , 037 , 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924 , 652.       -20 , 366.         59       8eginning of Current Year       End of Year	Å					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       44,357.       64,121.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,286,718.       1,713,749.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,557,486.       3,936,667.       5,259,403.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3,936,667.       5,267,742.       7,037,273.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,267,742.       7,037,273.         19       Revenue less expenses. Subtract line 18 from line 12       -924,652.       -20,366.         59       8eginning of Current Year       End of Year					4,343,090.	
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1, 286, 718.       1, 713, 749.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▶       1, 557, 486.       3, 936, 667.       5, 259, 403.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3, 936, 667.       5, 267, 742.       7, 037, 273.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5, 267, 742.       7, 037, 273.         19       Revenue less expenses. Subtract line 18 from line 12       -924, 652.       -20, 366.         59       Beginning of Current Year       End of Year		13				
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0.0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▶       1,557,486.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3,936,667.5,259,403.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,267,742.7,037,273.         19       Revenue less expenses. Subtract line 18 from line 12       -924,652.       -20,366.         5%       Beginning of Current Year       End of Year		14			0.	0.
Image: Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       1,557,486.       3,936,667.       5,259,403.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       3,936,667.       5,259,403.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,267,742.       7,037,273.         19 Revenue less expenses. Subtract line 18 from line 12       -924,652.       -20,366.         59       Beginning of Current Year       End of Year	s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,286,718.	1,713,749.
17       Other expenses (i art X, column (A), lines 11a H d, H1246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         59       -924, 652.         -20, 366.         59	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17       Other expenses (i art X, column (A), lines 11a H d, H1246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         59       -924, 652.         -20, 366.         59	<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	86.		
19 Revenue less expenses. Subtract line 18 from line 12       -924,652.       -20,366.         59       Beginning of Current Year       End of Year	ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5,259,403.
ରଙ୍କ Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         4,759,964.         4,526,785.           4,21,788         380,694		19	Revenue less expenses. Subtract line 18 from line 12		-924,652.	-20,366.
$\frac{1}{20}$ Total assets (Part X, line 16) $4,759,964.$ $4,526,785.$ $421.$ 788.       380.       694.	OC SES			Be		
	sets	20	Total assets (Part X, line 16)			
	tAs	21	Total liabilities (Part X, line 26)		421,788.	380,694.
22         Net assets or fund balances. Subtract line 21 from line 20         4,338,176.         4,146,091.	ENe		Net assets or fund balances. Subtract line 21 from line 20		4,338,176.	4,146,091.

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         Robert Gambardella, Interim CEO         Type or print name and title	Date						
	Print/Type preparer's name Greg Papineau, CPA Greg Papineau, CPA Greg Papineau, CPA	Date Check PTIN if self-employed P00294662						
Preparer	Firm's name BiggsKofford, P.C.	Firm's EIN ► 84-0884124						
Use Only	Firm's address 630 Southpointe Court, Suite 200							
	Colorado Springs, CO 80906	Phone no. 719. 579. 9090						
May the IRS discuss this return with the preparer shown above? (see instructions)								
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2018)						

See Schedule O for Organization Mission Statement Continuation

Form	USA Shooting, Inc.	84-1263863 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	To support the US Olympic Shooting Team, sponsor competit	tions, provide
	member services, and promote shooting sports.	· •
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 organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 3,555,726. including grants of \$ 64,121. ) (Revenue	ue \$ 148,362.)
	Elite Athlete Programs - Running competitions - national	championships,
	junior Olympic championships, selection matches, sanction	
	and PTO matches.	
4b		
	Competitions - Running competitions - national champions	hips, junior
	Olympic championships, selection matches, sanctioning sta	ate JO and PTO
	matches.	
4c	(Code:) (Expenses \$263, 479. including grants of \$) (Revenue)	
	Shooter Development - developing programs to facilitate a	a pipeline of
	future Olympic athletes.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 197,573. including grants of \$ ) (Revenue \$	185,259.)
4e	Total program service expenses 4,817,435.	
		- 000 (

Form 990 (2018) USA Shooting, Inc.
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	blic office? If "Yes," complete Schedule C, Part I			<u> </u>
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	4		X
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	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X 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	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		х	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	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		23	
D		11b	х	
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		- 23	<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			- v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
	domostio government on rait in, columnin (m), interne in res, complete Schedule I, Parts Land II	<b>_  _  _ _ _</b>		<u> </u>

Form 990 (2018)

Form	990	(2018)
	330	(2010)

 Form 990 (2018)
 USA Shooting, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	23	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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	0.5%		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? <i>If</i> "Yes."			
		26		х
27	complete Schedule L, Part II       2         Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~	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, Part II, III, or IV, and	34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			Х
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dai	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> U			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

