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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Αŀ	or tne	2022 calendar year, or tax year beginning and	enaing		
B c	heck if pplicable	C Name of organization		D Employer identif	ication number
	Addres	MAJESTY OUTDOORS			
	Name change	Doing business as		26-44588	65
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 555 N CARANCAHUA SUITE 130	Room/suite	E Telephone number 361-400-	
	return/ termin- ated			G Gross receipts \$	2,519,433.
	Amend return			H(a) Is this a group r	
	Applica			for subordinate	
	pendin	9 13706 CAYO CANTILES ST, CORPUS CHRISTI,	TX	H(b) Are all subordinates in	
T 1	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (1 ` ′	a list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: $\mathbf{T}\mathbf{X}$
		Summary		•	ŭ
	1	Briefly describe the organization's mission or most significant activities: BUILI	DING A	GENERATION	OF HOPE BY
Activities & Governance		SHATTERING THE CYCLE OF FATHERLESSNESS TH			
па	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
တ္		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
Ì.	6	Total number of volunteers (estimate if necessary)		6	20
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			
_ ⋖ 	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Φ	8 (Contributions and grants (Part VIII, line 1h)		761,713.	1,362,013.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		0.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,160.	
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		144,761.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		907,634.	1,059,395.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	· ·
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		294,445.	204,698.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x	þ.	Total fundraising expenses (Part IX, column (D), line 25)	53.		
Ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		146,459.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		440,904.	
	19	Revenue less expenses. Subtract line 18 from line 12		466,730.	'
Net Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		609,571.	1,704,861.
TAS H	21	Total liabilities (Part X, line 26)		12,074.	453,944.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		597,497.	1,250,917.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules		·	y knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.	
		Signature of officer		l Date	
Sigi				Date	
Her	е	DAVE COTHAM, EXECUTIVE DIRECTOR Type or print name and title			
			Tr	Date Check	PTIN
Da!d		Print/Type preparer's name Preparer's signature CRATC A ADAMSON CRATC A ADAMSON		if	
Paid	1	CRAIG A. ADAMSON CRAIG A. ADAMSON	N [self-emplo	policia P00246572
-	oarer	Firm's name ADAMSON & COMPANY, LLC Firm's address 4101 S ALAMEDA ST		Firm's EIN 4	13-3300/40
use	Only			Dhaz 2 4	1_007_0016
		CORPUS CHRISTI, TX 78411		I Phone no. 3 C	51-887-8916 X Yes No
ıvlay	tne IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BUILDING A GENERATION OF HOPE BY SHATTERING THE CYCLE OF
	FATHERLESSNESS THROUGH MENTORING AND THE OUTDOORS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 325,643 · including grants of \$) (Revenue \$)
Ta	TIDECHANGERS MENTORSHIP PROGRAM BEGAN IN 2013. MAJESTY OUTDOORS IS
	COMMITTED TO RAISING AWARENESS THROUGH THE TIDECHANGERS MENTORSHIP
	PROGRAM IN THE OUTDOORS. TIDECHANGERS MENTORSHIP PROGRAM PARTNERS WITH
	PASSIONATE AND COMMITTED INDIVIDUALS AND ORGANIZATIONS IN LOCAL
	COMMUNITIES TO EDUCATE, EQUIP, EMPOWER, AND ENCOURAGE THEM IN FORMING
	TIDECHANGER MENTOR CHAPTERS. WE WALK ALONGSIDE OUR COMMUNITY PARTNERS
	TO IDENTIFY, TRAIN, AND RAISE UP LEADERS, MENTORS, AND VOLUNTEERS. WE
	THEN PROVIDE A STEP BY STEP PROCESS TO EQUIP THESE TIDECHANGERS IN
	BUILDING LOVING, TRUSTING RELATIONSHIPS WITH THE FATHERLESS YOUTH AND
	PARENTS IN THEIR COMMUNITY.
4b	(Code:) (Expenses \$21,100. including grants of \$) (Revenue \$)
	MAJESTY OUTDOORS BEGAN A SCHOLARSHIP PROGRAM IN 2012. TEENS NOMINATED
	THROUGH THE MENTORSHIP PROGRAM HAVE THE OPPORTUNITY TO APPLY FOR
	SCHOLARSHIPS FOR HIGHER LEARNING IN COLLEGE OR TRADE-SCHOOLS. UPON
	MEETING REQUIREMENTS OF THE SCHOLARSHIP PROGRAM, TEENS HAVE THE
	OPPORTUNITY TO RECEIVE UP TO FOUR YEARS OF SCHOLARSHIP FUNDING, UP TO
	\$5,000 EACH YEAR.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
4	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 346,743.
4e	Total program service expenses 346 , 743 • Form 990 (2022)
	FOIII 960 (2022)

