Under section 501(c), 527, or 4947(a)(1) of the Inte				ZU 19 OpenitoiRublici
tment of the Treasury at Revenue Service  Go to www.irs.gov/Form990 for ins	structions and the I	atest information.	M	Inspection
or the 2019 calendar year, or tax year beginning $$ JAN $$ 1 , $$ $$ 2 $$ 0 $$ 2	20 and endir	g JUN 30, 20	0201	
C Name of organization The Foundation for Youth Firear	ms	D Employer id	entificatio	n number
change   Salety, Inc.		45.00		
Johange Doing business as	1-	47-09		
Final   PO Box 712	dress) Room	/suite E Telephone n 605-2		
City or town, state or province, country, and ZIP or foreign po	stal code	G Gross receipts \$		280,089
Amended Aberdeen, SD 57402-0712		H(a) Is this a gr	oup return	
Applica- tion F Name and address of principal officer Bill Bowen	4-	for subord	nates?	Yes X
same as C above		H(b) Are all subordi	nates included	d? LYes LN
ax-exempt status X 501(c)(3) 501(c)( )◀ (Insert no.)	4947(a)(1) or 🚺			(see instructions)
/ebsite: ► N/A		H(c) Group exe		
	Other 🕨 L	Year of formation: 20	J3 M Sta	te of legal domicile: 🕻
rttij Summary				
1 Briefly describe the organization's mission or most significant activit				develop
programs and classes to educate yo				
2 Check this box  If the organization discontinued its operate	tions or disposed of	more than 25% of its n	et assets	
3 Number of voting members of the governing body (Part VI, line 1a)			3	
4 Number of independent voting members of the governing body (Par	rt VI, line 1b)		4	
5 Total number of individuals employed in calendar year 2019 (Part V,	, lıne 2a)		5	
6 Total number of volunteers (estimate if necessary)	6	3		
7 a Total unrelated business revenue from Part VIII, column (C), line 12			7a	<u>C</u>
b Net unrelated business taxable income from Form 990-T, line 39			7b	
		Prior Year		Current Year
8 Contributions and grants (Part VIII, line 1h)	ı	57,22		60,810
9 Program service revenue (Part VIII, line 2g)		26	0.	<u>C</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			18.	4
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c	θ)		29.	116,030
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column	(A), line 12)	TOTAL TOTAL CONTRACTOR OF THE PERSON OF THE	71.	176,844
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		140 350 351	20	130,080
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A	A), lines 5 10)	Cado	0.	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	Same -	, Garan, or	0.	C
b Total fundraising expenses (Part IX, column (D), line 25)	7,877.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,44		18,432
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line	160,79		148,512	
19 Revenue less expenses Subtract line 18 from line 12		-31,43	19.	28,332
	Beginning of Current		End of Year	
20 Total assets (Part X, line 16)		32,76	<del></del>	61,092
21 Total liabilities (Part X, line 26)			0.	0
22 Net assets or fund balances Subtract line 21 from line 20		32,70	0.	61,092
rttll■ Signature Block				
r penalties of perjury, I declare that I have examined this return, including accompa				vledge and belief, it is
correct, and complete Beclaration of preparer (other than officer) is based on all in	darmatian of which ar	anarar han anu kanudadan		

Signature of officer Date Sign Vice President Bill Bowen, Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name 11/15/20 self-employed P00851284 Paid Melissa White, CPA Melissa White, Firm's name Eide Bailly LLP Firm's EIN ▶ 45-0250958 Preparer Firm's address > 24 2nd Ave S.W. Use Only Phone no. 605 - 225 - 8783Aberdeen, SD 57401-4115 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

B322001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

# The Foundation for Youth Firearms Safety, Inc.

Form	1990 (2019) Safety, Inc.	47-0920086 Page 2
Pa	rtillij Statement of Program Service Accomplishments	
<u>.</u>	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	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O	Tes II NO
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 other	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$130,080. Including grants of \$130,080. ) (Rever Provided grants to twenty-five organizations to assist w	
	youth shooting programs. Multiple high schools were awa	
	with the purchase of clay targets, ammo, and archery equ	ipment for
	their school teams.	
		******
	<u> </u>	
4b	(Code) (Expenses \$) (Rever	nue \$)
4c	(Code) (Expenses \$) (Reven	nue \$)
4d	Other program services (Describe on Schedule O )	······································
	(Expenses \$ Including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 130,080.	7 000 (22.2)

Form 990 (2019) Safety, Inc.

[PartilV] Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		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_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱
_	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	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		١,,
_	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		X
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		X
0	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable	مسيدي	رست.	<b>1000</b>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
<b>L</b>	Part VI	11a		
D	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	446		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	-1.10		
u	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
	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
2a	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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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		X
8	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	
9	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
!1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		\ <sub>2</sub> ,	
	domestic government on Part IX, column (A), line 1? <i>If "Yes." comolete Schedule I. Parts I and II</i>	21	<u>X</u>	Щ.

