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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

Information about Form 990 and its instructions is at www.lrs.gov/form990

Inspection

A	For th	e 2014 calendar year, or tax year beginning $$ JAN $1,$ 2015 $$ and ending	JUN 30, 2015
В	Check if applicat	C Name of organization	D Employer identification number
	Addr	9 SOUTH CAROLINA TOUTH SHOUTING FOUNDATION	
Ļ	Name	Doing business as	26-3594743
	Initial returi Final returi	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number 803-385-2494
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 167,464.
닏	Amer returi Appli	ROCK HILL, SC 23731	H(a) is this a group return
Ĺ.	tion pend	F Name and address of principal officer; DIFFICON TODDEL	for subordinates? Yes X No H(b) Are all subordinates included? Yes No
ī	Tax-ex		527 If "No," attach a list. (see instructions)
		ite: WWW.SCYSF.COM	H(c) Group exemption number ▶
K	Form o	f organization; X Corporation Trust Association Other	ear of formation: 2008 M State of legal domicile; SC
	art I	Summary	
-0	1	Briefly describe the organization's mission or most significant activities: PROVIDE	EDUCATION AND TRAINING
Activities & Governance	1	ABOUT PROPER GUN SAFETY, AND DEVELOP MARKSMA	NEHTP SKILLS FOR YOUTH
r.	2	Check this box if the organization discontinued its operations or disposed of a	note tran-26% of its net assets.
o e	3	Number of voting members of the governing body (Part VI. line 1a)	13 4
Ğ	4		NOV 1 3 2015 42 0
SS	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 0
įį	6	Total number of volunteers (estimate if necessary)	5 150
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	QUENTT 7a 0.
⋖		Net unrelated business taxable income from Form 990-T, line 34	74 0.
	1		Prior Year Current Year
• 4	8	Contributions and grants (Part VIII, line 1h)	300,006. 28,745.
Revenue	9	Program service revenue (Part VIII, line 2g)	123,905. 77,405.
Sevenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
ンド	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,580. 30,628.
J /	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	483,491. 136,778.
-	13	Grants and smilar amounts paid (Part IX, column (A), lines 1-3)	244,500. 27,250.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
G		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	234. 13,903.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)	
ñ	17		250,318. 167,352.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	495,052. 208,505.
	19	Revenue less expenses. Subtract line 18 from line 12	-11,56171,727.
5		Troverde lead experience, eabelder into 10 monthine 12	Beginning of Current Year End of Year
ets (20	Total assets (Part X, line 16)	283,737. 212,010.
Assets	21	Total liabilities (Part X, line 26)	0.
Net,	22	Net assets or fund balances Subtract line 21 from line 20	283,737. 212,010.
	art II		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements, and to the best of my knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	
	0, 00	Anaron Rodden	11-9-15
Sig	าก	Signature of officer	Date
He		SHARON RODDEY, SECRETARY/TREASURER	
		Type or print name and title	
_		Print/Type preparer's name Preparer's signature	Date, Check PTIN
Pa	ìd	JONATHAN DEAN, CPA	11/4/15 self-employed P00606629
	eparer	Firm's name VANCE FLOUHOUSE & GARGES, PLLC	Firm's EIN > 26-0005391
	e Only	Firm's address 7725 BALLANTYNE COMMONS PKY STE103	
70	··· y	CHARLOTTE, NC 28277	Phone no. 704 - 369 - 7200
140	w the	*************************************	X Yes No
IVIZ	y me	RS discuss this return with the preparer shown above? (see instructions)	LALITES L. NO

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2014) SOUTH CAROLINA YOUTH SHOOTING FOUNDATION 26-3594743 Page 2
Pa	rt III 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: NONE
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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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	
	ORGANIZE SHOOTING EVENTS FOR YOUNG PEOPLE WHICH PROVIDE FREE OR
	INEXPENSIVE ACCESS TO SHOOTING SPORTS WHICH ARE DESIGNED TO INSTILL AND
	DEVELOP ESSENTIAL VALUES, SUCH AS HONESTY, INTEGRITY, RESPECT FOR
	TRADITION, ETIQUETTE, SPORTSMANSHIP, SELF-ESTEEM, SELF-DISCIPLINE,
	CONFIDENCE AND A SOLID WORK ETHIC.