2a         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fied for the calendary var onlines 1 and 2, all the organization file all reputed based engloyment tax returns?         2b         X           b         at least one is reported on line 2a, all the organization file all reputed based engloyment tax returns?         2b         X           b         at least one is reported on line 2a, all the organization have unrelated business gross income of \$1,000 or more during the year?         2b         X           b         b         at war time 4 mon 801 for the year? <i>PM is line 30</i> , provide an explanation in Schedole O.         2b         X           b         1***et, 'inste the name of the organization have an interest in, or a signature or other authority over, a financial accounts for FIGR FIGR monetal based on an interest in, or a signature or other authority over, a financial accounts for FIGR FIGR monetal based on a prohibited tax sheller transaction at any time during the tax year?         2b         X           b         D d's ny taxal and prom 801 for organization hat the are normally greater than \$100,000, and did the organization and ware organization tax are any time during the tax year?         2b         X           b         I**'s' to line 5 are 50, did the organization file Form 8880 T?         2b         X         2c         X           c         Did sty taxal and prom 8004 sty as a orbitoticat any and promotes provided to the psym??         2b         X         2c         X	Form	990 (2018) USA Shooting, Inc. 84-1263 tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	863	Pa	age <b>5</b>
2a         Enter the number of employees reported on from V8.3, Transmittal of Wage and Tax Statements.         2a         35           bit at least one is reported on fine 2a, ddl the organization file at regured federal employment tax elumon?         2a         X           3a         Dit the organization have numbled business gross income of 51,000 or more during the year?         3a         X           3a         Dit the organization have numbled business gross income of 51,000 or more during the year?         3a         X           3b         If "Ps: "Institution thave numbled business gross income of 51,000 or more during the year?         3a         X           3b         If "Ps: "Institution thave numbled business gross income of 51,000 or more during the year?         3a         X           3b         If "Ps: "Institution thave number of benefon contry?         Comparization in Erone State account or other financial account?         4a         X           3b         If "Ps: "Institution any or to ponhibet tax state more mail year?         5b         X         5b         X           3c         If "Ps: "Institution any or to ponhibet tax statements in or a signation in Erone 300.000, and did the organization aclout in gross distate contributions?         5b         X           3c         If "Ps: "Institution state were not tax state account 170(c).         3a         Comparization aclout is disclutible as aclout blex state account 170(c).         3a				Yes	No
Notes if the sum of lines 1 and 2 is greater than 250, you may be required to e-rise (see instructions)       3a       3b         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3b         3a       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 foring neutry list of as a bina kaccount, securities account, or other financial accounts (FBAR).       4a       X         3b       If Yes, 'near the name of the foring neutry list of as a bina kaccount, securities account, or other financial accounts (FBAR).       5a       X         3c       Did any taxebul party notify the organization that was or is a party to a prohibited tax shelter transaction?       5a       X         4b       Did any taxebul party notify the organization file form 888877.       5a       X         4a       Did any taxebul party notify the organization file form 888877.       5a       X         4b       Did any taxebul party notify the organization file form 888877.       5a       X         4b       Did any taxebul party notify the odors of the ways oilclation an express statement that such conthubutons or gift were not tax deductible ontributions and are ytern barbour party taxebul taxebul party taxebul taxebul taxebul party taxebul taxebul taxebul taxebul taxebul party taxebul taxebul ta	2a				NO
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         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. See financial account, or other financial accounts (FBAF).         4a         X           bit "Yes," relate the mane of the foreign country. See there than some the foreign bank and Financial Accounts (FBAF).         5a         X           bit any time during the calendar year, did the organization for the mane an interest in, or a signature or other authority over, a financial Accounts (FBAF).         5a         X           bit any time during requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).         5a         X           c) Usary taxable party notify the organization in from 8866 77.         5a         X         5a         X           c) Usary taxable party notify the organization in from 8866 77.         Organization native any combibied tax sharble contributions?         7a         X           c) U'res," did the organization include where value of the goods or services provided?         7b         X           c) U'res," did the organization and the value of the goods or services provided?         7a         X           c) U'res," did the organization include where value of the goods or services provided?         7b         X           c) U'res," did the organization include weals of the goods or servic	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b       If "Yes," that it field a Form 990-T for this year? If "No" to line 30, provide an explanation in Schedule 0       3b         4a       At any time during the calendar year, do the organization have an interest in, or a signature or other nationity over, a transaid account is a toreing output year as bank account; executines account; or other instancial accounts (FBAR).         b       If "Yes," enter the name of the foreign county; by CeTRENTY       See instructions for filing requirements for FinctONE Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the taxy ear?       See       X         5b       Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction?       See       X         61       Pest" to line Sa or Sb, ddt the organization and was exel as party to a prohibited tax shelter transaction?       See       X         61       Pest" to a contribution and express tratement that such contributions or gits were not tax deductible contribution an express statement that such contributions or gits were not tax deductible contribution ander section T70(c).       See       X         7       Organization neale, approximation and express regulation property for which it was required to file form 8282 file during the year.       Yes.       Yes.         10       Ut the organization neale explanation in the express provided?       Yes.       X         10					
4a At any time during the calendar year, all the organization have an interest in, or a signature or other subterity over, a financial account in a territy country (such as a bank account: securities account, or other financial accounts; (FBAR).       4a       X         b If Yes, "enter the name of the foreign country: be GETMERINY.       5e: Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutit any contributions that ween totax deductible from 8886-17       5a       X         6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solutit any contributions that ween totax deductible from 8886-17       5c       5c         6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solutit any contributions and parity for goods and services provided to the pary T       7a       X         7b If Yes, 'idd the organization include with every solicitation and parity for goods and services provided to the pary T       7a       X         7b If Yes, 'idd the organization on othy the door of the value of the goods or services provided T       7a       X         7b If Yes, 'indicate the number of Forms 8282 filed during the year       7d       7a       7a         7b If Yes, 'indicate the number of Forms 8282 filed during the year       7d       7a       7a       7a					<u> </u>
In Trive," reture the name of the foreign country, the Germanny       4a       X         Is if Yes," reture the name of the foreign country, Yes Germanny       5a       X         See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         See instructions of filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         See instructions of filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         See instructions of filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         See on the organization requires annual gross receives that are normally greater than \$100,000, and did the organization sells.       5a       X         Organizations that may receive deductible contributions under section 170(c).       a       Did the organization neith weary solicitation an express statement that such contributions or gits wear on tax deductible?       7a       X         7 Organizations express that may or the value of the goods or services provided?       7a       X       7a       X         7 Organization section and section 170(c).       a       Did the organization file and the section 170(c).       Ta			3b		
b       If Yes,* enter the name of the foreign country: ▶ GETMENY         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a         X       See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a       X         Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween tot tax deductible?       5b       X         Or Granizations that may receive deductible contributions under section 170(c).       Bid the organization netly the door of the value of the goods or services provided?       7a       X         D If Yes,* (id the organization include with every solicitation and party for goods and services provided to the party of the value of the goods or services provided?       7b       X         D If Yes,* (id the organization notify the door of the value of the goods or services provided?       7c       X         D UI the organization notify the door of the value of the goods or services provided?       7c       X         D UI the organization notify the door or shots, partners or ordivers and the section 1200.       7a       7a       7a         I 11 Yes,* indicate the number of Forms 8282 filed during the year       7d	4a				
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and idd the organization solid any contributions that were not tax deductible as chartable contributions or gifts were not tax deductible as chartable contributions and were set to a tota doubt the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       b     If "Yes," did the organization include with every solicitation and express provided to the part?     7a     X       c     Did the organization include with every solicitation and partly for goods and services provided?     7a     X       did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization receive a any tunk, directly or indirectly, to pay premiums on a personal benefit contract?     7a     X       d     If "Yes," indicate the number of Forms 8282? filed during the year?     7a     7a     X       d     If the organization receive a contribution of any, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?     7a     7a <th>b</th> <th></th> <th>4a</th> <th>X</th> <th></th>	b		4a	X	
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?       56         c       If "Yes" to line 5a or 5b, did the organization file Form 88867?       56         d       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7       Organization sale as payment in excess of \$75 made party as a contributions and party for goods and services provided to the payor?       7a       X         7       Did the organization notify the donor of the value of the goods or services provided?       7a       X         b       Did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Tod the organization neceive a contribution or davids dunds. Did a door advised fund file Form 8289 as required?       7a       X         f       If the organization make as a table distributions under section 4966?       9a       9b       9a         g       Sponsoring organization make as a distribution of advised funds.       10a       10a       10a       10a       10a       10a       10a       <		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       Ga     Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: any conthibutions that wen to tax deductible as charitable contributions?     5c       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     6a       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       1     If "Yes," did the organization notify the donor of the value of the goods or services provided to the payre?     7b     X       7     Organization cecive a payment in excess of \$5's made partly as a contribution and partly for goods and services provided to the payre?     7b     X       7     Did the organization notify the donor of the value of the goods or services provided?     7c     X       7     Did the organization, during the year, pay premiums, directly or indirectly, no payrenum on a personal benefit contract?     7f     7f       7     If the organization enceive a contribution of qualified intellectual property (did the organization file a Form 1098-C?     7n     7a       8     Sponsoring organization maintaining donor advised funds.     Did a form 1098-C?     7n     7n       9     Sponsoring organization make any taxable distributions under section 4966?     9a     9b       9     Sponsoring organization	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b       I'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Gb       B         a       Did the organization and exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       To       To         b       If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       Td       Td         c       Did the organization and, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       Td       Td       Td         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       Td       Td         d       If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Td       Td         f       Did the organization maxies biodings at any time during the year?       Td       Td       Td         g       If the organization neceive any tanks, directly or indirectly, to pay premiums on a personal benefit contract?       Td       Td         f       If the organization neceive any tanks dinteston any tax bedin the organization file a c			5b		<u>X</u>
any contributions that were not tax deductible as chartable contributions?       6a       X         b If Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts       6b       7         Organization statu may receive deductible contributions under section 170(c).       7       7       X         b If the organization nealer apprent in excess of \$7 made party as a contribution and party for goods and services provided to the payor?       7a       X         c Did the organization nealer, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?       7d       X         d If Yes, ' indicate the number of Forms 8282 filed during the year       7d       7d       7d       7d         f Did the organization nealer any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d			5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a)       Id the organization receive a payment in excess of \$57 made party as a contribution and party for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intelectual property (a dit he organization file a Form 1088-C?       7h       X         f       Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7h       X         f       Did the organization maintaining door advised funds.       9a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?     66       7 Organizations that may receive deductible contributions under section 170(c).     7       0 In the organization nocite apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payof?     7       b If "Yes," did the organization nocity the donor of the value of the goods or services provided?     7       c Did the organization nocity the donor of the value of the goods or services provided?     7       c Did the organization needive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7       f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7       f If the organization receive a contribution of qualified intellectual property, did the organization file Form 8293 as required?     7       h If the organization neceive a contribution of qualified intellectual property, did the organization file Form 1008-C?     7       8 Sponsoring organization maintaining door advised funds.     8       a Did the sponsoring organization make any taxable distributions under section 4966?     9a       9 Did the sponsoring organization. Envire during the year     10a       10 Section 501(c)(12) organizations. Envire     10a       11 Section 501(c)(12) organizations.     11a       12 Section 4947(a(1) non-exempt charibale trusts.     11a       13 Section 501(c)(29) qualified nonprofit health plans in more than one state?     12a       13 Secti		•	6a		<u>X</u>
7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a       Did the organization notify the donor of the value of the goods or services provided?       7b       X         b       If 'Yes,' idit the organization ontify the donor of the value of the goods or services provided?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year pay premiums, on a personal benefit contract?       7f       Te         f       Did the organization received a contribution of qualified intellectual propenty, did the organization file a Form 1098-C?       7h       Th         f       Bit dre spanization neceived a contribution of auxis any time during the year?       8       8       9         9       Sponsoring organization make a distributions under section 4966?       9a       9a       9b       9a         9       Sponsoring organizations. Included on Part VIII, line 12       10a       10a       10a       11a       10a       10a       10a       11a       10a       11a       10a       10a       11a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization and thy the donor of the value of the goods or services provided?       7c       X         c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       1dd       7d       7         f Did the organization services any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7d         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       7d         f If the organization received a contribution of cars, boats, inplanes, or other vehicles, did the organization file Form 1098-C?       7n       7n         8 Sonosoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       10b       10b         10 Section 501(c)(7) organizations. Enter:       10a       10a       11a       12a         113 Gross income from members or shareholders       11a       11a       12a       12a			6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year pay preniums, directly or indirectly, on a personal benefit contract?       7e       7e         f       Did the organization indiring the year, pay preniums, directly or indirectly, on a personal benefit contract?       7f       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7h         A       Sponsoring organization make and goona dvised funds.       Bo       8       8       9         Sponsoring organization make and distributions on devised funds.       Bo       9a       9b       9b <th>7</th> <th></th> <th></th> <th></th> <th></th>	7				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       [7d]       7e       7         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       7d         g       If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining doon advised funds. Did a doon advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organizations maintaining doon advised funds.       10a       10a       10a       9b         10       the sponsoring organizations. Enter:       a       10a       10a<					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te         f Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       Te         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised, dud maintained by the sponsoring organization nake any taxable distributions under section 4966?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 bit he sponsoring organizations make any taxable distributions under section 4966?       9a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       9b         11 Section 501(c)(2) organizations. Enter:       10a       10b       11a       12a         12 Socion 501(c)(2) organizations. Enter:       10b       10b       12a       13a         12 Section 501(c)(2) organizations. Enter:       10b       12a       13a       13a         13 Section 501(c)(2) organizations. Enter:       11b       12a       13a       13a         13 Section 501(c)(2) organizations. Enter:       13a       13a       14b       14a       14a       14a			7b	X	
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Tg         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th         g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       Set         9 Did the sponsoring organization make any taxable distributions under section 4966?       Set       Set         10 d the sponsoring organization make any taxable distribution to a donor, donor, donor, or related person?       Sp       Sp         10 Section 501(c)(7) organization make a distribution to a donor, donor, donor, or related person?       Sp       Sp         10 Gross income from members or shareholders       10a       10b       10b         11 Section 501(c)(12) organization. Enter:       10a       10b       11c       12a         12 Section 501(c)(2) organization. Enter:       11a       10b       11b       12a         13 Section 501(c)(2) organization make more taxounts due or paid to other sources against amounts due or received from them.)       12a       12a	с				
e       Did the organization 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       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h         8       Sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distribution suder section 4966?       9a         10       Bid the sponsoring organizations. Enter:       10a         11       Bection 501(c)(7) organizations. Enter:       10a         12       Gross income from members or shareholders       11a         13       Bort on exempt charitable furusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         14       Bif the organization received and the alth plans in more than one state?       13a         14       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a         14       Did the sponsoring organization filing on a paynization must report on Schedule O.       14a         15       Exercise the			7c		<u>X</u>
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       79         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       70         Sponsoring organizations maintaining donor advised funds.       01       a donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       9       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bestin 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       10a       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a         13       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10c         13       Section 501(c)(2)(q)(1) non-exempt interest received or acrued during the year <td>d</td> <td>, , , , , , , , , , , , , , , , , , , ,</td> <td></td> <td></td> <td></td>	d	, , , , , , , , , , , , , , , , , , , ,			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         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:       10a         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 501(c)(29) qualified nonprofit health insurance issuers.       12a         13 Section 501(c)(29) qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       14a         Z       13b       13a         144 Did the organization is required	е				
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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:       11a         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       11a         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       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves on hand       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4					
11       Section 501(c)(12) organizations. Enter:       I1a       I1a         a       Gross income from members or shareholders       I1a       I1b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       I1b       I1b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       I2a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       I2b       IIa         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       IIa       IIa         a       Is the organization licensed to issue qualified health plans in more than one state?       IIa       IIIa         Note. See the instructions for additional information the organization must report on Schedule O.       IIIa       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					
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b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         144       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Is       Is       Is       Is         16       X       Is       Is       Is       Is       Is			IZa		
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b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	a		154		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	h				
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	D				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	~				
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></li></ul>			149		x
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X					
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X			1-10		
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	.0		15		х
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
	16		16		x
	_				

