PUBLIC DISCLOSURE COPY

** 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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning and c	ending			
B c	heck if	C Name of organization		D Employer identifie	cation number	
	Addre					
	Name chang	Doing business as		84-12638	63	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final return/	One Olympic Plaza		(719) 86	6-4670	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,318,9	13.
	Ameno return	Colorado Springs, CO 80909		H(a) Is this a group re	eturn	
	Applic tion	F Name and address of principal officer: Relly Relsdoll		for subordinates	?Yes 🔀	No
	pendir	same as C above		H(b) Are all subordinates in	icluded? Yes	No
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of	or 527	If "No," attach a	list. See instruction	s
J۷	Vebsit	te: www.usashooting.org		H(c) Group exemptio	n number	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1994 N		ile: CO
Pa	art I	Summary		•	ŭ	
	1	Briefly describe the organization's mission or most significant activities: Empove	ver Am	erican athle	etes for	
Governance		Olympic and Paralympic success, grow the				
nar	l	Check this box if the organization discontinued its operations or dispose				
Ver	l	· · · · · · · · · · · · · · · · · · ·		3		12
ၓၟ	I	Number of independent voting members of the governing body (Part VI, line 1b)				12
		Total number of individuals employed in calendar year 2023 (Part V, line 2a)				21
ij		Total number of volunteers (estimate if necessary)				0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
		The difference business taxable income from the first of the first, find the		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		4,937,710.	3,212,3	99.
Jue	l	Program service revenue (Part VIII, line 2g)		672,673.	740,9	
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		98,822.	85,3	
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		167,455.		84.
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,876,660.	4,043,4	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		83,364.	99,6	
	I			0.00	, , ,	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,257,145.	1,456,1	
Expenses	160			0.	1,130,1	0.
en	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 805,90		<u> </u>		
Ä	170			4,053,633.	3,617,1	29
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,394,142.	5,172,9	
	I	Revenue less expenses. Subtract line 18 from line 12		482,518.	-1,129,5	
_ v		Revenue less expenses. Subtract line 16 from line 12	Re	ginning of Current Year	End of Year	
Assets or d Balances	20	Total accets (Part V. line 16)	50	4,806,159.	4,280,5	
ASSe Bala	20	Total assets (Part X, line 16)		778,247.	1,096,7	
Net/	1	Total liabilities (Part X, line 26)		4,027,912.	3,183,8	
_	rt II	Net assets or fund balances. Subtract line 21 from line 20		4,027,5124	3,103,0	111
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	inter and to the heet of my	knowledge and helief	it ic
		et, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	Knowledge and belief	, 11 13
uu,	COLLEC	is, and complete. Declaration of preparer (other than officer) is based on an information of win	icii pi epai ei	lias any knowledge.		
o:	_	Signature of officer		I Date		
Sigi		Kelly Reisdorf, CEO				
Her	е	Type or print name and title				
		Dranararia aignatura	/ -/ [Date Check	PTIN	
ם יים	ı	Print/Type preparer's name Bret Wichert Preparer's signature Guf U		1/13/24 if self-employ		2
Paid		PICC WICHCIE	Ι Ι		4-0884124	
	arer	Firm's name BiggsKofford, P.C. Firm's address 630 Southpointe Court, Suite 200		Firm's EIN 8	#-0004T74	
use	Only			Dham 71	0 570 0000	
		Colorado Springs, CO 80906		Phone no. / 1	9.579.9090	
viay	tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes	No

4d	Other program	services	(De	escrib	e or	n Schedule	e O.)
						•	

156,099. including grants of \$

) (Revenue \$

125,501.)