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Form 990 (2022) MAJESTY OUTDOORS 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	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			
	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	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
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		X
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		X

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Form 990 (2			OUTDOORS
Part IV	Check	dist of Required School	edules (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		<u>X</u>
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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		_X_
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			37
	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? f	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
~	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 0	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	
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					Yes	No
Part V	Statements Regarding Ot	ner IRS Filings and Tax Compliance	(continued)			
Form 990 (2		OUTDOORS		26-4458865	Pa	age 🧏

		i i		\rightarrow		.,,
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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?			Х	77
3a						X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		<u> 3</u>	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		١.			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)'?	4	a		X
D	If "Yes," enter the name of the foreign country	Page (FDAD)	-			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		_			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5			21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		۲	+		
oa	any contributions that were not tax deductible as charitable contributions?		6	а		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۲	_		
~	were not tax deductible?		6	ь		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? 7	а		Х
		, , , , , , , , , , , , , , , , , , , ,				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?		7	С		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 co	ontract?	. 7	e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	. 7	f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	. 7	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7	h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintaining \ donor \ advised \ fund \ advised \ ad$	by the				
	sponsoring organization have excess business holdings at any time during the year?		_ [3		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		9	a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9	b		
10	Section 501(c)(7) organizations. Enter:	ı ı				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	+			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-			
11	Section 501(c)(12) organizations. Enter:	l I				
а	Gross income from members or shareholders	11a	+			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441.				
10-	amounts due or received from them.)	11b	۱,	,_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 ?	12	2a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	\dashv			
	Is the organization licensed to issue qualified health plans in more than one state?		13	₹a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			<u> </u>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a			14	la		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			\Box		
	excess parachute payment(s) during the year?		1	5		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?	. 1	6		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 act	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		1	7		
	If "Yes," complete Form 6069.					

Form **990** (2022) 232005 12-13-22

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 Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records WHITNEY MILAM - 361-400-2321

Form **990** (2022)

555 N CARANCAHUA, STE 130, CORPUS CHRISTI

78401

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.
- 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.

X Check this box if neither the organization i		orga T	niza			nper	sat			
(A)	(B)			Pos	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week	offi	, unle: cer ar	ss pei id a d	rson i irecto	is both or/trus	tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				peq		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	luo a		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WILLIAM BLODGETT	4.00	=	=	0	~	王壶	Œ			
PRESIDENT		х		х				0.	0.	0.
(2) SUSAN BLODGETT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) DAVE COTHAM	40.00									
EXECTIVE DIRECTOR		Х		Х				0.	0.	0.
(4) JAMES DAVIDSON	0.00									
DIRECTOR		Х						0.	0.	0.
(5) TRAVIS GUANTT	0.00								_	_
DIRECTOR		X				<u> </u>		0.	0.	0.
(6) ALEX HARRIS	0.00	l								
DIRECTOR	1 0 00	Х	_			├		0.	0.	0.
(7) BRUD JONES	0.00									
DIRECTOR	0.00	X				-		0.	0.	0.
(8) BARBYE MOON	0.00	٠,							_	_
OIRECTOR (9) ROEL VILLANUEVA	0.00	Х				┢		0.	0.	0.
DIRECTOR	0.00	X						0.	0.	0.
(10) DANIEL WAGNER	0.00	^				┢		0.	0.	· · ·
DIRECTOR	0.00	X						0.	0.	0.
(11) CORY MORROW	0.00					\vdash		†	•	· • • • • • • • • • • • • • • • • • • •
DIRECTOR		х						0.	0.	0.
(12) CORY PROCTOR	0.00	1								
DIRECTOR		Х						0.	0.	0.
(13) JERAD WATSON	0.00									
DIRECTOR		Х						0.	0.	0.
						_				
		1								
		<u> </u>				_				
		-								