Form <b>990</b> (	(2018)
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Form 990	(2018)
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USA Shooting, Inc.

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 or note to any line in this Part VI	
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						X
Sec	tion A. Governing Body and Management				• 6	
-		Ι.	4-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	15	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		-			
b	Enter the number of voting members included in line 1a, above, who are independent		5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			37
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		•			
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explained)		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict o	f interest policy, and	financ	ial	
	statements available to the public during the tax year.					

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	The Organization - 719-866-4670	

Form 990 (2		84-1263863	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest (	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line 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 (Ď), (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 organization compensated any current officer, director, or trustee. Т

(A)	(B)	(C)				1		(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			) than (	ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1711 US		from	from related	other
	(list any hours for	direct				5		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	Istee			insate		(W-2/1099-MISC)	()	organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Chad Whittenburg	line)	<u> </u>	Ĕ	6	Ke	ΞΈ.Ε	Fo			
President	10.00	х		x				0.	0.	0.
(2) Rick Marsh	3.00									
Vice President		x		x				0.	0.	0.
(3) Sheila Brown	3.00									
Secretary		x		x				0.	0.	0.
(4) Richard Hawkins	3.00									
Treasurer		x		x				0.	0.	0.
(5) Susan Abbott	3.00									
Director		х						0.	0.	0.
(6) Ana English	3.00									
Director		Х						0.	0.	0.
(7) David Meltzer	3.00									
Director		Х						0.	0.	0.
(8) Matt Suggs	3.00									
Director		Х						0.	0.	0.
(9) Keith Sanderson	3.00									
Director		Х						0.	0.	0.
(10) James Henderson	3.00									•
Director	40.00	Х						0.	0.	0.
(11) Keith Enlow	40.00								0	01 400
Former CEO							Х	227,390.	0.	21,429.
		1								
										F 000 (2010)

Form 990 (2018) USA Shoot									84-12	<u>2638</u>	363	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	1	ploye	ees,			ghes	t C		. ,	<u> </u>			
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than box, unless person is bot officer and a director/trus		Position not check more than one unless person is both an			an	(D) Reportable compensation from	(E) Reportable compensatio from related	Estim n amou		(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
			<u> </u>	0	Ÿ	Ξē	E						
										$ \rightarrow$			
										-+			
										$\square$			
										-+			
1b Sub-total								227,390. 0.		0.	2	1,42	29. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								227,390.		0.	2	1,42	
2 Total number of individuals (including but n compensation from the organization ►							o re		000 of reportable			,	1
												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-				•			•			3	X	
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			x	
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	Iccrue compen	isatio	on fr	om	any	unre	late	ed organization or individ	lual for services		4		
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or si	ıch <u>r</u>	oers	on .				<u></u>	5		Х
1 Complete this table for your five highest con										pensat	ion fro	om	
the organization. Report compensation for 1 (A) Name and business			ONE			or wi	Inin	(B) Description of s		C	(C ompei	;) nsatior	<u>า</u>
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos (		ted	above) who received mo	ore than				

Form **990** (2018)

	90 (2 <b>VII</b>		<u>hooting,</u> we	Inc.			84-1263	3 <b>863</b> Pa
		Check if Schedule O cont		or poto to opy ling	a in this Dart VIII			1
		Check il Schedule O cont	ains a response	or note to any line	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	(D) Revenue exclu from tax und
						exempt function	business	sections 512 - 514
-						revenue	revenue	512 - 514
ŝ	1 a	Federated campaigns	1a					
und	b	Membership dues	1b					
Ĕ	с	Fundraising events	1c					
and Other Similar Amounts		Related organizations		167,282.				
nila		Government grants (contributi						
Sir		All other contributions, gifts, gran						
P		similar amounts not included abo		781 2/3				
0ŧ		similar amounts not included abov	ve [mp,	$\frac{701,243}{560,752}$				
p		Noncash contributions included in lines						
ar	h	Total. Add lines 1a-1f		🕨	4,948,525.			
				Business Code				
	2 a	Competition Fee	S	711300	1,268,978.	1,268,978.		
	b	Membership		711300	185,259.	185,259.		
nue		Training Progra	ms	711300	148,362.			
evenue		Range Targets		711300	56,010.			
Revenue		Range Fees		711300	7,929.	7,929.		
					1,545.	1,223.		
		All other program service reve			1 666 520			
_	g	Total. Add lines 2a-2f		🕨	1,666,538.			
;	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		🕨	17,703.			17,70
4	4	Income from investment of tax	k-exempt bond p	roceeds 🕨 🕨				
4	5	Royalties						
	-		(i) Real	(ii) Personal				
	6 -	Cross rests		(ii) i eisonai				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	48,683.					
	b	Less: cost or other basis						
		and sales expenses	0.					
	~	Gain or (loss)	48,683.					
			··		48,683.			48,68
		Net gain or (loss)			-0,005.			=0,00
2   4	8 а	Gross income from fundraising						
		including \$						
		contributions reported on line	1c). See					
		Part IV, line 18	а					
:	b	Less: direct expenses						
		Net income or (loss) from func						
		Gross income from gaming ac						
'	- u							
	Ŀ	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
1	0 a	Gross sales of inventory, less						
		and allowances		285,539.				
	b	Less: cost of goods sold	b	66,405.				
		Net income or (loss) from sale		►	219,134.	219,134.		
		Miscellaneous Revenu		Business Code				
4	1 2	Miscellaneous		711300	108,203.	108,203.		
1		Mailing List Sa	169	541860	8,121.	,		8,12
		marring hist ba	100	241000	0,121.			0,12
	С							+
		All other revenue			116 224			
1	•	Total. Add lines 11a-11d			116,324.			
	C	Total revenue. See instructions				1,993,875.	0.	74,50