Form 990 (2023) 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	Ė		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	_		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		1
10		10	х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	21	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ـ مـ ا	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		3,7
	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			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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?			l
	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	Did the organization maintain an office, employees, or agents outside of the United States?	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			<u></u>
	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		X
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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I, Parts I and II	21		Х

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Pa	TIV 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_ 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	.		
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	·		
00		30		x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
31 32	Did the organization required to the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	. 31		125
32	, ,	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		125
33		22		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
05 -	Part V, line 1	34	Λ	V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 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	36	-	X
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 on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			- V	No

	check in contradic contradic a respective of these to any line in this case.					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	

Form 990 (2023)

USA Shooting, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		7,7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
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		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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?	6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		22
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD.		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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 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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		Х
	If "Yes," see the 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?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) USA Shooting, Inc. 84-1263863 Page
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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, .	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This decide by the internal horacourt policies hat required by the internal horacide dece.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on 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 to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	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 (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	One Olympic Plaza, Colorado Springs, CO 80909			

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 (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)]		((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	e com		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Craig Kozeniesky	40.00	드	드	Ò	3	工品	꼰			
CEO		1		х				217,631.	0.	0.
(2) Jay Waldron	40.00									
National Shotgun Coach						Х		124,930.	0.	0.
(3) Brent McPhereson	40.00									
C00						X		117,675.	0.	0.
(4) Jim Mitchell	2.00									
Board Chairman				Х				0.	0.	0.
(5) Jacqueline McCook (eff Dec 2023	2.00	1							_	
Vice Chair		Х						0.	0.	0.
(6) Troy Bassham	2.00	l								
Coaches and Officials Repr		Х						0.	0.	0.
(7) Frank Thompson (eff Nov 2023)	2.00	ļ								
AAC Representative, Shotgun		Х						0.	0.	0.
(8) Sarah Scherer	2.00	ļ							•	•
USOPC Athlete's Advisory Council	0.00	Х						0.	0.	0.
(9) McKenna Geer	2.00								•	•
USAS AAC Para	2 00	Х						0.	0.	0.
(10) Sandra Uptagrafft	2.00	3,7							0	0
AAC Representative, Pistol	2 00	Х						0.	0.	0.
(11) Tim Rupli	2.00	3,7							0	0
Board member	2 00	Х	_					0.	0.	0.
(12) Ward French (eff Dec 2023)	2.00	. ,							0	•
Board member	2.00	Х						0.	0.	0.
(13) Sara Walker (eff Dec 2023) Board member	2.00	Х						0.	0.	0.
(14) Kimberly Rhode	2.00	Λ						0.	0.	<u></u>
ISSF Representative	2.00	Х						0.	0.	0.
(15) Jack Burch (eff Dec 2023)	2.00	Λ						0.	0.	<u></u>
Treasurer	2.00	х						0.	0.	0.
(16) Chad Whittenburg (thru Dec 2023	2.00	21							0.	<u></u>
Board Chair	2.00	х						0.	0.	0.
(17) Eric Uptagrafft (thru Aug 2023)	2.00								•	•
Board Member		х						0.	0.	0.
	1								J •	Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable		Es	timate	ed :
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatio		ar	nount (of
	week (list any	_			II CCIO	174443	100)	from	from related			other	4:
	hours for	director				_		the organization	organization (W-2/1099-MIS		l	pensator om the	
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)		l	anizati	
	organizations	truste	al tru		yee	n be		1099-NEC)			ı ~	d relate	
	below	Individual trustee or	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizatio	วทร
	line)	Indi	Insti	Officer	Key	High	Former						
(18) Ana English (thru Aug 2023)	2.00							_					
Treasurer		Х						0.		0.			0.
(19) Randal Garret (thru Aug 2023)	2.00	1											
Board Member		Х						0.		0.			0.
(20) Dan Genter (thru Aug 2023)	2.00	1											
Board Member		Х						0.		0.			0.
(21) Rick Marsh (thru Aug 2023)	2.00	1											
Vice Chair and Independent		Х						0.		0.			0.
(22) Amanda Banta (thru Sep 2023)	2.00												_
AAC Representative, Rifle		Х						0.		0.			0.
(23) Vincent Hancock (thru Aug 2023)	2.00									_			_
AAC Representative, Shotgun		Х						0.		0.			0.
		-											
		-											
								160 226		_			
1b Subtotal								460,236.		0.			0.
c Total from continuation sheets to Part VI								460,236.		0.			0.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 - 6				<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ac	oove	e) Wn	io re	eceived more than \$100,	,000 of reportable	•			3
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director truct	00 1	·0\/ 0	mnl	0.40	0 Or	hia	host componented omp	lovos on				110
											3		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								or componentian from t					
and related organizations greater than \$150	•		•					·	· ·		4	х	
5 Did any person listed on line 1a receive or a											_		
rendered to the organization? If "Yes." com	•				•			· ·			5		Х
Section B. Independent Contractors	ipiete Scrieduli	3	UI SL	<i>ICIT</i>	JEIS	OII .							
Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than 9	\$100,000 of comp	ensa	tion fro	om	
the organization. Report compensation for													
(A)	-			<u> </u>				(B)			((<u> </u>	
Name and business	address	NO	INC	3				Description of s	services	C		nsatior	ı
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				