Form 990 (2019) Safety, Inc.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			٠,,
24 2	Schedule J	_23		X
240	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			x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	;		•
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
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			32
31	contributions? If "Yes," complete Schedule M	30		$\frac{x}{x}$
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 3 <u>2</u>		
	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			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	.		v
<b>0</b> 7	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
-	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		<del></del>		
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable  1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b 0			ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		
932004	(gambling) winnings to prize winners?		990 (	2019)

	(10)			
Žа	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
	filed for the calendar year ending with or within the year covered by this return  2a  0			
ь	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		1
	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)			į
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		<sub>v</sub>
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year  Pid the expansion receive any finds, directly or indirectly to pay promiting an a personal benefit centrat?	7-		X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		<del>  ^</del>
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		<b>-</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			ţ
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			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	-	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
<b>L</b>	Note: See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		!	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O	o		

Safety, Inc. Form 990 (2019) 47-0920086 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section 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 9 1a 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. 9 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or 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? 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 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 filing the form? 11a 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 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 in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 Own website Another's website X Upon request Other (explain on Schedule O) 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 20

Shelly Eisenbeisz - 605-228-7669

SD

57401

524 N Arch St, Aberdeen,

Safety, Inc.

47-0920086

### Form 990 (2019) Part VIII 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

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

X Check this box if neither the organization n	or any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more the box, unless person is officer and a director/		k more than one serson is both an		ne	Reportable	Reportable	Estimated
	hours per	box					n an	compensation	compensation	amount of
	week		cer an	o a o	Irecto	rrtrus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	uste	l trus		g	ngu		(44-27 1099-141130)		organization and related
	below	tag f	toona	١.	를 1	z ak	<u> </u>			organizations
	line)	Individual trustee or director	nstitu	Officer	Key employee	Highest compensated employee	E E			organizations
(1) Bob Bucholz	1.50	<u> </u>	_	Ť	<del></del> -		-		-	<del></del>
President	2.20	х		X				0.	0.	0.
(2) Bill Bowen	2.50							,		
Vice President	1.40	X		X				0.	0.	0.
(3) Joe Long	1.50							"		
Secretary	1.40	X		X				0.	0.	0.
(4) Kathy Bad Moccasin	4.00			ĺ						
Treasurer	2.80	X		X				0.	0.	0.
(5) Steve Caron	1.00				l				_	_
Director	1.40	X					L	0.	0.	0.
(6) C.W. Ness	0.50							_	_	_
Director	1.40	X				_	L	0.	0.	0.
(7) Don Bad Moccasin	0.50									_
Director	1.40	X						0.	0.	0.
(8) Mike Anderson	0.50									_
Director	1.40	X				ļ		0.	0.	<u> </u>
(9) Keegan Brown	0.50									
Director	1.40	Х						0.	0.	0.
(10) Ray Ireland	3.00	,,							•	•
Director	2.00	X			<b></b> -			0.	0.	0.
(11) Jodi Carlsgaard	1.00							_	•	0
Director (12) Lori Goldade	1.40	Х			-	-		0.	0.	0.
Director	1.40	x						0.	0.	0.
(13) Bob Schaeffer	0.50	₽						0.	0.	<u> </u>
Director	1.40	х						0.	0.	0.
(14) Shelly Eisenbeisz	2.50	<u> </u>						<u> </u>		
GPO Treasurer	2.30			Х				0.	0.	0.
					_					<u> </u>
		·								
			_							
									· · · · · · · · · · · · · · · · · · ·	

Form 990 (2019) Safety, I									47-0	920	086	Page 8
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any	box, offic	Posit (do not check m box, unless pers officer and a dire			than o	an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		other	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis		comper from organiz and re organiz	the zation elated
											<del></del>	<del></del> -
									<u>.</u>			· · · · · · · · · · · · · · · · · · ·
1b Subtotal c Total from continuation sheets to Part VII	, Section A						<b>&gt;</b>	0.	-	0. 0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but no compensation from the organization	ot limited to the	ose I	liste	d ab	ove	) wh	o re	0 • eceived more than \$100,	000 of reportable			0.
											Ye	s No
3 Did the organization list any former officer,		90, k	еу е	mpl	oyee	ə, or	hıg	hest compensated emp	loyee on		_	
line 1a? If "Yes," complete Schedule J for se 4 For any individual listed on line 1a, is the su		e coi	mne	nea	tion	and	oth	ner compensation from t	ne organization		3	X
and related organizations greater than \$150									ic organization		4	X
5 Did any person listed on line 1a receive or a									dual for services			
rendered to the organization? If "Yes." com	olete Schedule	J fo	or su	ich r	oe <i>r</i> so	on .					5	X
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mpensated ind	eper	nder	nt co	ntra	ctor	s th	nat received more than \$	100,000 of comp	ensat	ion from	
the organization Report compensation for t	he calendar ye	ar e	ndın	g w	ith o	r wit	thin T	the organization's tax y	ear		(C)	
Name and business	address	NC	NE				$\downarrow$	Description of s	ervices	С	ompensa	tion
								· · · · · · · · · · · · · · · · · · ·				
							_					<del></del>
							$\downarrow$					
							_					
2 Total number of independent contractors (in	ncludina but na	of for	nted	l to t	hos	e liet	hed	above) who received mo	ore than		···	
\$100,000 of compensation from the organiz	•	, t 1111			0			above, who received me	no dian			