4b	(Code) (Expenses \$ 27,250 · including grants of \$ 27,250 ·) (Revenue \$)
	DONATIONS WERE MADE IN 2015 TO THE MIDWAY USA ENDOWMENT FUND, AND TO
	EDUCATIONAL INSTITUTIONS EAR MARKED FOR A PARTICULAR INDIVIDUAL
4c	(Code) (Expenses \$) (Revenue \$)
	Other and the first of the firs
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 192,426 .
<u>4e</u>	Total program service expenses 192,426.

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	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			32
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VIII, 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		Х
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		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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		Х
e	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.11		
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
0	it ites to mile zua, uiu trie organization attach a copy or ite addition manotar statements to this return?		agn	(004.4)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
••	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 Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	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?	20		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		_==-
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Par				
	Check if Schedule O contains a response or note to any line in this Part V			كيا
4.	Established to the Burn of States From Control Land	4	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	취		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the exponential comply with backup with b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	-	
Za		ol]	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1	,	
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		•	
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a	Ì	x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5		
•	to file Form 8282?	7c	}	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		!	
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.]	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		 -
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	90	-	
10	Initiation fees and capital contributions included on Part VIII, line 12	ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7	1	1
11	Section 501(c)(12) organizations. Enter:	7	l	}
	Gross income from members or shareholders	1	1	Ì
b	Gross income from other sources (Do not net amounts due or paid to other sources against	7	l	}
	amounts due or received from them.)		i	Ì
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 	<u> </u>	 -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.	1	}	}
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	1	Ì	{
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c	7	ł	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	T	
	and the state of the second se		990	(2014)

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		Х
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			\
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ł
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ĺ '	{
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		l '	ì
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's)	ļ
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SHARON RODDEY - 803-385-2494			
	PO BOX 11802, ROCK HILL, SC 29731			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization r	or any related	orga	nıza			mpe	nsat	ed any current officer, i	director, or trustee.	
(A)	(B)			_ (c	?)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than				than	one	Reportable	Reportable	Estimated
	hours per	box, unless i			s person is both an d a director/trustee)			compensation	compensation	amount of
	week	-	1		1	T	T.	from	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	or d	eg.			sated		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization
	organizations	nste	frus		a	npen		(44-2/1099-141130)		and related
	below	ual t	thona		old o	is as	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID CHESNUTT	1.00									
CHAIRMAN		Х		Х	L			2,800.	0.	0.
(2) DONNY ROTH	1.00				l				_	_
VICE-CHAIRMAN		X	L_	X		<u> </u>		600.	0.	0.
(3) SHARON RODDEY	1.00		Ì			1		0.600	_	_
SECRETARY/TREASURER	1 00	Х		Х	<u> </u>	_	<u> </u>	2,600.	0.	0.
(4) RICHIE WILHOIT	1.00	x	•	x		ľ	ľ	2,800.	0.	0.
SPONSORSHIPS	<u> </u>	^		Δ	_	-		2,000.	<u> </u>	
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Section Section	A. Officers, Directors, Trus		ploy	ees			gne	st C						
	(A)	(B)	1			(C)			(D)	(E)			(F)	
Nar	me and title	Average	Position (do not check more than one				than	one	Reportable Reportable			1		
		hours per	box	box, unless person is bot officer and a director/trus			ıs bot	h an	compensation	compensation			ount o	of
		week (list any		J. 21		1			from	from related	- 1		other	ion
		hours for	Individual trustee or director			[the organization	organization (W-2/1099-MIS			pensat om the	
		related	50	ige		1	sated		(W-2/1099-MISC)	(***Z/1099*Wild	ا (``		anizatı	
		organizations	truste	a ti	:	88	эдш		(Ì	~	d relate	
		below	lgng	Institutional trustee	l .	Key employee	est co	je.			}	orga	nızatıc	ons
		line)	Index	Insti	Officer	Key	Highest compensated employee	Former			}			
									}					
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							}		}					
		l	L			L	<u> </u>	Ļ	8,800.		0.			
1b Sub-total									0.		0.			0.
	ntinuation sheets to Part VI	I, Section A							8,800.	 	0.			0.
d Total (add line							-> -	▶		000 - (1-1-	نت			<u> </u>
	of individuals (including but n	ot limited to tr	ose	liste	ed al	DOV	e) w	10 f	eceived more than \$100	,υυυ οτ reportab	ie			0
compensation	from the organization	• • • • • • • • • • • • • • • • • • • •							 	*****			Yes	No
2 Did the ergen;	zation list any former officer,	director or tra	.ata	م اده	05	nnla		٥,	highest componented o	malayaa an	1			
•	ation list any tormer officer, ," complete Schedule J for s		ste	е, ке	y ei	прк	yee	, Or	nignest compensated e	mployee on		3		Х
	ual listed on line 1a, is the su		ام ما		0000	stion	3 and	1 01	har companeation from	the organization		-		
-	ganizations greater than \$150	-								trie organization		4	- 1	X
-	n listed on line 1a receive or a	•								dual for convece		-		 -
	e organization? <u>If "Yes," com</u>							Ciai	ted organization of indiv	dual for services	' I	5	1	X
Section B. Indepen		piete ochedal	5.0.1	01 31	1011	pers	3011							 -
	table for your five highest co	mpensated in	lene	ende	nt c	ont	racto	ors f	that received more than	\$100,000 of con	npens	ation f	rom	
	n Report compensation for													
o organizatio	(A)	Janoniaan y	J-41 '	J. 101				Ï	(B)	, <u> </u>		(0		
	Name and business	address	N	INC	3			-	Description of s	ervices	С	ompei	nsatior	1
	,							7						
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	·								L					
	of independent contractors (i		ot l	mite	d to	tho	se li	stec	d above) who received n	ore than				
\$100,000 of co	empensation from the organi	zation 🕨					U						200	