0

\$100,000 of compensation from the organization

Form 990 (2023) USA Shooting, Inc.
Part VIII Statement of Revenue

1 a Foderated campaigns 1 a Foderated campaigns 1 a Foderated campaigns 1 b				Check if Schedule O	conta	ains a res	ponse (or note to any lin	e in this Part VIII			
1 1 2 Foderated campaigns 1 1 1 1 1 1 1 1 1								•	, ,			
1 a Federated campaigns 1 a 1									Total revenue	1 .		
10										Turiction revenue	business revenue	
10	လ လ	1	а	Federated campaigns		18	<u> </u>					
2 a Competition fees Membership 711300 581,314. 581,314. 581,314. 711300 125,501. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125.	ant						_					
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2 a Competition fees Membership 711300 581,314. 581,314. 581,314. 711300 125,501. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125. 34,125. 711300 34,125.	nija,							,				
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b Membership Events and coach train	<u> </u>							1	, , , , , , , , ,			
b Membership Events and coach train	_o	2	а	Competition f	ee	S		711300	581,314.	581,314.		
11 a	ķ	-										
11 a	Ser				acl	h tra	in					
11 a	E S								, ,	,		
11 a	Beg											
Total. Add lines 2a2f	Pro			All other program service	rever	nue						
3 Investment income (including dividends, interest, and other similar amounts) 39,864. 39,864. 39,864. 39,864. 4 Income from investment of tax-exempt bond proceeds 53,681. 53,681. 53,681. 53,681. 6a Gross rents 6a (i)) Personal 6b (iii) Personal 6c (iii) Personal 6c (iii) Personal 6d (iii) Personal (iii)				· •					740,940.			
39,864. 39,864. 39,864.	İ	3							,			
4 Income from investment of tax-exempt bond proceeds 53,681. 53,681. 53,681. 6a 6a 6a 6a 6b 6c 6c 6c 6c 6c 6c 6c									39,864.			39,864.
Second S		4										
Contributions reported on line 1c). See Part IV, line 18 Dess: direct expenses Contributions reported on line 1c). See Part IV, line 19 Dess: direct expenses Contributions reported on line 1c). See Part IV, line 19 Dess: direct expenses Contributions reported on line 1c). See Part IV, line 19 Dess: direct expenses Contributions reported on line 1c). See Part IV, line 19 Dess: direct expenses Contributions reported on line 1c). See Part IV, line 19 Dess: direct expenses Contributions reported on line 1c). See Part IV, line 19 Dess: direct expenses Contributions reported on line 1c). See Part IV, line 19 Dess: direct expenses Dess: direct expense		5	5 Royalties			53,681.			53,681.			
December Color C				•		(i) R	eal	(ii) Personal				
Sec C Rental income or (loss) Sec C C C C C C C C C		6	а	Gross rents	6a							
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory -62,90562,905. Business Code 711300 14,008.			b	Less: rental expenses	6b							
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 149,535. C Gain or (loss) 7c 45,465. d Net gain or (loss) of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9 a Gross income from fundraising events (see Part IV, line 19 9a			С	Rental income or (loss)	6с							
assets other than inventory b Less: cost or other basis and sales expenses 7b 149,535. c Gain or (loss) 7c 45,465. d Net gain or (loss) 6 As a Gross income from fundraising events (not including \$			d	Net rental income or (loss)	<u></u>							
b Less: cost or other basis and sales expenses		7	а	Gross amount from sales of		(i) Secu	ırities	(ii) Other				
and sales expenses				assets other than inventory	7a	195,0	000.					
C Gain or (loss) 7c 45,465. 45			b									
C Gain or (loss) 7c 45,465. 45	ne			and sales expenses	7b	149,5	<u> 35.</u>					
including \$ of contributions reported on line 1c). See Part IV, line 18 8a	Ven		С		7с	45,4	<u> 165.</u>					
including \$ of contributions reported on line 1c). See Part IV, line 18 8a	Be		d	Net gain or (loss)			<u></u>		45,465.			45,465.
including \$ of contributions reported on line 1c). See Part IV, line 18 8a	her	8	а	Gross income from fundraising	ng ev	ents (not						
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Miscellaneous Business Code 711300 14,008. Business Code 711300 14,008.	ŏ			including \$		of	f					