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>iHi</u>	ghes	st C	compensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos			ono	Reportable	Reportable)	Es	stimate	ed
	hours per	box	, unle	ss pe	rson i	than is bot	h an	compensation	compensatio		l .	nount (
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	t	1	other	
	(list any	director						the	organization		l	pensa	
	hours for	or dir	90			ated		organization	(W-2/1099-MIS		l	om the	
	related	stee	truste		a.	bens		(W-2/1099-MISC/	1099-NEC)		ı -	anizati	
	organizations below	nal tru	ional		ploye	t com		1099-NEC)			l .	d relate	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	JIIS
	,	드	트	6	포	王吉	굔						
		1											
						_	<u> </u>				<u> </u>		
		-											
						\vdash							
		1											
		1											
		1											
						-							
		1											
1b Subtotal			I	I		I		0.		0.			0.
c Total from continuation sheets to Part VI	I Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but n									000 of reportable				
compensation from the organization	or minica to th	000	11010	a u	,,,,,	, ***	.0 .0	socived more than \$100,	ooo or reportable	,			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	cev e	empl	ove	e. or	hio	nhest compensated emp	lovee on	I			
line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3		Х
4 For any individual listed on line 1a, is the su													
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 ochedan	<i>50 1</i>	Or St	acii ș	<i>JC13</i>	OH							
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business				~-				Description of s	ervices		ompe	nsatior	า ——
PINNACLE ROOFING, 2501 SC		ΚE	Т	SL.	AN	ט			MENTO.	Ì	1 /	4 O I	- Λ
DRIVE, CORPUS CHRISTI, TX J&J INSULATION & ACOUSTIC								ROOF REPLACE	WEIV.T.			4,8	50.
3442 STILL MEADOW RD, SEG		v	72	15	5			ASBESTOS ABA	TEMENT	Ì	11	5,34	4 N
3442 SIIDD MEADOW RD, SEC	OIN , T	Λ	70	<u> </u>	<u> </u>			ADDEDICO ADA	TEMENT			<i>J</i> , <i>J</i> .	± U •
										İ.			
										İ			
O Tatal assessment of the day of	a aliciality or 1			4.4				ale and other way	41s a				
2 Total number of independent contractors (in \$100,000 of compensation from the organic		ot IIr	nited) to		se lis 2	ted	above) who received me	ore than				
+ 100,000 or compondation from the organic						•							

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ωω	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
ទីខ្ល		Fundraising events 1c	560,290.				
fts,		Related organizations 1d	,=				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)					
Sin		All other contributions, gifts, grants, and					
utic Je	'		801,723.				
ë Đ	_	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	001,720.				
no n	_			1,362,013.			
Oa		Total. Add lines 1a-1f	Business Code	1,302,013.			
	•						
ice	2 a						
er v	b						
n S	С						
Jrar 3e∖	d						
Program Service Revenue	е						
Δ.		All other program service revenue					
\longrightarrow		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte					
		other similar amounts)		2,568.	2,568.		
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,154,852					
	b	Less: cost or other basis					
ne		and sales expenses 7b 1,193,062					
Revenue	С	Gain or (loss) 7c -38,210					
	d	Net gain or (loss)		-38,210.			-38,210.
ther	8 a	Gross income from fundraising events (not					
₹		including \$ 560,290. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 0.				
	b	Less: direct expenses8	b 266,976.				
	С	Net income or (loss) from fundraising events		-266,976.			-266,976.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	а				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities_					
	10 a	Gross sales of inventory, less returns					
		and allowances 10)a				
	b	Less: cost of goods sold10)b				
	С	Net income or (loss) from sales of inventory					
			Business Code				
ons e	11 a	r <u></u>					
ane	b						
Miscellaneous Revenue	С						
Alisc	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,059,395.	2,568.	0.	-305,186.

