EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	e 2023 calendar year, or tax year beginning and	ending		
B (Check if pplicable	e: C Name of organization		D Employer identific	cation number
	Addre: chang	MAJESTY OUTDOORS			
	Name chang		26-44588	65	
	Initial return		E Telephone number		
	Final return/	555 N CARANCAHIJA SUITTE 130	Room/suite	361-400-2	2321
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,244,790.
	Ameno return	CORPUS CHRISTI, TX 78401		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: WILLIAM BLODGEII		for subordinates	? Yes 🔀 No
	pendir	⁹ 13706 CAYO CANTILES ST, CORPUS CHRISTI,	TX	H(b) Are all subordinates in	cluded? Yes No
1 1	ax-exe	empt status: 🚺 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions
	Nebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2009 N	I State of legal domicile: \mathbf{TX}
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities: BUILI			
uc u		SHATTERING THE CYCLE OF FATHERLESSNESS TH			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more		
Š0	3				12
ය න	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8
iti	6	Total number of volunteers (estimate if necessary)			55
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		1,362,013.	801,985.
/eni	1	Program service revenue (Part VIII, line 2g)		035,642.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			<u>9,355.</u> 171,287.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-266,976. 1,059,395.	982,627.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> </u>	982,827.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		204,698.	414,337.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		204,090.	<u> </u>
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 22,64	17	0.	• 0
Ä		• • • • • • • • • • • • • • • • • • •		201,277.	228,056.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		405,975.	642,393.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		653,420.	340,234.
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	1	Total assets (Part X, line 16)		1,704,861.	1,803,680.
Assets	3			453,944.	241,947.
Net /	-	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,250,917.	1,561,733.
		Signature Block		-,250,5110	±,30±,733.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

				n						
Sign	Signature of officer			/	Date					
-	DAVE COTHAM, EXECUTIVE DI	RECTOR ル	and (A	\supset	11/4/2	2024				
	Type or print name and title									
	Print/Type preparer's name	Preparer's signatur	e	Date	Check	PTIN				
Paid	CRAIG A. ADAMSON	CRAIG Å.	ADAMSON	11/4/24	self-employed	P0024657	2			
Preparer	Firm's name ADAMSON & COMPANY	, LLC			Firm's EIN 45-	3980748				
Use Only	Firm's address 4101 S ALAMEDA ST									
	CORPUS CHRISTI, T	X 78411			Phone no.361-	887-8916				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	MAJESTY OUTDOORS rt III Statement of Program Service Accomplishments	26-4458865 Page	, 2
Pa		Г	\neg
1	Check if Schedule O contains a response or note to any line in this Part III	L	
•	BUILDING A GENERATION OF HOPE BY SHATTERING THE CYCLE OF	1	
	FATHERLESSNESS THROUGH MENTORING AND THE OUTDOORS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X N	lo
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	10
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avpapage	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$524,173. including grants of \$) (Rever	nue \$)
	TIDECHANGERS MENTORSHIP PROGRAM BEGAN IN 2013. MAJESTY C	UTDOORS IS	_ /
	COMMITTED TO RAISING AWARENESS THROUGH THE TIDECHANGERS		
	PROGRAM IN THE OUTDOORS. TIDECHANGERS MENTORSHIP PROGRAM		
	PASSIONATE AND COMMITTED INDIVIDUALS AND ORGANIZATIONS I		
	COMMUNITIES TO EDUCATE, EQUIP, EMPOWER, AND ENCOURAGE TH		
	TIDECHANGER MENTOR CHAPTERS. WE WALK ALONGSIDE OUR COMMU		
	TO IDENTIFY, TRAIN, AND RAISE UP LEADERS, MENTORS, AND V THEN PROVIDE A STEP BY STEP PROCESS TO EQUIP THESE TIDEO	OLUNTEERS. WE	
	BUILDING LOVING, TRUSTING RELATIONSHIPS WITH THE FATHERL		
	PARENTS IN THEIR COMMUNITY.		
4b	(Code:) (Expenses \$17,267. including grants of \$) (Rever	nue \$)
		ENS NOMINATED	
	THROUGH THE MENTORSHIP PROGRAM HAVE THE OPPORTUNITY TO A		
	SCHOLARSHIPS FOR HIGHER LEARNING IN COLLEGE OR TRADE-SCH		
	~ /	IAVE THE	
	OPPORTUNITY TO RECEIVE UP TO FOUR YEARS OF SCHOLARSHIP F	UNDING, UP TO	
	\$5,000 EACH YEAR.		
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses541,440.		
		Form 990 (20	23)
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 Form 990 (2023)
 MAJESTY
 OUTDOORS