Form 990 (2019)

Form 990 (2019)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a **b** Membership dues 1b 60,010. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 800. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 60,810. h Total, Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 600. 6 a Gross rents 6a 0. 6b **b** Less rental expenses 600. c Rental income or (loss) 600. 600. d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 60,010. of contributions reported on line 1c) See 8a 218,675. Part IV, line 18 вы 103,245. **b** Less direct expenses 115,430. 115,430. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9b b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code iscellaneous d All other revenue e Total. Add lines 11a-11d 176,844. 0. 116,034. Total revenue. See instructions

Form 990 (2019) Safety, Inc.
Part IX | Statement of Functional Expenses

ecti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			plete column (A).	
Do.	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	130,080.	130,080.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	_ <del>_</del>			
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			i	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes		<del>-</del>	<del></del>	
11	Fees for services (nonemployees).				
a	ŭ				
b	<u>-</u>	2,857.		2,857.	- · ·
C	Ü	2,037.		2,05/.	······································
d	. •	<del></del>			
e	- 1				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	· · · · · · · · · · · · · · · · · · ·			·
g	column (A) amount, list line 11g expenses on Sch 0.)				
40	Advertising and promotion	2,349.			2,349.
12 13	Office expenses	402.		402.	2,343.
14	Information technology			1020	
15	Royalties				<del></del>
16	Occupancy	798.		798.	
17	Travel		·		<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If	-			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			1	
а	3/	6,118.		2,498.	3,620.
a b	Falabarda - Bananaa	4,000.		4,000.	
C	Franchisch Franchisch	1,908.	-	-,	1,908.
d			·-		· · · · · · · · · · · · · · · · · · ·
	All other expenses				
25 25	Total functional expenses Add lines 1 through 24e	148,512.	130,080.	10,555.	7,877.
<del>20</del> 26	Joint costs Complete this line only if the organization		, <u> </u>		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 22,897. Cash - non-interest-bearing 50,725. 1 9,863. 2 Savings and temporary cash investments 10,367. 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 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 Total assets. Add lines 1 through 15 (must equal line 33) 32,760. 61, 092 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33. 0. 0. Capital stock or trust principal, or current funds 29 29 0. 0. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 32,760. 61,092. 31 Retained earnings, endowment, accumulated income, or other funds 31

61,092. Form 990 (2019)

61,092.

32,760.

32,760.

32

33

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

# The Foundation for Youth Firearms Safety, Inc.

Form	1990 (2019) Safety, Inc. 47-	0920086	Pa	ge <b>12</b>
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)			44.
2	Total expenses (must equal Part IX, column (A), line 25)			12.
3	Revenue less expenses Subtract line 2 from line 1			32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3:	<u>2,7</u>	<u>60.</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8	<del></del>		
9	Other changes in net assets or fund balances (explain on Schedule O)			<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))10	6:	1,0	<u>92.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	·		ᆜ
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	11		<u>├</u>
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule C			<del></del>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1 1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		L

Form **990** (2019)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Name of the organization The Foundation for Youth Firearms Employer identification number Safety, Inc. 47-0920086 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. \_\_\_ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