432008 11-07-14

Pai	t VII			or anto to any lim	e in this Bort VIII			
		Check if Schedule O conf	ains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ice Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f SHOOTER ENTRY E	ve 1f	9,601. 17,544. Business Code 900099	28,745. 77,405.	77,405.		
Program Service Revenue	b c d e							
٦		All other program service reve Total. Add lines 2a-2f	enue		77,405.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		est, and				
	b b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
venue	d	<u> </u>	of	>				
Other Rev	С	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	a b draising events					
	b	Gross income from gaming ad Part IV, line 19 Less. direct expenses Net income or (loss) from gam	a b ning activities					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a b s of inventory	30,686.	30,628.	30,628.		
	11 a b			Business Code				
	d						·	
75055	12	Total. Add lines 11a-11d Total revenue. See instructions.			136,778.	108,033.	0.	0.
43200: 11-07-	14							Form 990 (2014)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Program service expenses Management and general expenses Do not include amounts reported on lines 6b, expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 20,250. 20,250 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 7,000. 7,000 individuals. See Part IV, line 22 3 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 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,903. 13,903. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management **b** Legal c Accounting d Lobbyina e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Rovalties 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 93,609 93,609. ENTRY FEES PAID TO SHOO 30,520. 22,700. 30,520. h AWARDS 28,375. 5,675. c MISC OPERATIONS COSTS 9,659. 9,659 d PROFESSIONAL FEES 5,189. 4,444. 745 e All other expenses 192,426. 208,505. 16,079 Ō. 25 Total functional expenses. Add lines 1 through 24e 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)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	283,737.	1	212,010.
	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 current and former officers, directors,			
	{	trustees, key employees, and highest compensated employees. Complete			
	}	Part II of Schedule L		5	L
	6	Loans and other receivables from other disqualified persons (as defined under			
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	{	employers and sponsoring organizations of section 501(c)(9) voluntary			
23	}	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	1	basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	283,737.	16	212,010.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	 	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
III	1	key employees, highest compensated employees, and disqualified persons			j
Liabílíties	ĺ	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			}
	1	parties, and other liabilities not included on lines 17-24) Complete Part X of			{
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	1	Organizations that follow SFAS 117 (ASC 958), check here ► X and			1
es	1	complete lines 27 through 29, and lines 33 and 34.	000 808		010 010
auc	27	Unrestricted net assets	283,737.	27	212,010.
Bal	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Ŧ	l	Organizations that do not follow SFAS 117 (ASC 958), check here			
٥ و		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	ļ
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	32	
4	33	Total net assets or fund balances	283,737.	33	212,010.
	34	Total liabilities and net assets/fund balances	283,737.	34	212,010.