990 (2018) USA Shooting	s Inc.		84-12	263863 Page
· · · ·		organizations must con	nplete column (A).	
			(C)	(D)
ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising expenses
Grants and other assistance to domestic organizations		ľ		•
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22	64,121.	64,121.		
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
-	227 200	164 016	16 202	1 6 0 9 1
	227,390.	104,010.	40,393.	16,981
	1 213 823	875 528	217 619	90,640
	1,213,023.	075,520•	247,049.	50,040
	20.834.	20.834		
			50.342.	25,699
				7,22
		/		
	78,469.	38,718.	39,751.	
	64,055.	-	64,055.	
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)				213,388
Advertising and promotion				34,134
Office expenses	1,142,048.	218,358.	29,058.	894,632
Royalties	00 500			
Occupancy			CO 114	1 6 1
Travel	∠,416,904.	2,186,827.	68,714.	161,363
· · · · · · · · · · · · · · · · · · ·				
——————————————————————————————————————				
	47.347.	34.642.	11.694.	1,011
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				2,01
	280,802.	280,802.		
Ammunition				
Other	250,772.	219,892.	452.	30,428
		,		
List Maintenance	75,374.			75,374
List Maintenance	75,374. 132,520.	123,338.	<u>2,573.</u> 662,352.	75,374 6,609
	<b>IX</b> Statement of Functional Expense         an 501(c)(3) and 501(c)(4) organizations must comple         Check if Schedule O contains a response         rot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.         Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21         Grants and other assistance to domestic individuals. See Part IV, line 22         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         Benefits paid to or for members         Compensation of current officers, directors, trustees, and key employees         Compensation of current officers, directors, trustees, and key employees         Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)         Other salaries and wages         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         Other employee benefits         Payroll taxes         Fees for services (non-employees):         Management         Legal         Accounting         Lobbying         Professional fundraising services. See Part IV, line 17         Investment management fees         Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	<b>IX</b> Statement of Functional Expenses         an 501(c)(3) and 501(c)(4) organizations must complete all columns. All other Check if Schedule O contains a response or note to any line in to oto include amounts reported on lines 6b, B, 9b, and 10b of Part VII.         Grants and other assistance to domestic individuals. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees       227, 390.         Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)       1, 213, 823.         Other salaries and wages       1, 213, 823.         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits       100, 541.         Fees for services (non-employees): Management Legal       78, 469.         Accounting       64, 055.         Lobbying       64, 055.         Professional fundraising services. See Part IV, line 17         Investment management fees       1, 142, 048.         Information technology       20, 539.         Coupancy       20, 539.         Travel       2, 416, 904.         Payments of fravel or entertainment expenses for any federal, state, or local	IX       Statement of Functional Expenses         ns 501(c)(2) and 501(c)(4) organizations must complete all columns. All other organizations must com Check if Schedule O contains a response or note to any line in this Part IX         ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.       (A)       Program service expenses         Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21       (A)       Program service expenses         Grants and other assistance to domestic individuals. See Part IV, line 21       64 , 121 .       64 , 121 .         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16       Benefits paid to or for members         Compensation of current officers, directors, trustees, and key employees       227 , 390 .       164 , 016 .         Compensation of current officers, directors, trustees (and ember section 4958(c)(3)(B)       1, 213 , 823 .       875 , 528 .         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       20 , 834 .       20 , 834 .       20 , 834 .         Other selicies (non-employees): Management       100 , 541 .       72 , 959 .       100 , 541 .       72 , 959 .         Fees for services (non-employees): Management       20 , 633 , 074 .       21 , 057 .       2418 , 488 .       131 , 673 .         Legal       78 , 469 .       38 , 718 .	IX       Statement of Functional Expenses         on S01(c)(2) and S01(c)(4) organizations must complete all columns. All other arganizations must complete column (A).       Checket (Schedule Columns reported on lines 6b, Total expenses       (A)         of include amounts reported on lines 6b, 9b, and 100 of Part VII.       Total expenses       (B)       (B)         Grants and other assistance to domestic organizations, far assistance to foreign organizations, far assistance to foreign organizations, far assistance to foreign organizations, functional Expenses       (B)       (B)       (B)       (B)       (B)       (C)       (B)       (C)       (C)

e All other expenses 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	494,908.	1	69,657.
	2	Savings and temporary cash investments	876,681.	2	617,773.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	187,371.	4	182,696.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use	243,356.	8	444,304.
	9	Prepaid expenses and deferred charges	475,596.	9	693,155.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,076,357.	400 000		462,660
		Less: accumulated depreciation 1,612,688.	422,976.	10c	463,669.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,059,076.	12	2,055,531.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,759,964.	15	1 526 795
	16	Total assets. Add lines 1 through 15 (must equal line 34)	235,050.	<u>16</u> 17	<u>4,526,785.</u> 210,863.
	17 18	Accounts payable and accrued expenses	233,030.	17	210,005.
	19	Grants payable	186,738.	19	169,831.
	20	Deferred revenue Tax-exempt bond liabilities	100,750.	20	105,051.
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons.			
iliq		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	421,788.	26	380,694.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
S		complete lines 27 through 29, and lines 33 and 34.			
nc.	27	Unrestricted net assets	2,112,537.	27	1,970,102.
3ala	28	Temporarily restricted net assets	2,153,302.	28	2,103,652.
μ	29	Permanently restricted net assets	72,337.	29	72,337.
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
o,		and complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4,338,176.	32	4,146,091.
<u> </u>	33	Total net assets or fund balances	4,759,964.	33	4,146,091.
	34	Total liabilities and net assets/fund balances	4,133,304.	34	±,540,705•

Form **990** (2018)

# Part X Balance Sheet

Form	aan	(201	g
FOIIII	990	(201	o

	1990 (2018) USA Shooting, Inc.	84-12	63863	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,016	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,037	· ·	
3	Revenue less expenses. Subtract line 2 from line 1	3	-20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,338		
5	Net unrealized gains (losses) on investments	5	-171	,71	<u>19.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,146	,09	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	, 5				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<b>3</b> a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2018)

SCHEDULE A
------------

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public

. Inspection

Name of	the	organization
---------	-----	--------------

Name	-						identification number		
	_			Inc.					4-1263863
Part	:1	Reason for Public (	Charity Status	All organizations must co	omplete th	is part.) Se	ee instructions	S.	
The or	gani	ization is not a private found	ation because it is: (	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7 🗌		An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 _		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 🗌		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma							
		activities related to its exem		• •					•
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the ore	ganization a	after June 30, 1975.
· · _	_	See section 509(a)(2). (Cor							
11 L	$\exists$	An organization organized a							
12 🗌		An organization organized a	-	-	-			•	
		more publicly supported or	-						Direck the box in
_		lines 12a through 12d that	• •			-		-	
а		<b>Type I.</b> A supporting orga		-	• • •	-			
		the supported organization			majority c				ipporting
h		organization. <b>You must c</b> <b>Type II.</b> A supporting org	-		ion with it	e cupporte	od organizatio	n(c) by bo	ling
b		control or management o							
		organization(s). You mus			ame perso	ns that co		ge the supp	Joned
с		Type III functionally inte			in connect	tion with	and functional	lly integrate	ad with
Ū	L	its supported organization						ny mograto	o with,
d		Type III non-functionally	. , .				-	rted organiz	zation(s)
		that is not functionally int		•••				-	
		requirement (see instructi	с с	<b>e</b> ,	•		•		
е		Check this box if the orga	,	•				II. Type III	
•		functionally integrated, or					.)pe., .)pe	., .,po	
f	Ente	er the number of supported c	51	, , , , , , , , , , , , , , , , , , , ,	5 5				
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Total									
	or P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	rm 990 or 990-EZ) 2018

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 Schedule A (Form 990 or 990-EZ) 2018
 USA Shooting, Inc.
 84-1263

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		-	_	_	-	-
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		1	1	-		1
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the c	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies a	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2017. If the c	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2018. If the orc	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	ts-and-circumstan	ces" test, check th	nis box and <b>stop</b>	<b>here.</b> Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2017. If the orç	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organization						s <b>&gt;</b>

### Schedule A (Form 990 or 990 EZ) 2018 USA Shooting, Inc.

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4948525.22017614. 4648277 4581892. 4610984. 3227936. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1958470. 900,238. 873,744. 2060280. 7539589. organization's tax-exempt purpose 1746857. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5511222. 4101680. 7008805.29557203. 6395134. 6540362. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 29557203. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 6395134. 6540362. 5511222. 7008805.29557203. 4101680. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 49,664. -13,546. 41,335. 154,128. 66,386. 297,967. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 49,664. -13,546. 41,335. 154,128. 66,386. 297,967. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 69,023. 69,023. assets (Explain in Part VI.) 6444798. 6526816. 5552557. 4324831. 7075191.29924193. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, ► check this box and **stop here** Section C. Computation of Public Support Percentage 98.77 % 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 98.74 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.00 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f) 17 % 98.00 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

2

3a

Yes

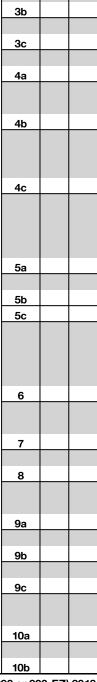
No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	ly integrate		
			Schedule A	(Form 990 or 990-EZ) 2018

	(Form 990 or 990-EZ) 2018				
Part V	Type III Non-Functio	nally	Integrated 509	a)(3) Supporting	g Organizations

Portion of operating expenses paid or incurred for production or

collection of gross income or for management, conservation, or

maintenance of property held for production of income (see instructions)

1

1

2

3

4

5

6

Section A - Adjusted Net Income

Add lines 1 through 3

Net short-term capital gain

Depreciation and depletion

Recoveries of prior-year distributions

Other gross income (see instructions)

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(B) Current Year

(optional)

(A) Prior Year

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1

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3

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Schedule A (Form 990 or 990-EZ) 2018 $$ U	JSA S	hooting,	Inc
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Par	t V   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	1
Secti	on D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018	USA	Shooting,	Inc.