47-0920086 Page 2

Schedule A (Form 990 or 990 EZ) 2019 Safety, Inc. 47-0920 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		i				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	84,668.	52,535.	60,089.	57,224.	60,010.	314,526.
2	Tax revenues levied for the organ	·		•	•		
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					· · · · · · · · · · · · · · · · · · ·	<del></del>
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	84,668.	52,535.	60,089.	57,224.	60,010.	314,526.
	The portion of total contributions					00,000	
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
R	Public support. Subtract line 5 from line 4						314,526.
	etion B. Total Support		·				314,320.
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	84,668.	52,535.	60,089.	57,224.	60,010.	314,526.
	Gross income from interest,	02,0001		00,000	- 0.,2220	00,0200	321,3201
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	783.	788.	361.	118.	604.	2,654.
۵	Net income from unrelated business	,,,,,,		3021			2,0311
3	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						317,180.
	Gross receipts from related activities,	ato (see instructio	ne)			12	977,150.
	First five years. If the Form 990 is for		•	I fourth or fifth tax	l v voar as a soction	<u> </u>	377,72300
10	organization, check this box and stop	_	mot, occoria, time	, 1001111, 01 111111 (0.	k your as a sootion	001(0)(0)	▶□
Sec	ction C. Computation of Public		centage				
14	Public support percentage for 2019 (In	ne 6. column (f) div	rided by line 11, co	olumn (fi)		14	99.16 %
	Public support percentage from 2018	. ,,	•	···-···· ( <i>'</i> //		15	99.40 %
	33 1/3% support test - 2019. If the o			line 13, and line 1	4 is 33 1/3% or mo		
	stop here. The organization qualifies a	_				,	<b>▶</b> X
ь	33 1/3% support test - 2018. If the o		-	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check thi	
_	and stop here. The organization quali	_					▶□
17a	10% -facts-and-circumstances test	• •			13 16a, or 16b, a	nd line 14 is 10% (	or more
174	and if the organization meets the "fact	•					•
	meets the "facts-and-circumstances" t					on the organ	<b>&gt;</b>
	10% -facts-and-circumstances test	•	·		•	7a and line 15 is 1	10% or
Ü	more, and if the organization meets th	-					
	organization meets the "facts-and-circle				•		▶□
12	Private foundation. If the organization			•			
10	1 Treate roundation. It tile organization	. SIG HOL CHOCK A L	201 OII III O TO, TOA	, .OD, 17a, 01 17b,		dule A (Form 990	

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

932023 09-25-19

### Part IV | Supporting Organizations

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

### **Section A. All Supporting Organizations**

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

		Yes	NO_
	1		
	<del></del>	-	<del></del>
	2		İ
		<u> </u>	
	3a		-
	3b		
	<del></del>		
	Зс		
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Sche	edule A (Form 990 or 990-EZ) 2019 Salety, Inc.	<u>47-</u> 092008	б Ра	age 5
Pa	rt IV   Supporting Organizations (continued)			
44	Use the appropriate and a set of second by the second by t	۲	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ,		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a	$\vdash$	<u> </u>
	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.	11b	$\vdash$	
Sec	etion B. Type I Supporting Organizations	11c	L	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	j ,		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	l	
Sec	tion C. Type II Supporting Organizations			r
			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		. 1	
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		
800	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
_	Did the assessment of assessment of the assessment of the second of the		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		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's		ł	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
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	ty (see instructions),	<del></del>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<del> </del>	$-\!\!+$	
^	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- <del></del>		
b	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	$\dashv$	
	The supplier of the supplier o			

	dule A (Form 990 or 990 EZ) 2019 Safety, Inc.			47-0920086 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. All
_	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E	<u> </u>
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		
c	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 1-1/2% of line 3 (for greater amount,		· · ·	
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990 EZ) 2019 Safety, Inc.		4	7-0920086 Page 7
Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
<u>1</u>	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		·	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	·		
6	Other distributions (describe in Part VI). See instructions	·····	<del></del>	
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			L
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
_ е	From 2018			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7· \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	Form 990 or 990-EZ) 2019 Salety, Inc.	47-0920086 Page 8
Part VI	Supplemental Information, Provide the evaluations required by Dat II has 10 Co. III.	17 17- D- 199 1 - 17-
لتـــــــــــــــــــــــــــــــــــــ	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 20, Part II, line 20, Part II, line 20, Part II, line 20, Part III, li	i/a or i/b, Part III, line 12,
	rait IV, Section A, illies 1, 2, 30, 30, 40, 40, 3a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B	ines 1 and 2 Part IV Section C
•	line 1, Part IV. Section D. lines 2 and 3, Part IV. Section E. lines 1c, 2a, 2b, 3a, and 3b, Part V. line 1	Part V. Section B. line 1e. Part V.
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	dditional information
	(See instructions )	dettorial information
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### SCHEDULE C

(Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-B.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization The Fou	ndation for Yout	h Firearms	Emp	oloyer identification number
	Safety,	Inc.			47-0920086
Pa	art I-A   Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the organization	zation's direct and indirect politic	al campaign activities	ın Part IV	
2	Political campaign activity expendit	tures		•	\$
3	Volunteer hours for political campa	ign activities			
				<i>i</i> a.	
	<del></del>	ganization is exempt und			
	Enter the amount of any excise tax	•			\$
	Enter the amount of any excise tax			•	\$
	If the organization incurred a section	on 4955 tax, did it file Form 4/20	for this year?		Yes No
	a Was a correction made?				Yes No
Pa	b If "Yes," describe in Part IV art I-C   Complete if the org	anization is exempt und	er section 501(c).	except section 5016	c)(3).
	Enter the amount directly expended	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	Enter the amount of the filing organ	, ,	•		<b></b>
2	exempt function activities	mzation's funds contributed to ot	nei organizations for s	<b>▶</b>	ŧ
2	Total exempt function expenditures	a Add lines 1 and 2 Enter here a	and on Form 1120-POL	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Ŭ	line 17b	7 Add III IOO T AND E EMOT NOTO A		-, •	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and en	•	N) of all section 527 pc	olitical organizations to which	
	made payments For each organiza				~ ~
	contributions received that were pr	omptly and directly delivered to a	a separate political org	janization, such as a separa	te segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	ride information in Part	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
					<del></del>