b Less: direct expenses				•		•						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Miscellaneous Business Code 711300 14,008. 14,008.												
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Miscellaneous Business Code 711300 14,008. 14,008.												
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11 a Miscellaneous Miscellaneous All other revenue e Total. Add lines 11a-11d 9a 9b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						-		I				
b Less: direct expenses 9b Country Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold country 10a 63,021. b Less: cost of goods sold 10b125,926. c Net income or (loss) from sales of inventory -62,90562,905. Business Code 711300 14,008. 114,008.		9	а	•	_		I					
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a 63,021. 10 b 125,926. c Net income or (loss) from sales of inventory 11 a Miscellaneous Business Code 711300 14,008. 14,008.												
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Miscellaneous b C d All other revenue e Total. Add lines 11a-11d 10a 63,021. 10b125,926. 10a 63,021. 10b125,926. 10a 63,021. 10b125,926. 11a 4 008. 11a 0 14,008. 11a 0 14,008.												
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory -62,90562,905. Miscellaneous Business Code 711300 14,008. 14,008. 14,008. 14,008.							ties	 T				
b Less: cost of goods sold c Net income or (loss) from sales of inventory		10	а	•				62 021				
C Net income or (loss) from sales of inventory												
Business Code								μ Δ Ο ,	_62 ODE	_62 005		
11 a Miscellaneous 711300 14,008. 14,008.	\dashv		С	inet income or (loss) from	sales	ot inven	ιory	Rusiness Code	-02,303.	-02,303.		
e Total. Add lines 11a-11d	sn	4.	_	Migcellaneous					14 008			14 008
e Total. Add lines 11a-11d	Jeo ue	11		MIBCGII alleous				,11300	14,000.	 		1 1 ,000•
e Total. Add lines 11a-11d	ella Ven			-								
e Total. Add lines 11a-11d	See			All other revenue								
4 040 450 650 005 0 450 040	Σ								14.008.			
		12							4,043,452.		0.	153,018.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			тртете сотиппп (A).	
- Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	99,667.	99,667.		
3	Grants and other assistance to foreign	·			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	335,307.	274,951.	33,531.	26,825.
6	Compensation not included above to disqualified	,	,	, , , , , , , , , , , , , , , , , , , ,	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	896,687.	735,284.	89,669.	71,734.
8	Pension plan accruals and contributions (include	220,0070		22,0020	,
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	122,021.	100,057.	12,202.	9.762.
10	Payroll taxes	102,170.	83,779.	10,217.	9,762. 8,174.
11	Fees for services (nonemployees):	102,170.	03,113.	10,217	0,114.
	` ' '				
_	Management	91,464.	54,878.	36,586.	
b	Legal	72,615.	J = , 0 / 0 •	72,615.	
C	Accounting	72,013.		12,013.	
d	Lobbying Co. Dot IV line 47				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	120 601	115 001	4 707	
	column (A), amount, list line 11g expenses on Sch O.)	120,691. 17,822.	115,984.	4,707. 17,822.	
12	Advertising and promotion	112,896.	75,118.	33,803.	3,975.
13	Office expenses	112,090.	75,110.	33,003.	3,313.
14	Information technology				
15	Royalties	92 600	66 150	16 540	
16	Occupancy	82,699.	66,159.	16,540. 49,366.	10 2/1
17	Travel	1,645,523.	1,583,816.	49,300.	12,341.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11 000		11 000	
20	Interest	11,860.		11,860.	
21	Payments to affiliates	64 005	E / F / C / T	0 (24	
22	Depreciation, depletion, and amortization	64,225.	54,591.	9,634.	
23	Insurance	100,173.	70,121.	30,052.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	672 002			672 002
а	Fund development and di	673,093.	225 502		673,093.
b	Competition fees	225,582.	225,582.		
С	Athletes and teams	203,819.	203,819.	25 000	
d	Miscellaneous	119,962.	83,973.	35,989.	
	All other expenses	74,705.	74,705.	464 500	005 004
25	Total functional expenses. Add lines 1 through 24e	5,172,981.	3,902,484.	464,593.	805,904.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)