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		- 21
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
h	Part VI	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
32003	12-21-23	Form	390 ((2023)

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 Form 990 (2023)
 MAJESTY
 OUTDOORS

 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 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			v
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
Ь	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	any tax-exempt bonds?	24c		
Ь	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 41	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע זו סטוופטעופ ט טטווגמווז מ ופסטטוזפ טו זוטנפ נט מוזץ ווופ ווז גווזא דמוג ע			
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
332004	12-21-23			(2023)
	4			,

Form	990 (2023) MAJESTY OUTDOORS		26-4458	865	P	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	8				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
3a	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	Ο		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Ad	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X	
	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	e orga	nization solicit				
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	vices p	rovided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	ıs requ	uired				
	to file Form 8282?	1		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		<u> </u>	
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Э				
				8		<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.						
a				9a		<u> </u>	
b				9b			
10	Section 501(c)(7) organizations. Enter:		I				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		I				
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
40-	amounts due or received from them.)	1041		40-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		r 	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	I				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-			
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		<u> </u>	
h	Note: See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126	I				
~	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?						
14a h				14a 14b		X	
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
15				15		x	
	excess parachute payment(s) during the year?			15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х	
10	If "Yes," complete Form 4720, Schedule O.		ne?				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions	tivition					
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
330005	12-21-23			Form	990	(2023)	
JJ2005						(2020)	

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	tion A. Governing Body and Management				N.			
10	Enter the number of voting members of the governing body at the end of the tax year	1a	1	12	Ye	es		
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	-	1					
2				2	3	х		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				-			
5				3				
4	Did the organization make any significant changes to its governing documents since the prior Form			····				
5	Did the organization become aware during the year of a significant diversion of the organization's as				_			
1a	more members of the governing body?			78	5	х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				2	~		
b								
~	persons other than the governing body?			7 k)			
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	2	0			х		
	The governing body?				_	<u>x</u>		
	Each committee with authority to act on behalf of the governing body?			8k		Δ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9				
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		V			
	Did the energia time have been been been been as a ffillate O				Ye	es		
	Did the organization have local chapters, branches, or affiliates?			10	a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	•						
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befoi	e filing the form's	? 11	a	_		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12	a Z	~		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12	<u>2</u>	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe					
	on Schedule O how this was done							
13	Did the organization have a written whistleblower policy?				_	X		
14	Did the organization have a written document retention and destruction policy?			14	. <u> </u>	X		
15	Did the process for determining compensation of the following persons include a review and approv	,	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15	a			
b	Other officers or key employees of the organization			15	b	_		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a					
	taxable entity during the year?			16	a	_		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation					
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga							
b		<u></u>	<u></u>	16	5			
b	exempt status with respect to such arrangements?							
	exempt status with respect to such arrangements? tion C. Disclosure							
Sect						-		
Sect	tion C. Disclosure	and 990	-T (section 501(c	c)(3)s onl	/) ava	aila		
Sect	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed	and 990	-T (section 501(c	c)(3)s onl	/) ava	aila		
Sect	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.			c)(3)s onl	/) ava	aila		
Sect 17 18	Isist 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, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	in on Sc	chedule O)					
Sect	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed	in on Sc	chedule O)					
Sec 1 17 18 19	Isist 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, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explair Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	in on So onflict o	chedule O) of interest policy,					
Sec 17 18 19	Ition 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, at for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image: The state of t	in on So onflict o	chedule O) of interest policy,					
Sec 17 18 19	X Own website Another's website X Upon request Other (explain to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's botwet Mone 104 requires and the tax year.	in on So onflict o ooks and	chedule O) of interest policy,					
Sec 17 18 19 20	Ition 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, a for public inspection. Indicate how you made these available. Check all that apply. Image: The state of the s	in on So onflict o ooks and	chedule O) of interest policy,	, and fina	ncial			
Sec 17 18 19 20	X Own website Another's website X Upon request Other (explain to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's botwet Mone 104 requires and the tax year.	in on So onflict o ooks and	chedule O) of interest policy,	, and fina		1		