232009 12-13-22

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 167,516. 139,038. 20,102. 8,376. persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,750. 19,021. 22,917.1,146. Other employee benefits 9 14,265. 11,840. 1,712. 10 Payroll taxes Fees for services (nonemployees): Management Legal 19,500. 11,114. 8,386. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 14,340. 14,340. Advertising and promotion 12 18,176. 7,270. 9,088. 1,818. Office expenses 13 Information technology 14 15 Royalties 28,515. 28,515. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 24,126. 21,713. 2,413. Depreciation, depletion, and amortization 22 16,693. 16,693. 23 Other expenses. Itemize expenses not covered 24 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 O.) 32,312. 32,312. PROGRAM OPERATIONS 21,100. SCHOLARSHIPS 21,100. 15,178. 15,178. TRAINING AND CONFERENCE 7,454. 7,454. LICENSES AND RENEWALS 3,883. 3.883. e All other expenses 405,975. 346,743. 47,179. 12,053. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

07231027 152885 A959

Form 990 (2022)
Part X | Balance Sheet

<u>P</u> ar	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			35,713.	1	437,575
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ۱	9	Description of the second seco			19,152.	9	28,000
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,223,684.			
	b	Less: accumulated depreciation		81,854.	93,049.	10c	1,141,830
	11	Investments - publicly traded securities			461,657.	11	
	12	Investments - other securities. See Part IV, line	l 1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	97,456		
	16	Total assets. Add lines 1 through 15 (must equ	609,571.	16	1,704,861		
	17	Accounts payable and accrued expenses		12,074.	17	64,820	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ပ္ပ	22	Loans and other payables to any current or form	ner office	er, director,			
i <u>≅</u> ∣		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
ן כי	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	291,668
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.	25	97,456
	26	Total liabilities. Add lines 17 through 25			12,074.	26	453,944
		Organizations that follow FASB ASC 958, che	ck here				
Ses		and complete lines 27, 28, 32, and 33.					
a l	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions		<u></u>		28	
pur		Organizations that do not follow FASB ASC 9	58, che	ck here X			
년		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds			0.	29	0
set	30	Paid-in or capital surplus, or land, building, or ed	quipmen	nt fund	0.	30	0
As	31	Retained earnings, endowment, accumulated in	come, c	or other funds	597,497.	31	1,250,917
Net Assets or Fund Balances	32	Total net assets or fund balances			597,497.	32	1,250,917
_	33	Total liabilities and net assets/fund balances .			609,571.	33	1,704,861

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	1,059			
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,9		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,4: 7,4:		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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	1,250	0,9	17.	
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
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?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form	990	(2022)	

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

2022

Open to Public Inspection

Employer identification number

			STY OUTDOOD					2	6-4458865
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck 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)(b)(1)(A)(i	ii).		
4	同	A medical research organiz					•	. Enter	the hospital's name.
•		city, and state:		7			= (=)(-)(-)(-)		,
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit d	describe	ed in
J		section 170(b)(1)(A)(iv). (C		nogo or armorony owned	or operat	ou by a go	vorminorital arms o	20001100	Ju 111
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
7	X	An organization that norma	~					oporal r	aublic described in
′	21			illiai part of its support if	on a gove	emmema	unit or nom the g	enerai p	dublic described in
۰		section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Day	L II \				
8	H	A community trust describe							
9	Ш	An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the	college	e or
		university:							
10		An organization that norma	•				•		· ·
		activities related to its exen	•	•					-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organi	zation a	ifter June 30, 1975.
		See section 509(a)(2). (Con	•						
11	Ш	An organization organized a	•	·	•				
12		An organization organized a	•	•	•				• •
		more publicly supported or							Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12	g.	
a	ı		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typic	ally by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees o	of the su	ıpporting
	_	organization. You must o	-						
k	,		anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s)	, by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage t	he supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	;		grated. A supporting	g organization operated	in connect	tion with, a	and functionally ir	ntegrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.		
c	ı 🗀	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported	organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and an	attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	, [Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, T	ype III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
		vide the following information	about the supporte	d organization(s).					
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of mo	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instru	ictions)	support (see instructions)
Tot	al								

(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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 Tirst 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 99 - 86	Sec	tion A. Public Support						
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To Private foundation. If the organization did not check a box on line 13, 16b, 17a, or 17b, check this box and see instructions	40	-		-	•			H
Schedule A (Form 990) 2023	18	rivate roundation. If the organization	on dia not check a l	oox on line 13, 16a	a, 100, 1/a, 01 1/b	, cneck this box at		

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	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						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	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	ns 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
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Га	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		
	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	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	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			
L	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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
a	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 integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		·		Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9_	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>i</u> _	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021 Excess from 2022						
_	LAUGGG HUIII ZUZZ						

Schedule A (Form 990) 2022

Schedule B

(Form 990)

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

Schedule of Contributors

Schedule B (Form 990) (2022)

Employer identification number

26-4458865

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MAJESTY OUTDOORS 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).