Form 990 (2023)
Part X Balance Sheet

Pal	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any	line in this Part X			X
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		367,931.	1	362,709.
	2	Savings and temporary cash investments		74,200.	2	26,697.
	3	Pledges and grants receivable, net		397,015.	3	0.
	4	Accounts receivable, net		88,390.	4	9,212.
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial co	ontributor, or 35%			
		controlled entity or family member of any of these perso	ns		5	
	6	Loans and other receivables from other disqualified pers	sons (as defined			
		under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		13,936.	8	0.
¥	9	5		70,923.	9	67,198.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	2,035,046.			
	b	Less: accumulated depreciation 10b	1,772,439.	326,833.	10c	262,607.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		3,353,105.	12	3,468,396.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		113,826.	15	83,746.
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)	4,806,159.	16	4,280,565.
	17	Accounts payable and accrued expenses	362,096.	17	345,932.	
	18	Grants payable			18	
	19	Deferred revenue		0.	19	483,600.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
S	22	Loans and other payables to any current or former office				
Liabilities		trustee, key employee, creator or founder, substantial co				
iab		controlled entity or family member of any of these person		150 000	22	142 002
_	23	Secured mortgages and notes payable to unrelated third		150,000.	23	143,893.
	24	Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24).	Complete Part X	266 151		122 206
			·····	266,151.		123,296.
	26	Total liabilities. Add lines 17 through 25	V	778,247.	26	1,096,721.
ဟု		Organizations that follow FASB ASC 958, check here	X			
၁င		and complete lines 27, 28, 32, and 33.		674 007		E10 202
a <u>la</u>	27			674,807. 3,353,105.	27	-510,303. 3,694,147.
Net Assets or Fund Balances	28	Net assets with donor restrictions		3,333,103.	28	3,034,147.
		Organizations that do not follow FASB ASC 958, che	CK nere			
P		and complete lines 29 through 33.			00	
şţ	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipmen			30	
¥.	31	Retained earnings, endowment, accumulated income, or		4,027,912.	31	3,183,844.
ž	32	Total net assets or fund balances		4,806,159.	32	1 280 565
	33	Total liabilities and net assets/fund balances		4,000,109.	33	4,280,565.