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTH CAROLINA YOUTH SHOOTING FOUNDATION

Employer identification number 26-3594743

Pa	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.											
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 11, o	check only	one box)						
1		A church, convention of ch		-								
2		A school described in secti										
3	$\overline{\Box}$	A hospital or a cooperative			ection 170	Xb)(1)(A)(ii	ii).					
4	Ħ	A medical research organiz	•					the hospital's name				
-		city, and state:	addit operated in co	injunction with a noopital	. 4000.1201			and moophed o manne,				
-	\Box	An organization operated for	ar the benefit of a co	llogg or unwordity owno	d or operat	tod by a d	overnmental unit describ	and in				
5	لـــا	= :		niege of university owner	a or opera	ied by a g	overnmental unit descrit	eu III				
_	$\overline{}$	section 170(b)(1)(A)(iv). (C					<i>t.</i> A					
6	믗	A federal, state, or local gov	-									
7	X	An organization that norma	•	antial part of its support	from a gov	ernmentai	unit or from the general	public described in				
			section 170(b)(1)(A)(vi). (Complete Part II.)									
8	$\vdash =$	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t ((.)							
9		An organization that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	ind gross receipts from				
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of its support	t from gross investment				
		income and unrelated busing	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
10		An organization organized a	and operated exclus	sively to test for public sa	afety. See :	section 50	09(a)(4).					
11		An organization organized a	and operated exclus	sively for the benefit of, t	o perform t	the functio	ons of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) c	r section :	509(a)(2).	See section 509(a)(3). 0	Check the box in				
		lines 11a through 11d that	describes the type o	of supporting organizatio	n and com	nplete line:	s 11e, 11f, and 11g.					
а	lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting				
		organization You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving				
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus		_								
c	: [_	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrate	ed with,				
		its supported organization	- ''									
d		Type III non-functionally		•				zation(s)				
		that is not functionally int										
		requirement (see instruct	ions). You must cor	mplete Part IV, Section	s A and D,	and Part	V.					
е		Check this box if the orga	· · · · · · · · · · · · · · · · · · ·	•								
		functionally integrated, or					2, 2, 2,					
f	Ente	er the number of supported o		, , ,	0 0							
		vide the following information	-	ed organization(s).								
		i) Name of supported	(u) EIN	(III) Type of organization	(iv) is the o		(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9	listed i	n your document?	support (see	other support (see				
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)				
				(add indudurency)								
		·····			ļ	ļ						
_				}	}	}						
Tota	al		1	l	1	<u> </u>	L	l				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SOUTH CAROLINA YOUTH SHOOTING FOUNDATION 26-3594743 Page 2

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants.")	314,645.	339,344.	453,025.	300,006.	28,745.	1435765.			
2	Tax revenues levied for the organ-									
	ızation'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	314,645.	339,344.	453,025.	300,006.	28,745.	1435765.			
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the	1								
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4						1435765.			
	ction B. Total Support					· 				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Amounts from line 4	314,645.	339,344.	453,025.	300,006.	28,745.	1435765.			
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						1435765.			
	Gross receipts from related activities,	etc (see instruction	nns)	L	L	12	465,364.			
	First five years. If the Form 990 is for	·		d fourth or fifth to	ax vear as a sectio					
	organization, check this box and stor	-	, inot, 0000/10, tim	a, 10a1 a1, 01 mar a	an your do a doorio					
Sec	ction C. Computation of Publ		rcentage							
	Public support percentage for 2014 (column (f))		14	100.00 %			
	Public support percentage from 2013			(7)		15	100.00 %			
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or n					
	stop here. The organization qualifies	_					▶X			
ь	33 1/3% support test - 2013. If the		-		l line 15 is 33 1/3%	or more, check th				
	and stop here. The organization qual					.,	▶ □			
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more.			
	and if the organization meets the "fac	-								
	meets the "facts-and-circumstances"		· ·	•		t ti tion alo organ	▶			
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or			
4.	more, and if the organization meets the	-				•				
	organization meets the "facts-and-cire									
18	-		-							
-,0	3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-FZ) 2014									