MAJESTY OUTDOORS 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.

Form 990 (2023)

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Form 990 (2023) MAJESTY OUTDOORS	26-4458865	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year er List all of the organization's current officers, directors, trustees (whether individuals or organization) 	8 8	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week	box offi	box, unless person is both a officer and a director/trustee			s both r/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			bensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru:	onal t		ployee	ee comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WILLIAM BLODGETT	4.00	<u> </u>	=	5	ž	Ξə	R			
PRESIDENT	4.00	x		x				0.	0.	0.
(2) SUSAN BLODGETT	1.00									
SECRETARY		x		x				0.	0.	0.
(3) DAVE COTHAM	40.00	1								
EXECTIVE DIRECTOR		x		x				0.	Ο.	0.
(4) JAMES DAVIDSON	0.00									
DIRECTOR		х						0.	0.	0.
(5) TRAVIS GUANTT	0.00									
DIRECTOR		Х						0.	0.	0.
(6) ALEX HARRIS	0.00									
DIRECTOR		Х						0.	0.	0.
(7) BRUD JONES	0.00									
DIRECTOR		Х						0.	0.	0.
(8) BARBYEE MOON	0.00									_
DIRECTOR		Х						0.	0.	0.
(9) ROEL VILLANUEVA	0.00									•
DIRECTOR		Х						0.	0.	0.
(10) DR DANIEL WAGNER	0.00									•
DIRECTOR		Х						0.	0.	0.
(11) CORY MORROW	0.00								0	0
DIRECTOR		X						0.	0.	0.
(12) CORY PROCTOR	0.00								0	0
DIRECTOR (13) JERAD WATSON	0.00	Х						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
DIRECTOR	-	<u> </u>						0.	0.	0.
		1								
		+								<u> </u>
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332007 12-21-23

Form 990 (2023) MAJESTY									26-445	8865	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	box,	not ch , unles cer an	neck r s per	nore t	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F Estim amou oth	ated int of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comper from organi and re organiz	the zation elated
		1	-	0	×	Ξ	4				
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.0.0.	0 0 0	•	0.0.0.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	Ye	0 es No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s										3	X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		. 4	x
rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors	-				-			-		5	x
1 Complete this table for your five highest co											
(A) (B) Name and business address NONE Description of services							(C) Compensa	tion			
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received me	ore than		
\$100,000 of compensation from the organi	zation				0)					

Form **990** (2023)