Pai	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	4	1,04	3,4	<u>52.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,17</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,12	9,5	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	1,02	7,9	12.
5	Net unrealized gains (losses) on investments	5		28	5,4	61.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	3,18	3,8	44.
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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

	USA	Shooting, I	Inc.				84	1-1263863
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The organ	nization is not a private found	lation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of ch					1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii).	Enter t	he hospital's name,
	city, and state:							
5 🗌	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit de	scribe	d in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	-					neral pi	ublic described in
	section 170(b)(1)(A)(vi). (C	•		· ·		· ·	•	
8 🗌	A community trust describe		1)(A)(vi). (Complete Part	t II.)				
9 🗌	An agricultural research org			•	ed in conju	unction with a land-	grant c	ollege
	or university or a non-land-g	-			-		-	-
	university:						-	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fee	es, and	gross receipts from
	activities related to its exen							
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organiza	ation af	ter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🔲	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry ou	ut the p	urposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section s	509(a)(2).	See section 509(a)(3). CI	neck the box on
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.		
а	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typical	lly by g	iving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees of	the sup	porting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), b	oy havii	ng
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the	e suppo	orted
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally inte	egrated	l with,
	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d 🗌	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported o	rganiza	ation(s)
	that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and an at	ttentive	eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е 🗌	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Typ	oe III	
	functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
	vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of mone	, I	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instruct	tions)	support (see instructions)
Total								

332021 12-21-23

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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5296257.	3400786.	4248803.	3907961.	3212399.	20066206.
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	5296257.	3400786.	4248803.	3907961.	3212399.	20066206.
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)						80,020.
6	Public support. Subtract line 5 from line 4.						19986186.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5296257.	3400786.	4248803.	3907961.	3212399.	20066206.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,793.	25,666.	44,122.	138,606.	93,545.	322,732.
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.)	138,028.	117,239.	202,158.	338,629.	14,008.	810,062.
11	Total support. Add lines 7 through 10						21199000 .
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 3	<u>,428,374.</u>
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2023 (li					14	94.28 %
	Public support percentage from 2022					15	94.87 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts					_	
	meets the facts-and-circumstances te	•				7	
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	rı ala not check a l	oox on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ar	ia see instructions	s

Schedule A (Form 990) 2023 USA Shooting, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
-		
2		
3a		
3b		
30		
3с		
4a		
4b		
713		
4c		
_		
5a		
5b		
5c		
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9a		
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9b		
9с		
10a		
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401-		
10b		

Par	t IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
	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,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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		
Sect	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 instruction	s).		
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 governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1	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.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	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)	6					
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 Part VI):						
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 0.015 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 0.035.	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 0.85 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-function	ally integrated	d Type III supporting orga	inization (see			
	instructions).						

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

USA Shooting, Inc. 84-1263863 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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** ☐ 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 X 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), 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization Employer identification number

USA Shooting, Inc.

84-1263863

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
1		\$ <u>1,427,500</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
2		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

USA Shooting, Inc.

84-1263863

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Name of organization **Employer identification number** USA Shooting, 84-1263863 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

USA Shooting, Inc. **Employer identification number** 84-1263863

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
D -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pa	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

651,240.

1,383,806.

Schedule D (Form 990) 2023

126,148

262,607

525,092.

1,247,347.

e Other

b Buildingsc Leasehold improvements

d Equipment

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

Schedule D (Form 990) 2023 USA Shooting	g, Inc.	8	4-1263863 Page
Part VII Investments - Other Securities	- 000 D + N/ I'	141 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" (- d - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	2 160 206	End-of-Year Market	- 1701
(A) USOE Investment Portfolio	3,468,396.	End-of-Year Market	value
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Tetal (Col. (h) must squal Form 000, Part V, line 12, sel. (P))	3,468,396.		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	3,400,330.		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	I1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	(-,	(2)	· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Due to the USOPC			39,550.
(3) Operating lease liability			83,746.
(4)			
(5)			
(6)			
()			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

2e

4c

987,767.