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;				
	Det IV, Section A, lines 1, 2 the 45 5 6 0 the sections required by Part II, line 10, Part II, line 17 a of 17b, Part III, Ener 12,				
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1: Part IV, Section D, lines 2 and 3: Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1: Part V, Section B, line 1e; Part V,				
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.				
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
	(See instructions.)				
ī					

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2018

Employer identification number

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ISA	Shooting,	Inc.
JOA	shouting,	THC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., exclusively religious, exclusively religious,

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

USA Shooting, Inc.

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$ <u>57,327.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$ <u>70,031.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	· · · · ·	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

and I

Employer identification number

USA Shooting, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>13,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$30,600.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   10</u>		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

USA Shooting, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u>107,400.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>15,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$ <u>270,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$38,928.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$81,735.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

84-1263863

### USA Shooting, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Farti	Noncash Froperty (see instructions). Use duplicate copies of Par	t il il additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	Ammunition	_	
		\$ <u>107,400.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15	Ammunition	_	
		\$15,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	Ammunition		
		\$ <u>270,000.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	Software		
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	Airfare	—	
		\$ <u>81,735.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **4** 

Name of ore	ganization		Employer identification number
USA Sh	ooting, Inc.		84-1263863
Part III		through (e) and the following line en naritable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year htry. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047						
	Form 990) Complete if the organization answered "Yes" on Form 990,					2018			
(1 011	1000,	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			Open to Public			
	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest informati	ion.		Inspection			
Nam	e of the organizati			E		identification number			
_		USA Shooting, Inc.				4-1263863			
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(h) [	-undo ono	l other accounts			
	<b>T</b>		()	(D) F	-unus and	l other accounts			
1		nd of year							
2 3		f contributions to (during year)							
4		t end of year							
5			writing that the assets held in donor advised	funds					
-	-		exclusive legal control?			Yes No			
6			dvisors in writing that grant funds can be us						
	•		r donor advisor, or for any other purpose co						
						Yes No			
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line	e 7.				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).						
	Preservation	n of land for public use (e.g., recreation or e	ducation)	cally imp	portant la	nd area			
	Protection o	of natural habitat	Preservation of a certifie	ed histori	ric structu	re			
		n of open space							
2			ied conservation contribution in the form of	a conser					
	day of the tax year					t the End of the Tax Year			
a									
b	•		voture included in (a)						
с С			ucture included in (a)		C				
a			alter 7/25/06, and not on a historic structure		4				
3			eased, extinguished, or terminated by the or			the tax			
Ũ	year ►			gamzan	on during				
4	-	where property subject to conservation eas	sement is located						
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of						
	violations, and enf	orcement of the conservation easements it	holds?			Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation ea	asements	during the year			
	▶								
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easeme	ients durir	ng the year			
	►\$								
8			e satisfy the requirements of section 170(h)(	4)(B)(i)					
	and section 170(h)					Yes No			
9		•	on easements in its revenue and expense sta						
		-	ion's financial statements that describes the	organiza	ation's ac	counting for			
Par	conservation ease	ations Maintaining Collections of	Art, Historical Treasures, or Othe	er Simi	ilar Ass	ets.			
		f the organization answered "Yes" on Form							
1a		-	C 958), not to report in its revenue statemer	t and ba	alance she	eet works of art.			
			nibition, education, or research in furtherance						
		tnote to its financial statements that descril		·					
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd baland	ce sheet v	works of art, historical			
	treasures, or other	similar assets held for public exhibition, ec	ducation, or research in furtherance of public	service,	, provide	the following amounts			
	relating to these it	ems:							
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		🕨	▶ \$				
	.,				▶ \$				
2			asures, or other similar assets for financial g	ain, prov	vide				
	-	unts required to be reported under SFAS 1							
					► \$				
b	Assets included in	Form 990, Part X		🕨	▶ \$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued).         9       Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items         a       Public exhibition       d       Loan or exchange programs         b       Choing the security of the regularization's collections and explain how they further the organization's acception of the organization's description of the organization's description of the organization's description of the organization's description of the organization's collection?         Particle Carlos and Custodial Arrangements. Complete if the organization's collection?       Yes       No         Particle Carlos and Custodial Arrangements. Complete if the organization arswered 'Yes' on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21.       Yes.       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the tolowing table: <b>Amount 1</b> (Yes,'' explain the arrangement in Part XIII chack here if the segmantion has been provided on Part XII <b>Yes No</b> b       If 'Yes,'' explain the arrangement in Part XIII chack here if the segmantion has been provided on Part XII <b>Yes No</b> b       If 'Yes,'' explain the arrangement in Part XIII chack here if the segmantion has been provided on Part XII <b>Amount 1</b> (Party explain the	Sche		oting, Inc.					34-12			ıge <b>2</b>
check all that apply:       a       Delto exhibition       c       Loan or exchange programs         b       Schdarly research       c       Deter	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or (	Other \$	Similar	Assets	(contin	ued)	
a Public exhibition during the year of the organization answered "Yes" on Form 990, Part X, line 21.  a Board of the organization solit or other organization as exempt purpose in Part XIII.  b During the year, did the organization solit or other intermediaty for contributions or other assets to be solit to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.  a Is the organization and experiments. Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.  b Early I Fess, explain the arrangement in Part XIII and complete the following table:  c Beginning balance 1 to the set of the organization answered "Yes" on Form 990, Part X, line 21.  b If "Yes," explain the arrangement in Part XIII and complete the following table:  b If "Yes," explain the arrangement in Part XIII and complete the following table:  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance 1 to the transmost the organization answered "Yes" on Form 990, Part X, line 21.  b If "Yes," explain the arrangement in Part XIII and complete the organization answered "Yes" on Form 990, Part X, line 21.  b If "Yes," explain the arrangement in Part XIII and complete the organization answered "Yes" on Form 990, Part X, line 21.  b If "Yes," explain the arrangement in Part XIII (A Current year (b) Prior year (c) Thory years hack (d) finan years back (e) Four years back (e) Foury y	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that a	re a sign	nificant us	se of its c	ollection	items	
b       Scholary research       e       Other         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' 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, line 21.       Its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Its the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organization include an amount on Form 990, Part X, line 21.       Its the organizatin R and the organization answered 'Yes' on Form 990, P		(check all that apply):									
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII.         5       During the year, did the organization solic 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 answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         b of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b attro organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b of the organization include an amount on Form 990, Part X, line 21, for escrow recustodial account liability?       No         b dt for organization include an amount on Form 990, Part X, line 21, for escrow and Custodial Arrangene (et al. 2, 177, 306, 1, 806, 778, 1, 588, 360, 1, 428, 31, 1, 1, 1, 19, 288, 10, 1, 428, 31, 1, 1, 119, 288, 10, 1, 428, 31, 1, 1, 119, 288, 10, 1, 428, 431, 1, 1, 119, 288, 1, 1, 119, 288, 1, 1, 119,	а	Public exhibition	d	Loan or exc	hange program	ıs					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     5 During the year, did the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.     1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     2 Both motions during the year     1e     11     22 Dott the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Yes in No     b If "Yes, "explain the arrangement IN Part XIII. Check here II the explanation has been provided on Part XIII     Part W Endowment Funds. Complete if the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Yes in No     b If "Yes, "explain the arrangement IN Part XIII. Check here II the explanation has been provided on Part XIII     Part W Endowment Funds. Complete if the organization include an amount on Form 980, Part X, line 21, 1588, 360, 1, 428, 431, 1, 112, 259, 106, 106, 578, 1, 1, 588, 360, 1, 428, 431, 4, 1, 142, 259, 126, 112, 267, 133, 521, 060, 578, 1, 1, 588, 360, 1, 428, 431, 4, 1, 142, 259, 126, 126, 126, 126, 126, 126, 126, 126	b	Scholarly research	е	Other							
5       During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets       Yes       No         Part M       Escrow and Outstodial Arrangements. Complete if the organization is collection?       Yes       No         Part M       Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21.       The organization an agent, fusitive, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arragement in Part XIII and complete the following table:       Imount       1d       Imount       1d         C       Beginning balance       Imount       1d       Imount       1d       Imount       Imount       1d       Imount       Imount       1d       Imount	с	Preservation for future generations									
top 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 the organization answered 'Yes' on Form 990, Part N, Ine 21.       Yes       No         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X.       Yes       No         b If 'Yes, 'explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete in the organization and the organization	4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization'	's exemp	ot purpos	e in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (see a see a set of the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (see a set of the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If 'Yes, 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII.       If       If </th <td>5</td> <td>During the year, did the organization solicit o</td> <td>r receive donations of</td> <td>f art, historical treas</td> <td>sures, or other s</td> <td>similar a</td> <td>issets</td> <td></td> <td></td> <td></td> <td></td>	5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other s	similar a	issets				
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?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d         1a       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions fuclude an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves         Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part XIII       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the expanzion answered 'Yes' on Form 990, Part XIII (1, 1, 28, 1, 1, 119, 259, 126, 1168, 716, 1, 588, 360, 1, 428, 831, 1, 119, 259, 112, 670, 1139, 591, 168, 716, 1, 588, 360, 1, 428, 831, 1, 119, 259, 126, c         1a       Beginning of year balance       20, 539, 52, 060, 32, 152, 50, 126, c         c       Other expenditures for faailities       20, 539, 52, 060, 32, 152, 50, 126, c         a drins or scholarships       20, 539, 52, 060, 32, 152, 50, 126, c       142, 831, 20, 20, 23, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20				<u>u</u>					_		No