Schedule C (Form 990 or 990-EZ) 2019	Safet	/, Inc	•		47-0	920086 Page 2
Part II-A Complete if the org	anizatio	n is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).						
				n Part IV each affiliated (	group member's nam	e, address, EIN,
expenses, and share			•			
B Check I if the filing organization	tion check	ed box A a	nd "limited control" pr	ovisions apply	····	~ <del></del>
		ying Expe		,	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" m	eans amou	ınts paid or incurred	)	totals	
1a Total lobbying expenditures to influ	ence publ	ic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ence a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines	s 1c and 1c	1)			
f Lobbying nontaxable amount Ente	r the amou	unt from the	e following table in bo	th columns		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (ent	er 25% of	line 1f)				
h Subtract line 1g from line 1a If zero	or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero	or less, er	nter -0-				
j If there is an amount other than zer	o on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	/ear?		<u>.                                    </u>	- ~		Yes No
			eraging Period Under			
(Some organizations th					the five columns b	elow.
		-	ate instructions for li			
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		· <del>† · · · · · · · · · · · · · · · · · · </del>
Calendar year (or fiscal year beginning in)	(a) 2	2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount					<del></del>	<del>                                     </del>
(150% of line 2a, column(e))			:			
	····	<del></del>				
c Total lobbying expenditures						
d Grassroots nontaxable amount						L
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990 EZ) 2019 Safety, Inc. 47-09200 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(	b)
	e lobbying activity.	Yes	No		ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
_	or referendum, through the use of:				
a					
b	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	X		4	<u>1,000.</u>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Other activities?				4 000
J	Total Add lines 1c through 1i	ļ			4,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		···
	If "Yes," enter the amount of any tax incurred under section 4912		· ·		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<del></del>			
	t III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6).	` ^	• • • • • • • • • • • • • • • • • • • •		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		• •		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'No" OR	(b) Part I	II-A, line	3, IS
				<del></del>	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures. (do not include amounts of politic	aı			
_	expenses for which the section 527(f) tax was paid).  Current year		2a		
a b	Carryover from last year		2b		
C	Total		2c		·
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		·
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		Į l		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		. , 5		
Par	t IV Supplemental Information				
⊃rov	de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), Part II-	A, lines 1 ar	nd 2 (see	
	octions), and Part II-B, line 1. Also, complete this part for any additional information				
Par	ct II-B, Line 1, Lobbying Activities:				
	- 1 - 1 - 1 1	<b>-</b>	1		
rne	Foundation makes contributions to the Institute fo	r Legi	siati	<i>т</i> е	
Act	cion (ILA). As the lobbying arm of NRA, ILA is dedi	cated	to any	<b>,</b>	
				h	
iss	sue affecting firearms ownership and use. ILA works	to de	feat		
res	strictive gun control legislation, to pass pro-gun r	eform			
Lec	rislation, and to educate the public about the facts				0 EZ\ 0040
		ocnedu	ie U (Form	990 or 990	U-EZ) 2019

# The Foundation for Youth Firearms Schedule C (Form 990 or 990-EZ) 2019 Safety, Inc.

47-0920086 Page 4

Part IV Supplemental Information
Part IV   Supplemental Information (continued)
ownership. The Foundation also makes contributions to The Camo
Coalition, a group of committed dedicated hunters and anglers who are
willing to get involved to protect the wildlife management and outdoor
recreation interests of South Dakota for future generations. The
Coalition is administered through South Dakota Wildlife Federation.

### SCHEDULE G

(Form 990 or 990-EZ)

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.

▶ Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

The Foundation for Youth Firearms

Employer identification number

Partil Fundraising Activities	Or and the contract of the con				147 0320	000
required to complete this par	Complete if the organization answert	ered "Y	es" or	n Form 990, Part IV,	line 17 Form 990-EZ	filers are not
1 Indicate whether the organization rais		a activ	rities	Check all that apply		<del></del>
a Mail solicitations				overnment grants		
b Internet and email solicitations	<del></del>			nment grants		
c Phone solicitations	g Special		-	-		
d In-person solicitations	,		Ū			
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	fficers, directors, trus	itees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?	Yes	☐ No
<b>b</b> If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which t	he fundraiser is to be	)
compensated at least \$5,000 by the	organization.					
		/iii)	5.4	T	(v) Amount paid	
(i) Name and address of individual	(ii) Activity	fundi have c	Did aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(11) / 10.11115	or cor	trol of	from activity	fundraiser listed in col (i)	organization
		Yes	No		11000 111001 (1)	
		103	140	†		
		<u> </u>				
				<del> </del>		
		ļ				
······································						
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						··
Fotal .			<b>•</b>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontribi	utions	or has been notified	ıt ıs exempt from reç	gistration
or noonang.						
	-					