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

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Name of organization Employer identification number

MAJESTY OUTDOORS

26-4458865

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLAKE SVEJKOVSKY 3111 N HOUSTON ST. APT 1515 DALLAS, TX 75219	\$\$	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	TRAVIS GAUNTT 310 WOLLSCHLAEGER DR BOERNE, TX 78006	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 CARROLL AND MARGUERITE WHEELER FOUNDATION 250 W. NOTTINGHAM STE. 300 B SAN ANTONIO, TX 78209	* 490,000 • * * * * * * * * * * * * * * * * *	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 TBM TEXANS ON MISSION 5351 CATRON DR DALLAS, TX 75227	* \$ 144,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JAMES DONNELL PO BOX 539 FOWLERTON, TX 78021	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	KEVIN EHRINGER 13701 CAYO CANTILLES CORPUS CHRISTI, TX 78418	\$\$ 88,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization Employer identification number

MAJESTY OUTDOORS

26-4458865

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ψ	Schedule B (Form 990) (20

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Name of organization **Employer identification number** MAJESTY OUTDOORS 26-4458865 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 (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 (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

Part I

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

Employer identification number

Name of the organization MAJESTY OUTDOORS

26-4458865 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor advis	ed funds	(b) Fun	ds 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	vriting that the assets h	eld in donor advised	d funds	
	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 ac	dvisors in writing that g	rant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor or	·		•	
	impermissible private benefit?				Yes No
Pai	Tt II Conservation Easements. Complete if the org	anization answered "Y	es" on Form 990, Pa	art IV, line 7.	
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	a historically	important land area
	Protection of natural habitat		Preservation of a	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contri	bution in the form of	f a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c	
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the o	organization	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 period	odic monitoring, inspe	ction, 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, a	and enforcing conse	rvation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	nforcing conservation	on easemen	ts during the year
8	Does each conservation easement reported on line 2(d) above		٠,		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial statemen	nts that desc	cribes the
Do	organization's accounting for conservation easements.	Art Historical Tr	accurac or Oth	or Cimila	r Annata
Pai	rt III Organizations Maintaining Collections of		easures, or Our	ei Siiiiia	r 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 publ			-	public
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958	•			
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	rance of pul	blic 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			gain, provide	9
	the following amounts required to be reported under FASB AS	-			
a	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				\$
I HA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022

	rt III Organizations Maintaining C	ollections of Ar	t, Histori	ical Tre	asures, or	Othe	r Sim		ts (continu		age Z
3	Using the organization's acquisition, accessi								•	icu)	
_	collection items (check all that apply):	o.,, a., a. o., . o., . o. o.	o, ooo a.	.,			.g		-		
а	Public exhibition	c	. .	an or exc	hange prograr	m					
b Scholarly research e Other											
c	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organization	n's exer	mpt pi	ırpose in Pa	rt XIII.		
5	During the year, did the organization solicit of										
_	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			Ü				,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cor	ntribution	s or other asse	ets not	includ	ed			
	on Form 990, Part X?							_	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						[-	1c			
d	Additions during the year							1d			
	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F							[Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete	if the organization ar	swered "Y	es" on Fo	rm 990, Part I						
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Th	ree years bac	k (e) Four	<u>years</u>	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g, c	column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held ar	nd administere	ed for th	ne		Г	/	NI-
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	-	
	(ii) Related organizations								3a(ii)	-	
b	If "Yes" on line 3a(ii), are the related organiza								3 b		
Dar	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment fund	ds.							
ı aı	Complete if the organization answere) Dart IV li	no 11a S	ee Form 990	Dart Y	line 1	Ω			
	-	T						I	(a) Daci	,, _e l. ·	
	Description of property	(a) Cost or o			or other (other)		ccum	 	(d) Book	value	Е
	Lond	<u> </u>	nony		2,059.	ue	Piecia	LIOIT	162	0	50
	Land				2,059.		1	,614.	438	70:	13
	Buildings				$\frac{2,957.}{6,429.}$		4	, 014.	466		
	Leasehold improvements				2,239.		77	,240.			99.
	Equipment			т э	4,433.		1 1	, 4 + 0 •	/ 4	, 5.	<i> </i>
	Other		V '	(D) /: 1	0 -)			+	1 141	Ω	3.0