4,043,452.

Sche	dule D (Form 990) 2023 USA Shooting, Inc.			84-	1263863	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	ts Wi	th Revenue per Ret	turn		
	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	5,031	,219.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	285,461.			
b	Donated services and use of facilities	2b	702,306.			

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

c Recoveries of prior year grants

a Investment expenses not included on Form 990, Part VIII, line 7b

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Add lines 2a through 2d

Subtract line 2e from line 1

c Add lines 4a and 4b

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,875,287. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 702,306. a Donated services and use of facilities 2a **b** Prior year adjustments 2h 2c c Other losses d Other (Describe in Part XIII.) 702,306. e Add lines 2a through 2d 2e 5,172,981. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information

Other (Describe in Part XIII.)

b Other (Describe in Part XIII.)

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 X, Line 2:

The Organization is exempt from income taxes under Internal Revenue Code Section 501(c)(3) and is not a private foundation under Section 509(a)(2) of the Code. The Organization evaluates the effect of uncertain tax positions, if any, and provides for those positions in accordance with the provisions of FASB ASC Topic 450, Contingencies. No tax accrual for uncertain tax positions has been recorded as management believes there are no uncertain tax positions for the Organization.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

USA Shoot:	ing, Inc.						84-1263863
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$	-		1	1	(f) Method of	Т	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 							

84-1263863

(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
ger Club Endowment grants paid to athletes	20	99,667.	0.		
IV Supplemental Information. Provide the information re		e 2: Part III. column	(b): and any other ac	l Iditional information	<u> </u>
		, ,	(-),		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990.

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

USA Shooting, Inc.

Employer identification number 84-1263863

_	USA SHOOLING, INC.	04-1203003					
Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal u	ıse					
	Travel for companions Payments for business use of personal resider	nce					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, ch	nef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
Ü	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.	,					
	Compensation committee X Written employment contract						
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ X Approval by the board or compensation co	nittoo					
	Pormi 990 of other organizations Approval by the board or compensation comin	intee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		Х			
	Any related organization?			Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
-	contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?			Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
-	Regulations section 53.4958-6(c)?	9					
	···\-/·						

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

Schedule J (Form 990) 2023

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) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Craig Kozeniesky	(i)	217,631.	0.	0.	0.	0.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.
Part I, Line 3:
The Organization establishes compensation in a written employment contract
subject to approval by the board.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection

Employer identification number

	USA Shooting	, Inc.				84-1	.263	863	
Pa	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	ne	(d) Method of de oncash contribu	etermin	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - 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								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21									
22	Taxidermy Historical artifacts								
23									
	Scientific specimens								
24 25	Archeological artifacts Other (Air travel, roo)	Х	11	11 186	Fai:	r Market	77a	1 110	
	Other (Ammunition, tar)	X	25			r Market			
26		Α	23	31,143.	rai.	I Market	· va.	Lue	
27	Other ()								
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	otion during	the tax year for a	ontributions					
29	for which the organization completed Form 826								
	for which the organization completed Form 826	oo, Pari V, L	onee Acknowledg	ement 29				Yes	Na
200	During the year did the organization receive by	, contributio	n any proporty ran	earted in Dort L lines 1 throug	h 20 +	hat it		162	No
Sua	During the year, did the organization receive by must hold for at least 3 years from the date of					Hat It			
		_					20-		Х
L	exempt purposes for the entire holding period?						30a		21
	If "Yes," describe the arrangement in Part II.	valiev that so	acuires the review	of any nonetandard contribut	ions?		24		Х
31	Does the organization have a gift acceptance p				10115 !		31		Λ
3∠a	Does the organization hire or use third parties		•				20-		Х
L							32a		^
	If "Yes," describe in Part II.	aluman (=\ f=	v a truno of managerit	, for which columns (a) is at a	ادمط				
33	If the organization didn't report an amount in c	olumn (C) fol	a type of property	/ ior which column (a) is chec	кеа,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M	l (Form 990) 2023	USA Shoo	ting,	Inc.			84-	-1263863	Page 2
Part II	Supplementa	I Information. t I, column (b), the	Provide the number of	ne information r	equired by Part the number of	t I, lines 30b, 32b, a items received, or a	nd 33, and whare combination	nether the organi of both. Also co	zation

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

USA Shooting, Inc.