1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       10         c       Beginning balance       10       10         d       Additions during the year       10       10         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X line 10.       No       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X line (0) Fure varts back	Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered "Ye	es" on F	orm 990,	Part IV, I	ine 9, or		
on Form 990, Part X?		reported an amount on Form 990, Par	t X, line 21.								
b       If Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other asset	ts not ind	cluded		_		_
b       If "Yes," explain the arrangement in Part XIII and complete the following table:		on Form 990, Part X?						🗆	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Intervents back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years ba	b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         Dif 'Yes', "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back (e) Four year years back (e) Four year years back (e) Four year years back (e) Four years back (e) Four year year years back (e) Four yeare									Amount		
e       Distributions during the year       ie         f       Ending balance       it         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Did the organization include an amount on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (c) Two years back       (e) Four years back         e       Other expenditures for facilities       (a) fot an balance       (b) fot and balance       (c) fot and balance       (c) fot and balance         g       End of year balance       3	с	Beginning balance					1c				
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) four years back         b       Contributions       112, 870.       1.39, 501.       168, 716.       224, 218.       261, 250.         c       Not hit investment earnings, gains, and losses       -105, 333.       283, 287.       84, 654.       -14, 563.       48, 322.         d       Grants or scholarships       -       -       -       -       -       -         g       End of year balance       2, 164, 304.       2, 177, 306.       1, 806, 578.       1, 588, 360.       1, 428, 831.         2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:       a       Board designated or quasi-endowment ▶	d	Additions during the year					1d				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e				
b       If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Pror years       (c) Time years back       (c) Time years back       (c) Four years back         1a       Beginning of year balance       (a) Current year       (b) Pror years       (c) Time years back       (c) Time years back       (c) Four years back         b       Contributions       1, 28, 931,       1, 119, 259.         c       Net investment earnings, gains, and losses       -105, 333,       283, 287.       84, 654.       -14, 563.       48, 322.         c       Other expenditures for facilities       20, 539.       52, 060.       32, 152.       50, 126.       1         g       End of year balance       2, 164, 304.       2, 177, 306.       1, 806, 578.       1, 588, 360.       1, 428, 831.         g       End of year balance	f	Ending balance					1f		_		
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (e) Four years back           1a         Beginning of year balance         2,177,306.         1,806,578.         1,588,360.         1,428,831.         1,119,259.           12, 270.         139,501.         168,716.         224,218.         241,250.           c         Net investment earnings, gains, and losses         -105,333.         283,287.         84,654.         -14,563.         48,322.           d         Grants or scholarships         -105,333.         283,287.         84,654.         -14,563.         48,322.           e         Other expenditures for facilities and programs         20,539.         52,060.         32,152.         50,126.           g         End of year balance         2,164,304.         2,177,306.         1,806,578.         1,588,360.         1,428,831.           a         Board designated or quasi-endowment ▶         3.00         %         %         %         %           b         Permidue the estimated percentage of the ourrent year end balance (line 1g, column (a)) held as:         a         Board designated or quasi-endowment ▶         3.00         %	2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	ustodial accoun	nt liability	y?	L	Yes		No
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         2,177,306.         1,806,578.         1,588,360.         1,428,831.         1,119,259.           b         Contributions         112,870.         139,501.         168,716.         224,218.         261,250.           c         Net investment earnings, gains, and losses         -105,333.         283,287.         84,654.         -14,563.         48,322.           c         Other expenditures for facilities and programs         20,539.         52,060.         32,152.         50,126.         -           f         Administrative expenses         2,164,304.         2,177,306.         1,806,578.         1,588,360.         1,428,831.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         Board designated or quasi-endowment ▶											
1a       Beginning of year balance       2,177,306.       1,806,578.       1,588,360.       1,428,831.       1,119,259.         b       Contributions       112,870.       139,501.       168,716.       224,218.       2261,250.         c       Net investment earnings, gains, and losses       -105,333.       283,287.       84,654.       -14,563.       48,322.         e       Other expenditures for facilities       -105,333.       283,287.       84,654.       -14,563.       48,322.         e       Other expenditures for facilities       -105,333.       283,287.       84,654.       -14,563.       48,322.         g       End of year balance       20,539.       52,060.       32,152.       50,126.       -         g       End of year balance       2,164,304.       2,177,306.       1,806,578.       1,588,360.       1,428,831.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶	Par	TV Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	orm 990, Part IV						
b Contributions       112,870.       139,501.       168,716.       224,218.       261,250.         c Net investment earnings, gains, and losses       -105,333.       283,287.       84,654.       -14,563.       48,322.         d Grants or scholarships       -105,333.       283,287.       84,654.       -14,563.       48,322.         e Other expenditures for facilities and programs       20,539.       52,060.       32,152.       50,126.         f Administrative expenses       2,164,304.       2,177,306.       1,806,578.       1,588,360.       1,428,831.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶										-	
c       Net investment earnings, gains, and losses       -105,333.       283,287.       84,654.       -14,563.       48,322.         d       Grants or scholarships       -005,333.       283,287.       84,654.       -14,563.       48,322.         e       Other expenditures for facilities and programs       -005,333.       283,287.       84,654.       -14,563.       48,322.         f       Administrative expenses       -005,333.       283,287.       84,654.       -14,563.       48,322.         g       End of year balance       20,539.       52,060.       32,152.       50,126.       1,428,831.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a       a         a Board designated or quasi-endowment ▶	1a										
d Grants or scholarships	b	Contributions		,							
e       Other expenditures for facilities and programs       20,539.       52,060.       32,152.       50,126.         f       Administrative expenses	С		-105,333.	283,287.	84,	654.	-1	L4,563.		48,3	322.
and programs       20,539.       52,060.       32,152.       50,126.         f       Administrative expenses       2,164,304.       2,177,306.       1,806,578.       1,588,360.       1,428,831.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶      %         b       Permanent endowment ▶      %      %         c       Temporarily restricted endowment ▶      %         g. in percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	d	Grants or scholarships									
f       Administrative expenses       2,164,304.       2,177,306.       1,806,578.       1,588,360.       1,428,831.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶      %         b       Permanent endowment ▶      %      %         c       Temporarily restricted endowment ▶      %         g       in the possession of the organization that are held and administered for the organization by:	е	Other expenditures for facilities									
g End of year balance       2,164,304.       2,177,306.       1,806,578.       1,588,360.       1,428,831.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %      %      %         c Temporarily restricted endowment ▶      %      %         g End of year balance (line 1g, column (a)) held as:      %         a Are there endowment ▶      %         (i) unrelated organizations      %         (ii) related organizations      %         b If "Yes" on line 3a(ii), are the related organization's endowment funds.			20,539.	52,060.	32,	152.	5	50,126.			
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         main       Permanent endowment ▶%         main       Test * * * * * * * * * * * * * * * * * * *	f	Administrative expenses									
a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %         c Temporarily restricted endowment ▶      %         rhe percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g					578.	1,58	38,360.	1,	428,8	331.
b       Permanent endowment ▶       3.00       %         c       Temporarily restricted endowment ▶       97.00       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>(iii) Part VI</li> <li>Land, Buildings, and Equipment.</li> </ul> Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Image: Description of property         (a) Cost or other               (b) Cost or other <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Buildings</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Cost or other</li> <li>(c) So 5, 729.</li> <li>(c) Other</li> <li>(c) So 4, 839.</li>	2		ent year end balance	(line 1g, column (a)	)) held as:						
c Temporarily restricted endowment ▶ 97.00 % The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations isted as required on Schedule R?</li> <li>4 Describe in Part XII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(f) Cost or other</li> <li>(g) Cost or other</li> <li>(h) Cost or other</li></ul>				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization's endowment funds.</li> </ul> <ul> <li>(iii) Part XIII the intended uses of the organization's endowment funds.</li> <li>(iii) Cost or other basis (investment)</li> <li>(iii) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(f) So (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)</li></ul>		· · · · · · · · · · · · · · · · · · ·									
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)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b       b       Si (investment)       basis (other)       (c) Accumulated depreciation       (d) Book value         b Buildings       1a Land       1a       205, 729.       205, 729.         c Leasehold improvements       723, 578.       517, 849.       205, 729.         e Other       1, 352, 779.       1, 094, 839.       257, 940.	С										
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment c Other (c) Accumulated (c) Ac											
(i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(ii)       X         3b       3b         4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered	d for the	organiza	tion	г		
(ii) related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a Land       1a Land         b Buildings       1a Land       1a Land       1a Land         c Leasehold improvements       123,578.       517,849.       205,729.         e Other       11,352,779.       1,094,839.       257,940.		-								Yes	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       723,578.         d Equipment       723,578.         e Other       1,352,779.         1,094,839.       257,940.											<u>X</u>
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	-								3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	_		U U	ment funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Fai										
basis (investment)         basis (other)         depreciation           1a Land		-						.	<u> </u>		
b Buildings		Description of property				• •		d	(d) Book	value	ţ
c Leasehold improvements         723,578.         517,849.         205,729.           e Other         1,352,779.         1,094,839.         257,940.	1a	Land									
d Equipment         723,578.         517,849.         205,729.           e Other         1,352,779.         1,094,839.         257,940.											
e Other 1,352,779. 1,094,839. 257,940.	с	Leasehold improvements				_					
	d	Equipment				5	17,84	9.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)								9.			
	Total	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part X</u>	<u>(, column (B), line 1</u>	0c.)	<u></u>	<u></u>		463	3,66	<u>9.</u>