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MAJESTY OUTI	DOORS	26	-4458865 Page
Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(b) Book value	(c) Wellied of Valuation. Cost of circ	or your market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) OFFICE LEASE - RIGHT-TO US	SE ASSET		97,456
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		97,456
Part X Other Liabilities.	70.7		,
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			97,456
(3)			
(4)			
(5)			
(6)			
(7)			

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

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

Schedule D (Form 990) 2022

(8) (9)

97,456.

Pa	edule D (Form 990) 2022 MAJESTY OUTDOORS			1458865 Page 4
	Tt XI Reconciliation of Revenue per Audited Financial State		ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		1 050 205
1				1,059,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	J			
b				
С	. , , , , , , , , , , , , , , , , , , ,			
	Other (Describe in Part XIII.)	·	0.	0
_	Add lines 2a through 2d			1,059,395.
3	Subtract line 2e from line 1		3	1,039,393
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45		
a				
b			10	0.
E C	Add lines 4a and 4b			1,059,395.
о Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta			
-	Complete if the organization answered "Yes" on Form 990, Part IV, line	-		
1	Total expenses and losses per audited financial statements		1	405,975.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
– a		2a		
b				
c	- · · ·			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			405,975.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	405,975.
Pa	rt XIII Supplemental Information.	,		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines to and 20, F	an v, iiile 4, Pan A	, iiile 2, Part Ai,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	/ additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

MAJESTY	OUTDOORS					-4458	865				
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" or	Form 990, Part IV, I	ine 17. Fo	rm 990-EZ	filers are not				
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes Yes ser is to be					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (or ret fund	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No								
Total List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exem	npt from re	gistration				

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			SHOOT & GALA			col. (c))
Ф			(event type)	(event type)	(total number)	(-)/
eun						
Revenue	1	Gross receipts	560,290.			560,290.
_			F.CO. 000			F.CO. 000
	2	Less: Contributions	560,290.			560,290.
	_	Overaging and the distribution (i)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	•	Cash ph200				
	5	Noncash prizes				
es	_					
ens	6	Rent/facility costs				
Direct Expenses						
ect.	7	Food and beverages				
۵						
	8	Entertainment				
	9	Other direct expenses	266,976.			266,976.
		3				266,976.
Da	11 rt I			.000 Dest IV line 10 and		-266,976.
Га		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or l	reported more than	
		ψ13,000 0111 01111 030 E2, linic 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ă	1	Gross revenue				
Ś	2	Cash prizes				
Direct Expenses						
хbе	3	Noncash prizes				
ctE		D 1/6 111				
Dire	4	Rent/facility costs				
	_	Other direct expenses				
	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	Ŭ	Volunteer label		<u> </u>		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
						Yes No
b	If "	No," explain:				
	_					
100	\\/_	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax s	/ear?	Yes No
		Yes," explain:				169 140

Schedule G (Form 990) 2022 232082 10-27-22

Schedule G (Form 990) 2022 MAJESTY OUTDOORS	26-4458865 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	13a %
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and	I the amount
of gaming revenue retained by the third party \$	and amount
c If "Yes," enter name and address of the third party:	
on 163, entername and address of the time party.	
Nama	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990) MAJESTY OUTDOORS	26-4458865 Page 4
Schedule G (Form 990) MAJESTY OUTDOORS Part IV Supplemental Information (continued)	
1	

SCHEDULE 0 (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.

Employer identification number 26-4458865

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

MAJESTY OUTDOORS

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUTDOORS. FORM 990, PART VI, SECTION A, LINE 2: BILL BLODGETT-PRESIDENT AND SUSAN BLODGETT-SECRETARY ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS AND THEIR RIGHTS PER BOARD APPROVAL FORM 990, PART VI, SECTION B, LINE 11B: TREASURER OF THE ORGANIZATION REVIEWS & ROUTES COPIES OF FORM 990 TO ALL BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

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

Schedule O (Form 990) 2022