The Foundation for Youth Firearms Schedule G (Form 990 or 990-EZ) 2019 Safety, Inc. 47-0920086 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events Great Plains None (add col (a) through Outdoorsman col (c)) (event type) (event type) (total number) 278,685. Gross receipts 278,685. 60,010. 2 Less Contributions 60,010. 218,675. 218,675. Gross income (line 1 minus line 2) 4 Cash prizes 81,077. 81,077. Noncash prizes Direct Expenses Rent/facility costs 19,952. 19,952. 7 Food and beverages 8 Entertainment 216. 2,216. 9 Other direct expenses 103,245. 10 Direct expense summary Add lines 4 through 9 in column (d) 115,430. 11 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes

b If "Yes," explain.

Sch	edule G (Form 990 or 990 EZ) 2019 Safety, Inc.	<u>47-0</u>	<u>920086</u>	Page 3
11	· Doe's the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
٠	to administer charitable gaming?		Yes	□ No
12	Indicate the percentage of gaming activity conducted in			140
			المما	•
	The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S		
	Name		<del></del>	·
	Address >	<del></del>		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
C	: If "Yes," enter name and address of the third party			
	Name			
	Address ▶			
16	Gaming manager information			
	Name >	<del></del>		
	Gaming manager compensation > \$			
	Describes of account accorded &			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandalan, disturb, trans			
	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt 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.			
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Schedule (	Э (Fori	n 990 or 9	990-EZ)	The Safe	Four	ndation Inc.	for	Youth	Firear	ms	47-0920086	Page 4
Part IV	Su	ppleme	ntal Inforr	mation	(contin	ued)						r ago r
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 2545-0047	2019	Open to Public
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Inspection

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

**2 Employer identification number** 47-0920086 X Yes 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 The Foundation for Youth Firearms General Information on Grants and Assistance criteria used to award the grants or assistance? Safety, Name of the organization Parti

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

1 (a) Name and address of organization (b) EIN (c) IRC se (if application (f)	(b) EIN	(rf applicable)	ction (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					(ions)		
notices central cray rarger crub							
Aberdeen, SD 57401	83-4134397	83-4134397 Government	2,240.	0			rurchase snells, clay Largets
n Christian School Trap	Tarlberil						
Team - 1500 US 281 - Aberdeen, SD	14×1×10						
57401	91-1806433 501(c)(3)	501(c)(3)	1,400.	0.			Registration fees
Aberdeen Gun Club	+. coc.						
PO Box 1235	B   S   S			•			
Aberdeen, SD 57402-1235	46-0375398 501(c)(4)	501(c)(4)	30,000.	0.			Skeet House
Aberdeen Gun Club - Youth League	7						
PO Box 1235	12/2/21						fouth League - Purchase
Aberdeen, SD 57402-1235	46-0375398 501(c)(4)	501(c)(4)	10,500.	0.			clay targets, ammo
Aberdeen Family YMCA							
5 S State St	axere						
Aberdeen, SD 57401	46-0255779	501(c)(3)	1,000.	0.			Purchase sights for bows
Boys and Girls Club of Aberdeen SD	) }						Purchase 3D targets,
1121 1st Ave SE	MISMARKA MINISTER						archery net, expand
Aberdeen, SD 57401	23-7062273 501(c)(3)	501(c)(3)	2,500.	0.			program

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

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

Schedule I (Form 990) (2019)

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47-0920086

The Foundation for Youth Firearms Safety, Inc.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Gov	ernments and Organ	izations in the Uni	ted States (Sche	Organizations in the United States (Schedule I (Form 990), Part II)	t II )	•
(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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Britton-Hecla HS Trap Team PO Box 523	LN/13-11/C						
Britton, SD 57430	46-0419220 Government	Government	1,820.	0			Shell pouches and shells
Campbell County Youth Shooting League - 11136 US HWY 83 - Herreld, SD 57632	83-4495726		8				Build a portable building and trap houses
Day County Izaak Walton League 500 W HWY 12 Webster, SD 57274	axieria (26-2321087 501(c)(3)	501(c)(3)	1,500.	.0			1 5 0
Edmunds County 4-H Shooting Sports PO Box 345 Ipswich, SD 57451	82-4381694/		2,450.	.0			Purchase shotgun shells and clay pigeons
Ipswich Sportsmans Club PO Box 331 Ipswich, SD 57451	E0 46-0338639		4,500	0.			Put towards new or used nower
James Valley Sportsman Youth Shooting - PO Box 22 - Mellette, SD 57461	<b>E0</b> 46-0387690		2,520.	.0			Trapshooting fees and membership fees
Marshall County 4-H Trap Team Box 229 Britton, SD 57430	20-2851745		1,400.	.0			Purchase clay targets and shells
Marshall County Sportsmans Club PO Box 591 Britton, SD 57430	[UKPerial 46-0419220 501(c)(3)	501(c)(3)	1,000.	0.			Wew signs, new outdoor archery target bags, lumber
PDR Disabled Youth Hunt 300 1st Ave West Clark, SD 57225	NF		3,000.	0			Hosting PDR weekend deer camp
							Schedule I (Form 990)