Schedule D (Form 990) 2018

Schedule	D (Form	n 990)	2018	U	SA	Shooting,	Inc.
		-	-				

Part VII Investments - Other Securities.	<b>J</b> , 1nc.		04-1203003 Page
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(C) Method of Vall	ation: Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other (A) USOE Investment Portfolio	2,055,531.	Fnd-of-Ve	ar Market Value
	2,033,331.	Ella-01-166	ai Maiket Vaiue
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,055,531.		
Part VIII Investments - Program Related.	, ,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Pa	rt X, line 13.
(a) Description of investment	(b) Book value		ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" ( (a)	on Form 990, Part IV, line 1 Description	1d. See Form 990, Pa	rt X, line 15. <b>(b)</b> Book value
Part IX Other Assets. Complete if the organization answered "Yes" ( (a)		1d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		1d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		1d. See Form 990, Pa	
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)		1d. See Form 990, Pa	
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)		1d. See Form 990, Pa	
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)		1d. See Form 990, Pa	
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)		1d. See Form 990, Pa	
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)		1d. See Form 990, Pa	
Part IX         Other Assets.           Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Description		(b) Book value
Part IX         Other Assets.           Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Description		(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.	Description 15.) on Form 990, Part IV, line 1		(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         Federal income taxes	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         Federal income taxes         (2)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         Federal income taxes         (2)         (3)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (1)         (2)         (3)         (4)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (3)         (4)         (5)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (4)         (5)         (6)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)	Description 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 9	(b) Book value

Sche	dule D (Form 990) 2018 USA Shooting, Inc.			84-2	1263863 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,845,188.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-171,719.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	-171,719.
3	Subtract line 2e from line 1			3	7,016,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,016,907.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per l	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,037,274.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,037,274.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,037,274.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4:

	The	Organization	uses the	investment	income	from	its	permanent	endowme	nt
--	-----	--------------	----------	------------	--------	------	-----	-----------	---------	----

to support programs. The fund maintains a corpus amount of \$1,500,000

before considering program distributions.

Part X, Line 2:

The Organization qualifies as a tax-exempt organization under section

501(c)(3)f the Internal Revenue Code and, accordingly, is not subject to

tax.

The Organization's Forms 990, Return of Organization Exempt From Income

Tax, are subject to examination by various taxing authorities, generally 832054 10-29-18 Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 USA Shooting, Inc.	84-1263863	Page 5
Part XIII Supplemental Information (continued)		
for three years after the date they were filed. Management	of the	
organization believes that it does not have any uncertain t	ax positions	
that are material to the financial statements.		

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	ties	OMB No. 1545-0047	
(Form 990 or 990-EZ)	D-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Open to Public	
Internal Revenue Service Name of the organization	Employer ide	Inspection							
								r identification number 63863	
Part I Fundrais		Complete if the organization answ	/ered "Y	'es" or	n Form 990. Part IV. I	ine 17			
required to	complete this part	t.							
a X Mail solicitat b X Internet and c Phone solici d In-person so	tions email solicitations tations licitations	f Solicit	ation of ation of al fundra	non-g gover aising	overnment grants nment grants events		or		
	highest paid indiv	art VII) or entity in connection with viduals or entities (fundraisers) purs organization.			•	he fur	Yes draiser is to be		
(i) Name and addres or entity (fund		(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
Resource One/World	wide		Yes	No					
Printing & Distrib	ution - PO	Direct Mail Solicitations	X		1,248,430.		884,410.	364,020.	
Newport Creative	1				461 470		205 241	126 125	
Communications - 2	I Raliroad	Direct Mail Solicitations	X		461,478.		325,341.	136,137.	
Total					1,709,908.		1,209,751.	500,157.	
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration	

AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR PA, RI, SC, SD, TN, UT, VA, WA, WV, WI

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b, I ist events with gross receipts greater than \$5,000.

		or rundraloing event contributions and gro			sento mangroso receipi	to greater than \$0,000.			
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))			
ø			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
kpenses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses							
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin							
Pa	rt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	1			
		\$15,000 on Form 990-EZ, line 6a.							
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Re	1	Gross revenue							
s	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
rect	4	Rent/facility costs							
ē									
_	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶				
~	<b>F</b>								
<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>									
10a	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:								
b	lf "	Yes," explain:							

Sch	edule G (Form 990 or 990-EZ) 2018 USA Shooting, Inc. 84	-1263	863	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	an outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization    \$			
	of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 💲			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	°art III, lin	es 9, 9	9b, 10b,
50	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	ra.		
50	neddre 6, fart 1, fine 25, fist of fen nignest fara fundrafse.			
<u>(i</u>	) Name of Fundraiser: Resource One/Worldwide Printing & Distr	ibuti	on	
<u>(i</u>	) Address of Fundraiser: PO Box 839, Tulsa, OK 74101-0839			
<u>(i</u>	) Name of Fundraiser: Newport Creative Communications			
(i	) Address of Fundraiser: 21 Railroad Ave, Duxbury, MA 02332			
<u> </u>				

	a (Form 990 or 990-EZ)		Shooting,	Inc.
Part IV	Supplemental Inf	ormation	(continued)	

The invoices from Newport Creative Communications disstinguish between

professional fundraising services and reimbursement for expenses such

as postage and printing supplies.

SCHEDULE I (Form 990)		Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	<b>ls in the Ŭni</b> ' on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2018</b> Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organizati	on USA Shoot	ing, Inc.						Employer identification number $84 - 1263863$
Part I General In	formation on Grants a							
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	stance?				-		
	d Other Assistance to I					anization answered "Y	es" on Form 990. Par	IV. line 21, for any
	nat received more than \$	-						
1 (a) Name and ad	dress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a er of other organizations		4 - 1-1 -	e line 1 table			•	▶
LHA For Paperwork	<b>Reduction Act Notice</b> ,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)

84-1263863 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Athletic Endowment Training Grant	36	64,121.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grants or assistance were provided to athletes training at the Olypmic

Training Center and athletes selected by the coaches. When an athlete

is awarded a grant, they are required to turn in receipts to prove they

spent money on approved activities and are then sent a check up to the

amount of the grant or the total of the receipts.

SCHEDULE J	Compensation Information		OMB No. 154	5-0047		
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		201	9		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		201	0		
epartment of the Treasury	Attach to Form 990.		Open to Public Inspection			
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>				
lame of the organization			dentification	number		
Part I Question	USA Shooting, Inc. s Regarding Compensation	84-1	263863			
	s negarating compensation					
• Charle the energy	ate box(es) if the organization provided any of the following to or for a person listed on Form	000	Y	es No		
		990,				
	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa				
First-class or c						
Travel for com	panions Payments for business use of personal reaction and gross-up payments I Health or social club dues or initiation fee					
	pending account Personal services (such as maid, chauffer	ir, chei)				
<b>b</b> If any of the bayes.	on line to are checked, did the organization follow a written policy recording payment or					
	on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
	require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
trustees, and onice			2			
Indicate which, if ar	ny, of the following the filing organization used to establish the compensation of the organiza	tion's				
	ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the organ					
	ation of the CEO/Executive Director, but explain in Part III.					
X Compensation						
	ompensation consultant					
	ther organizations <b>X</b> Approval by the board or compensation c	ommittee				
1 During the year dia	any parson listed on Form 000. Part VII. Section A line to with respect to the filing					
	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a re			40	x		
	e payment or change-of-control payment?			X		
	ceive payment from, a supplemental nonqualified retirement plan?			X		
	ceive payment from, an equity-based compensation arrangement?		4c			
II Yes to any of in	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only saction 501/a	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
contingent on the r		41				
•			5a	X		
A py related ergenize	ntion?		5a 5b	X		
	ation? r 5b, describe in Part III.					
	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
contingent on the n						
•			6a	x		
	ation?					
	ation? r 6b, describe in Part III.					
	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	es 5 and 6? If "Yes," describe in Part III		7	X		
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
-				x		
			8			
	d the organization also follow the rebuttable presumption procedure described in		9			
	53.4958-6(c)?			1		

### 84-1263863

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) Keith Enlow	(i)	197,390.	30,000.	0.	5,200.	16,229.	248,819.	0.
Former CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2018 Open to Public Inspection

Name	of the	organ	izatior	h

		Go to www.irs.gov/Form990 for instructions and the latest information.
ior	I	

Employer identification number
84-1263863

Schedule M (Form 990) 2018

USA Shooting, Inc.