Employer identification number 84-1263863

Schedule O (Form 990) 2023

Form 990, Part I, Line 1, Description of Organization Mission:
passion for shooting sports.
Form 990, Part III, Line 4d, Other Program Services:
Membership - members are provided an opportunity to compete in USA
Shooting sanctioned matches and access to developmental programs.
Expenses \$ 156,099. including grants of \$ 0. Revenue \$ 125,501.
Form 990, Part VI, Section A, line 2:
The Organization had two board members, the Uptagraffts, that were related
to one another.
Form 990, Part VI, Section B, line 11b:
The 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 is required by the board of directors and staff and
reviewed by the board officers.
Form 990, Part VI, Section B, Line 15:
Compensation of senior staff is made annually during the yearly performance
review conducted in the December time frame. Increases or bonuses (other
than contractual requirements) in excess of 8% will be reviewed and
approved by the executive committee. Merit increases and bonuses will be

based upon the achievement of stated objectives, organizational goals, and

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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** USA Shooting, Inc. 84-1263863 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 director. Changes to the compensation of the executive director - the chief executive officer will be made as determined appropriate by a compensation committee composed of the chair, treasurer, and other selected members as determined by the chair. Merit increases are based on performance related to the organization's mission, goals, and success either wholly or for substantial advances in identified areas. 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 organization's website or upon request. Part X, Line 27, Line 28 Prior period amounts related to net assets without donor restrictions and net assets with donor restrictions have been reclassified to conform with the current year presentation, specifically to comply with the donor intention and nature of the endowment assets held by the Organization.

SCHEDULE 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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-1263863

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state c	(d) or Total inco	(e) ome End-of-year	I	(f) Direct controlling		
of disregarded entity		foreign country)				entity		
	_							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more re	lated tax-exer	npt	
(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	(f) Direct controlling entity		(g) Section 512(b)(13 controlled entity?	
				501(c)(3))			Yes	No
United States Olympic & Paralympic Committee								
- 13-1548339, 1 Olympic Plaza, Colorado								
Springs, CO 80909	Supporting Olympic Sports	District of Columbia	501(c)(3)	Line 10				Х
	1							
	-							
	1	1			l		I	

USA Shooting, Inc.

	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
raitiii	organizations treated as a partnership during the tax year.				

(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 sections 512-514)	redominant income Share of total Share of Disproportionate allocations? Disproportionate Code amount Code Code				Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping ownersh	age ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) Section 512(b)(13) controlled entity?	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership			
		country)		ŕ				Yes	No	
	1									
]									
]									
]									
	1									
]									
	1									
	1									

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No		
1	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?									
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to related organization(s)										
	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)									
g	g Sale of assets to related organization(s)					1g		X		
	h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)								X		
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)								X		
m Performance of services or membership or fundraising solicitations by related organization(s)								X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)								X		
	C 1 1 ,									
p Reimbursement paid to related organization(s) for expenses								Х		
q Reimbursement paid by related organization(s) for expenses								X		
•						1q				
r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)										
	! If the answer to any of the above is "Yes," see the instructions for information on who must complete									
	(a) (b) Name of related organization Transaction type (a-s)	on	(c) Amount involved	•	(d) Method of determining amount invo	olved				
1) 1	USOPC C		1,377,500.	Cash						
2) ¹	USOPC C		751,686.	FMV						

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

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