Page 1

# The Foundation for Youth Firearms

Inc.	
Safety,	
(Form 990)	

	Inc.			1	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		47-0920086 . Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	ernments and Organ	izations in the Uni		(Schedule I (Form 990), Part II )	t=)	
(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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Roberts County 4-H Shooting Sports' / BB Gun - 411 2nd Ave E Suite 14A - Sisseton, SD 57262	TM 46-0340780		830.	0.			Purchase a gun locker
Roberts County Sportsmens Club PO Box 55 Sisseton, SD 57262	Texien's	501(c)(3)	3,000.	0,			Building materials such as sheetrock, plumbing supplies, etc.
Simmons Middle School 1300 S 3rd St Aberdeen, SD 57401	lm   smulth 46-6000912		900.	0.			Purchase whisker biscuts on 18 bows
Sisseton HS Trap Team 620 E Ash St Sisseton, SD 57262	TakPriol 83-3747580 Government	Sovernment	1,120.	0.			Purchase PPE, targets, and shells
South Dakota Walley Classic Inc PO Box 202 Akaska , SD 57420	Tappensu 26-1996104		2,000.	0			Construction of an all weather fish cleaning facility
Spink County Shooting Sports 16277 399th Ave Turton, SD 57477	Tarperial		1,000.	0			Purchase targets and national tournament expenses
Sportsman's Club of Brown County PO Box 712 Aberdeen, SD 57402-0712	Takpenind 46-6024796 501(c)(7)	501(c)(7)	22,750.	0.			Electronic Access equipment
Sportsman's Club of Brown County / Ladies' Day - PO Box 712 - Aberdeen, SD 57402-0712	Tax Pendul 46-6024796	501(c)(7)	3,700.	0.			Ladies Day - Purchase food, ammunition, door prizes, name tags for event
Sportsman's Club of Brown County / Youth Sport Pest - PO Box 712 - Aberdeen, SD 57402-0712	Taxtenod (1)	501(c)(7)	3,700.	0			Youth Sports Fest - Purchase shells, targets, food and supplies, t-shirts for event
							Schedule I (Form 990)

Firearms	
Youth	
for	
The Foundation	Safety, Inc.

Schedule I (Form 990) Safety, Inc. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Inc. er Assistance to Go	vernments and Organ	izations in the Uni	ted States (Sche	(Schedule I (Form 990), Part II.)		47-0920086 Page 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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sportsman's Club of Brown County PO Box 712 Aberdeen, SD 57402-0712	Taxperia/	501(c)(7)	1,200.	.0			Railroad Ties to protect shooting station
Sportsman's Club of Brown County / $ ax ^2 \pi  0$ .22 League - PO Box 712 - Aberdeen, SD 57402-0712	Tax Per (V) 46-6024796 501(c)(7)	501(c)(7)	1,550.	0			Purchase targets and ammunition
Tony's Bait & Tackle 4004 HWY 12 & 83 Selby, SD 57472	43-2048931		.000	0			Rods and reels, tackle boxes and tackle
Webster Area HS Trap Club 219 E 6th Ave Webster, SD 57274	84-5011274	501(c)(3)	1,500.	0.			Get club up and running
Whetstone Sportsmen and Conservation Club - PO Box 574 - Milbank, SD 57252	26-0466223		5,000.	0.			Construction of a skeet house
Whitetaıl Bowmen Archery Club PO Box 1225 Aberdeen, SD 57402-1225	Taxear (2)	501(c)(7)	7,500.	.0			Repair and update existing structures
							Schedule I (Form 990)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Safety, Inc. Schedule I (Form 990) (2019) ،Part III;

Page 2

47-0920086

(f) Description of noncash assistance (book, FMV, appraisal, other) ಹ Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. Each grant recipient is required to provide purchase receipts as well as brief report to confirm that the grant monies were utilized for the (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients purposes stated in the grant request. (a) Type of grant or assistance Part I, Line 2:

932102 10-26-19

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

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

The Foundation for Youth Firearms Safety, Inc.

OMB No 1545-0047 Open to Public Inspection

Employer identification number 47-0920086

canonaihla handlina of	firearms and to otherwise promote and foster
esponsible handling of	. Illearms and to otherwise promote and loster
programs intended to el	iminate firearms accidents.

The Foundation has 10 directors and 4 non-voting officers. There are no material differences in director voting rights; everyone gets 1 vote and in the event of a tie there would be a stalemate. The Board of Directors of the Foundation has delegated authority to the committee members of the Great Plains Outdoorsmen (the Foundation's fundraising event) as far as decisions related to determining which organizations receive grants and the amount of the grants. However, the decisions of the GPO Committee are reviewed and ratified by the Board of Directors for the Foundation.