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1	ł			ł	
	include any "unusual grants.")	1					
2	Gross receipts from admissions,						
	merchandise sold or services per-	{					
	formed, or facilities furnished in	j				[
	any activity that is related to the organization's tax-exempt purpose				1	}	
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513				}		
4	Tax revenues levied for the organ-					 	
7	ization's benefit and either paid to	j			!		
	or expended on its behalf	ļ			}		
-	•				 	 	
Э	The value of services or facilities				S	ļ	
	furnished by a governmental unit to	}	}		}	ł	
_	the organization without charge	<u> </u>	 	 	 	 	
	Total. Add lines 1 through 5	 		 	 	 	
78	Amounts included on lines 1, 2, and	}				ł	}
	3 received from disqualified persons	ļ			ļ	ļ	
t) Amounts included on lines 2 and 3 received from other than disqualified persons that	[ĺ	
	exceed the greater of \$5,000 or 1% of the	1	1			ļ	}
	amount on line 13 for the year		ļ		 		
	Add lines 7a and 7b				<u> </u>	<u> </u>	<u> </u>
_8	Public support (Subtract line 7c from line 6)	<u> </u>			<u> </u>	<u> </u>	<u> </u>
Se	ction B. Total Support		,	,			,
Cale	endar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	<u></u>					
10	a Gross income from interest,	Ĭ	((į	Ì	ļ
	dividends, payments received on securities loans, rents, royalties		}	}	}	}	}
	and income from similar sources			l	<u> </u>	<u> </u>	<u> </u>
ŧ	Unrelated business taxable income			{			
	(less section 511 taxes) from businesses		1	}		}	1
	acquired after June 30, 1975				1	<u> </u>	<u>l</u>
	Add lines 10a and 10b			1	1		
11	Net income from unrelated business						
	activities not included in line 10b,	}	}		Į.	}	ł
	whether or not the business is regularly carned on	į .	<u> </u>		İ	{	1
12	Other income Do not include gain		i		 	<u> </u>	
	or loss from the sale of capital	}	ł	ł		1	{
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)	 			 	 	
	First five years. If the Form 990 is fo	r the organization's	e first second thu	d fourth or fifth t	ay year as a section	on 501(c)(3) organi	zation
	check this box and stop here	tile organization.	3 11131, 3000110, 11111	a, tourin, or mare	ax year as a soom	on oo nonor organii	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2014 (column (fl)		15	%
	Public support percentage from 2013			BOIGHT (1))		16	%
_	ction D. Computation of Inve					1.01	
	Investment income percentage for 20					17	
				ile 10, colditiit (i))	•	18	
18	•			on line 14 and lin	a 15 is more than		
198	a 33 1/3% support tests - 2014. If the						is iiot
	more than 33 1/3%, check this box a						and end
•	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions	

Schedule A (Form 990 or 990-EZ) 2014 SOUTH CAROLINA YOUTH SHOOTING FOUNDATION 26-3594743 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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)

			N -
1		Yes	No
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Sche	dule A (Form 990 or 990-EZ) 2014 SOUTH CAROLINA YOUTH SHOOTING FOUNDATION 26-35	9474	3 Pa	ge 5
Pa	t.IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	}		ł
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		1
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c	نـــــــــــــــــــــــــــــــــــــ	L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ł		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	{		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1]	1
	controlled the organization's activities. If the organization had more than one supported organization,	}	} .	ł
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	[]	ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported	}	}	ł
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	j	j	Ì
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ł	}	ł
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ļ		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control	1	}	ł
	or management of the supporting organization was vested in the same persons that controlled or managed			[
	the supported organization(s)	1_1_		<u> </u>
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax	[1	}
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1	}]
	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	ł	1	l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	}		1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	l		1
	supported organizations played in this regard	3		ł
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).	,		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>;) </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	}		1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ł	}	
	how the organization was responsive to those supported organizations, and how the organization determined	}	[.	
	that these activities constituted substantially all of its activities	2a	L	<u></u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	}	ł	ŀ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these	}		į
	activities but for the organization's involvement.	2b	L	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1]
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	ł	ł
	trustees of each of the supported organizations? Provide details in part VI.	3a		
ь	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_	<u></u>	<u>L</u>
40000	5 09-17-14 Schedule & /Form S	· · · ·	V E21	2014