Check if applicable     Number of applicable     Noncash contribution amounts groups     Method of determining moncash contribution       1     Art - Historical treasures     Image: Second Se	1 41		()	(1)				( 1)			
1       Art - Works of at         2       Art - Historical trassures         3       Art - Fictorial Interests         4       Books and publications         6       Cars and other vehicles         7       Boats and planes         9       Securities - Publicly traded         1       Securities - Publicly traded         1       Securities - Obsey heid tock         11       Securities - Obsey heid tock         12       Securities - Nucleus         13       Caulified conservation contribution - Historic structures         14       Qualified conservation contribution - Historic structures         14       Qualified conservation contribution - Other         14       Qualified conservation contribution - Other         15       Real estate - Commercial         16       Real estate - Commercial         17       Real estate - Commercial         18       Collectibles         19       Collectibles         20       Drugs and medical supplies         21       Taxidemy         22       Extincts         23       Collectibles         24       Chelocibical artifacts         25       Collectibles				contributions or	amounts repor	ted on					3
2       Art - Historical treasures	4	Art Marka of art				in, into tg					
3       At - Fractional interests											
4       Books and publications											
5       Clothing and household goods											
6       Cars and other vehicles											
7       Boats and planes											
8       Intellectual property         9       Securities - Publicly traded         0       Securities - Closely held stock         11       Securities - Pathership, LLC, or trust interests         12       Securities - Pathership, LLC, or trust interests         13       Qualified conservation contribution - Historic structures         14       Qualified conservation contribution - Other         15       Real estate - Residential         16       Real estate - Commercial         17       Real estate - Commercial         18       Collectibles         19       Food inventory         20       Drugs and medical supplies         21       Taxidermy         21       Taxidermy         21       Taxidermy         22       Archeological artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other ▶ ( <u>Aintraftare</u> )         26       X       0         27       Other ▶ ( <u>SoftWare</u> )         30       During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement         29       Intrest 4 scorthe teranangement In Part II.											
9       Securities - Diolecy held stock											
10       Securities - Olseely held stock	8										
11       Securities - Partnership, LLC, or trust interests	9										
trust interests	10	Securities - Closely held stock									
12       Securities - Miscellaneous	11	Securities - Partnership, LLC, or									
13       Qualified conservation contribution - Historic structures		trust interests									
Historic structures	12	Securities - Miscellaneous									
14 Qualified conservation contribution - Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Commercial   18 Callectables   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   21 Taxidermy   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (Airfare)   26 Other ▶ (Airfare)   27 Other ▶ (Software)   28 Other ▶ (Software)   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years form the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a X   31a X   32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?   32a X   32b If 'Yes,' describe in Part II.	13	Qualified conservation contribution -									
15       Real estate · Residential		Historic structures									
16       Real estate - Commercial	14	Qualified conservation contribution - Other $\dots$									
17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxiderny   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (Airfare)   26 Other ▶ (Airfare)   27 Other ▶ (Airfare)   28 Other ▶ (Software)   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   b If "Yes," describe the arrangement in Part II.   30a X   32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   32b If "Yes," describe in Part II.	15	Real estate - Residential									
18       Collectibles	16	Real estate - Commercial									
18       Collectibles	17	Real estate - Other									
19       Food inventory	18										
20       Drugs and medical supplies	19										
21       Taxidermy	20										
22       Historical artifacts	21										
23       Scientific specimens	22										
24       Archeological artifacts       X       0       442,090. Fair Market Value         25       Other ▶ (Airfare)       X       0       81,735. Fair Market Value         26       Other ▶ (Software)       X       0       81,735. Fair Market Value         27       Other ▶ (Software)       X       0       38,928. Fair Market Value         28       Other ▶ (       )       X       0       38,928. Fair Market Value         28       Other ▶ (       )       X       0       38,928. Fair Market Value         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         b       If "Yes," describe in Part II.       32a       X       32a       X	23										
25       Other ▶ (Ammunition)       X       0       442,090.Fair Market Value         26       Other ▶ (Airfare)       X       0       81,735.Fair Market Value         27       Other ▶ (Software)       X       0       38,928.Fair Market Value         28       Other ▶ (Other ▶ (Ot	24										
26       Other ▶ (Airfare)       X       0       81,735. Fair Market Value         27       Other ▶ (Software)       X       0       38,928. Fair Market Value         28       Other ▶ (       )       X       0       38,928. Fair Market Value         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       Market Nalue       32a		Other (Ammunition)	Х	0	442	,090.	Fair	Market	Val	ue	
27       Other ▶ (Software)       X       0       38,928. Fair Market Value         28       Other ▶ (       )       X       0       38,928. Fair Market Value         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       Yes       No         b       If "Yes," describe the arrangement in Part II.       31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         32a       If "Yes," describe in Part II.       32a       If "Yes," describe in Part II.       32a       X         33b       If "Yes," describe in Part II.       32a       X       32a       X       32a       X       32a       X         34       1       2       32a       33a       X       33a       X       33a       X       33a <t< th=""><th>26</th><th> /</th><th>Х</th><th>0</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	26	/	Х	0							
28       Other ()       )	27		Х	0							
29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X	28	· · · · · · · · · · · · · · · · · · ·				•					
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	29	i i i i i i i i i i i i i i i i i i i	ation during	, the tax year for co	ontributions						
30a       Yes       No         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X		, , ,	-			29					
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X		<b>5</b>				· · · ·			١	/es	No
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X	30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, tha	t it 🛛			
exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       Image: Contribution in the entire holding period?       Image: Contribution in the entire holding period p				,,,,,,,,		•	-				
b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?         32a       If "Yes," describe in Part II.									30a		Х
31       31       X         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       If       If       If	b										
32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?         b       If "Yes," describe in Part II.			olicy that re	quires the review o	of any nonstandard	d contribut	ions?		31		Х
contributions?       b     If "Yes," describe in Part II.			-	-	-						
b If "Yes," describe in Part II.		5		0	<i>,</i> 1 <i>,</i>				32a		х
	b										
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	33		olumn (c) foi	a type of property	for which column	(a) is cheo	ked,				

describe in Part II.

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

Part II						
Schedule M	(Form 990)	) 2018	USA	Shoot	ing,	⊥nc.

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

# Number listed represents the number of contributors.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

**2018** Open to Public Inspection Employer identification number 84-1263863

OMB No. 1545-0047

USA Shooting, Inc.

# Form 990, Part I, Line 1, Description of Organization Mission:

promote shooting sports.

Form 990, Part III, Line 4d, Other Program Services:

Membership - Provided USA Shooing News, to approximately 5,000 members.

Provided the members an opportunity to compete in USA Shooting

sanctioned matches and achieve national ranking scores.

Expenses \$ 197,573. including grants of \$ 0. Revenue \$ 185,259.

Form 990, Part VI, Section A, line 7a:

Coach representative elected by coaches and athlete representatives elected by athletes.

Form 990, Part VI, Section B, line 11b:

Form 990 was provided by e-mail to the organization's governing body before it was filed.

Form 990, Part VI, Section B, Line 12c:

Annual certification required by board of directors and staff, reviewed by secretary.

Form 990, Part VI, Section B, Line 15:

Compensation of senior staff wil typically be made annually during the

yearly performace review conducted in the December time frame. Increases

or bonuses (other than contractual requirements) in excess of 8% will be

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization USA Shooting, Inc.	Employer identification number 84-1263863
bonuses will be based upon achievement of stated objective	s, organizational
goals and overall financial success of supervised areas as	well as that of
the organization. Additional stated criteria may be used	in determining
compensation adjustments as determined by the executive di	rector. Changes
to compensation of the executive director - chief executiv	e officer will be
made as determined appropriate by a compensation committee	composed of the
president, treasurer and other selected members as determi	ned by the
president. Merit increases are based on performance relat	ed to the
organization's mission, goals and success either wholly or	for substantial
advances in identified areas.	

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AL,AK,AR,CA,CT,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,NE,NH,NJ,NM,NY,NC,ND,OH,OK,OR PA,RI,SC,SD,TN,UT,VA,WA,WV,WI

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents, conflict of interest policy, and

financial statements are made available to the public through the

organziation's website or upon request.

SC	HED	U	ILE	R
	-	-		

#### (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Employer identification number

84-1263863

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

USA Shooting, Inc.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
United States Olympic Committee - 13-1548339							
1 Olympic Plaza							
Colorado Springs, CO 80909	Supporting Olympic Sports	District of Columbia	501(c)(3)	Line 10			Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, jouri									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage <sup>ng</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	-										
										+	
	-										
	1										
	1										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1</u> e		_
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k	x	-
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			Ŧ
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Cther transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) USOC	С	964,190.	Cash
(2) USOC	ĸ	9,000.	
(3) USOC	С	98,292.	United VIK
<u>(4)</u>			
(5)			
<u>(6)</u>			

# Schedule R (Form 990) 2018 USA Shooting, Inc.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	10		(f)	(g)	/	h)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	Are Are partners 501(c orgs	all	(י) Share of	(9) Share of		ronor-	UI Code V-UBI	(J) General c	
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tio	ropor- nate	amount in box 20	managin	ownership
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	Sections 512-514)	Yes	No			Yes	No	(FUITI 1003)	Yes NO	<u></u>
												1

Schedule R (Form 990) 2018

# Schedule R (Form 990) 2018 USA S

Provide additional information for responses to questions on Schedule R. See instructions.