Form 990, Part VI, Section A, line 7a: The Board of Directors shall consist of ten (10) members who shall be the same individuals who serve on the Board of Directors of the Sportsman's Club of Brown County, Inc. The term of each Director shall be the same as that Director's term as a member of the Board of Directors of the Sportsman's Club of Brown County, Inc. Any vacancies in the Board of Directors, arising at any time and from any cause, shall be filled in the same manner as that provided in the By-laws of the Sportsman's Club of Brown County, Inc.

Form 990, Part VI, Section A, line 8b:

Form 990, Part VI, Section A, line 1:

There are no committees of the Foundation with the authority to act on

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization The Foundation for Youth Firearms Safety, Inc.	Employer identification number 47-0920086
behalf of the governing board. All committee decisions mus	t be reviewed and
ratified by the Foundation's Board of Directors.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 was reviewed by the Treasurer and Vice Presidently filing with the IRS.	ent prior to
Form 990, Part VI, Section C, Line 19:	
The governing documents and financial statements have not	been made
available to the public during the tax year. Those document	ts are available
to members of the Sportsman's Club of Brown County.	
	_

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

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

▶ Attach to Form 990.

OMB No 1545-0047

**Employer identification number** 47-0920086

The Foundation for Youth Firearms Inc Safety,

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

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year  $\boldsymbol{\varepsilon}$ End-of-year assets **e** Total income € Legal domicile (state or foreign country) Ö Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part

(a)	(q)	(0)	(p)	(a)	<b>(£)</b>	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(1	(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	٩ ٧
The Sportsman's Club of Brown County, Inc	Promotion of wildlife						
46-6024796, PO Box 712, Aberdeen, SD	habitat projects and						
57402-0712	hunting; operate rifle	South Dakota	501(c)(7)	- 24	N/A		×
	<del>,</del>						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part VII for Continuations

Schedule R (Form 990) 2019

Safety, Schedule R (Form 990) 2019

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

Page 2

47-0920086.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina (related, u excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of-year assets	(h Dispropor allocat		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) (k) · General or Percentage managing partner?
									i			
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable a	is a Corpoi	or Trust.	omplete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	answered "Ye	ss" on Form 99	1 30, Part IV, lin	e 34, bec	ause it had o	one or m	ore related
(a) Name, address, and EIN of related organization	N. c.	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shar Shar end-o ass	(g) Share of Pe end-of-year ov assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
						-						
						-						
								:				
932162 09-10-19										Schedule	e R (For	Schedule R (Form 990) 2019

47-0920086.

Schedule R (Form 990) 2019 Safety, Inc.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed i	n Parts II-IV?			Ĭ
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	_	×
Ω	Gift, grant, or capital contribution to related organization(s)				9	×	
ပ	Gift, grant, or capital contribution from related organization(s)				10	bd.	
70					1d	_	×
ø	Loans or loan guarantees by related organization(s)				1e		×
<b>—</b>	Dividends from related organization(s)				#		×
5	Sale of assets to related organization(s)				19		×
£	Purchase of assets from related organization(s)				ŧ		×
-	Exchange of assets with related organization(s)				1i		×
-	Lease of facilities, equipment, or other assets to related organization(s)				;=		×
*	Lease of facilities, equipment, or other assets from related organization(s)				=		×
_		ization(s)			=		l <sub>×</sub>
Ε	Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			Ŧ		×
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			-t	×	
0	Sharing of paid employees with related organization(s)				9	$\stackrel{\frown}{\dashv}$	×
<u>o</u>					<del>1</del>	7	<b>4</b>
σ	Reimbursement paid by related organization(s) for expenses				10		×
<u> </u>	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				<del>1</del> 5		× ×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	o must complete thi	s line, including covered r	elationships and transaction thresholds	!	$\frac{1}{1}$	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
Ξ							
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<b>£</b>							1
3							
<u>6</u>							1
و بر							
93216	932163 09-10-19	i		Schedule R (Form 990) 2019	R (Form 9	90) 20	1 2

Safety, Inc. Schedule R (Form 990) 2019 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(a)	) (a)	9	Ð	(e)	£	(a)	3	8	9	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all Iners sec.	0)	Share of	Dispropor-	Code V-UBI	General	Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514)	er orgs /	total income	end-of-year assets	allocations?	allocations of Schedule K-1 partner? Of Schedule K-1 Yes No (Form 1065) Yes No	Yes No	ownership
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Schedule R (Form 990) 2019

# The Foundation for Youth Firearms Safety, Inc. 47-0920086 Page 5 Schedule R-(Form 990) 2019 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions Part II, Identification of Related Tax-Exempt Organizations: Name of Related Organization: The Sportsman's Club of Brown County, Inc. Primary Activity: Promotion of wildlife habitat projects and hunting; operate rifle range