Schedule A (Form 990 or 990-EZ) 2014 SOUTH CAROLINA YOUTH SHOOTING FOUNDATION 26-3594743 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 🔟 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (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 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8

em	nergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-	integr	ated Type III supporting orga	ınızatıon (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Current Year

1

2

3

4

5

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

3

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2014 SOUTH CAROLINA YOUTH SHOOTING FOUNDATION 26-3594743 Page 7

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	tion D - Distributions	. _		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014:			<u> </u>
<u>a</u>	 			
b				
С				
<u>d</u>	· · · · · · · · · · · · · · · · · · ·			<u></u>
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)		 	
_ <u>i</u> _	Remainder, Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$	<u> </u>		<u> </u>
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	<u> </u>		<u> </u>
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>	
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	ļ	 	ļ
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (ıf amount greater than zero, see			
	instructions).		ļ	
7	Excess distributions carryover to 2015. Add lines 3j	1		(
	and 4c		 	ļ
8	Breakdown of line 7.		ļ.— ·— ·	ļ
a			<u> </u>	ļ
<u>b</u>		<u> </u>	ļ. ———	
<u> </u>			ļ	ļ
	Excess from 2013		 	ļ <u>.</u>
е	Excess from 2014	L	<u> </u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SOUTH CAROLINA YOUTH SHOOTING FOUNDATION 26-3594743 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions)
SCHEDULE A, PART VI
THE ORGANIZATION WAS GRANTED A CHANGE TO A FISCAL YEAR STARTING WITH
THE YEAR ENDED JUNE 30, 2015. THIS RETURN INCLUDES ACTIVITY FROM
JANUARY 1, 2015 THROUGH THE NEW FISCAL YEAR END DATE.

SCHEDULE I Form 990) Complete if the organization answere Department of the Treasury Internal Revenue Service (Action 200)

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

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

▼ Attach to Form 990.

Employer identification number

26-3594743

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

SOUTH CAROLINA YOUTH SHOOTING FOUNDATION

General Information on Grants and Assistance

Part

Name of the organization

criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for monif	oring the use of grant	funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed.	Domestic Organi 55.000. Part II can	zations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWAY USA FOUNDATION, INC. 5875 W. VAN HORN TAVERN ROAD COLUMBIA, MO 65203			20,250.	0			DONATED TO A SIMILAR NON PROFIT TO FURTHER THE MISSION OF THE SOUTH CAROLINA YOUTH SHOOTING
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	ganizations listed in th 1 table	e line 1 table				b 1.

Schedule I (Form 990) (2014)

Page 2

26-3594743

Schedule I (Form 990) (2014) SOUTH CAROLINA YOUTH SHOOTING FOUNDATION

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP GRANTS PAID DIRECTLY TO AN INSTITUTION		7,000	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	: MIDWAY	USA	FOUNDATION, INC.	•	
(H) PURPOSE OF GRANT OR ASSISTANCE:	: DONATED TO	⋖	SIMILAR NON PROFIT	ROFIT TO	
FURTHER THE MISSION OF THE SOUTH C	AROLINA .	хоотн зноо	CAROLINA YOUTH SHOOTING FOUNDATION.	ATION.	
432102 10-15-14		26			Schedule I (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Internal Revenue Service Name of the organization

SOUTH CAROLINA VOUTH SHOOTING FOUNDAT

Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 26-3594743

SOUTH CAROLINA TOUTH SHOUTING FOUNDATION 20-3394743
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF ALL SOCIAL STRATA, REGARDLESS OF RACE, GENDER, OR ECONOMIC
BACKGROUND.
FORM 990, PART VI, SECTION A, LINE 8A:
THE ORGANIZATION DID NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR
WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR RELATED TO THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DID NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR
WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR RELATED TO EACH COMMITTEE WIT
HAUTHORITY TO ACT ON BELHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT COPY OF THE SOUTH CAROLINA YOUTH SHOOTING FOUNDATION IS GIVEN TO
EACH MEMBER OF THE BOARD OF DIRECTORS BEFOR FILING THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.