332008 12-21-23

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Revenue excluded from tax under				2023) MAJESTY OUTD	OORS			26-4458	865 Page 9		
(A) Total revenue Protect or exempt function revenue Protect or exempt for revenue Protexempt for revenue <td>Pa</td> <td>rt \</td> <td>/ </td> <td>Statement of Revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pa	rt \	/	Statement of Revenue							
(A) Total revenue Protect or exempt function revenue Protect or exempt for revenue Protexempt for revenue <td></td> <td colspan="10">Check if Schedule O contains a response or note to any line in this Part VIII</td>		Check if Schedule O contains a response or note to any line in this Part VIII									
Bot Membership dues 1b c Hermiter and the set of t				· · ·		(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded		
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Business Code Business Code a	D C L			· · · · · · · · · · · · · · · · · · ·							
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Business Code Business Code a	ont od (g			001 005					
g 2 a	<u>a Č</u>		h	Total. Add lines 1a-1f		801,985.					
B					Business Code						
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts) 9,355. a Income from investment of tax exempt bond proceeds 9,355. 5 Royatties 0 6 a Gross rents 6a 6 a Gross rents 6a 7 Gross amount from sales of assts other than income or (loss) 0 7 a Gross amount from sales of assts other than income or (loss) 0 6 c Gain or (loss) 7a 7a 6 a Gross income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events 171, 287. 8 a Gross income from gaming activities 171, 287. 9 a Gross sales of inventory, less returns and allowances 9a 9 a Gross sales of inventory, less returns and allowances 10a 9 a Gross sales of inventory, less returns and allowances 10a 9 a Gross sales of inventory, less returns and allowances 10a 9 b Net income or (loss) from sales of inventory, e 10a 9 b Net	e	2	а		_						
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b Less: cost of goods sold 10b 60000000000000000000000000000000000				-	0a						
c Net income or (loss) from sales of inventory Business Code Image: Code 11 a Business Code Image: Code Image: Code b Image: Code Image: Code Image: Code c Image: Code Image: Code Image: Code d All other revenue Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image: Code 12 Total revenue. See instructions 982,627. O. O. 180,642.			b								
Business Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code <td></td> <td></td> <td></td> <td>U L</td> <td></td> <td></td> <td></td> <td></td> <td></td>				U L							
e Total. Add lines 11a-11d 982,627. 0. 180,642.				(,							
e Total. Add lines 11a-11d 982,627. 0. 180,642.	sno	11	а								
e Total. Add lines 11a-11d 982,627. 0. 180,642.	nec	· · ·									
e Total. Add lines 11a-11d 982,627. 0. 180,642.	ella										
e Total. Add lines 11a-11d 982,627. 0. 180,642.	Be										
12 Total revenue. See instructions 982,627. 0. 0. 180,642.	Σ										
		12				982.627.	0.	0 -	180.642.		
	33200					,•=,•					

MAJESTY OUTDOORS

332009 12-21-23

MAJESTY OUTDOORS

Do	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 200	000 400	20 500	16 480
7	Other salaries and wages	329,398.	273,400.	39,528.	16,470
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 000	00 480	2 050	1 2 4
9	Other employee benefits	27,083.	22,479.	3,250.	1,354
0	Payroll taxes	57,856.	48,020.	6,943.	2,893
1	Fees for services (nonemployees):				
а	Management				
b	Legal	21 045	F 0C1	15 704	
С	• • • • • • • • • • • • • • • • • • •	21,045.	5,261.	15,784.	
d	, , , , , , , , , , , , , , , , , , ,				
e	° / F				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	22,365.	22,365.		
12	Advertising and promotion	19,304.	7,722.	9,652.	1,930
13	Office expenses	19,304.	1,122•	9,052.	1,930
14 15	Information technology				
15	Royalties	33,578.	33,578.		
16		55,570.	55,570.		
17	Travel Payments of travel or entertainment expenses				
8	for any federal, state, or local public officials				
0	Conferences, conventions, and meetings	7,903.	7,903.		
9 20	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	31,492.	28,343.	3,149.	
23		15,585.	15,585.		
.3 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.)				
а	PROGRAM OPERATIONS	53,530.	53,530.		
b	SCHOLARSHIPS	17,267.	17,267.		
c	LICENSES AND RENEWALS	3,882.	3,882.		
d	REPAIRS AND MAINTENANCE	2,105.	2,105.		
	All other expenses	_,	_,		
5	Total functional expenses. Add lines 1 through 24e	642,393.	541,440.	78,306.	22,647
6	Joint costs. Complete this line only if the organization	,	,		,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

Form 990 (2023)

_

MAJESTY OUTDOORS

Form 990 (2023)
Part X Balance Sheet

_

		Check if Schedule O contains a response or note	e to any	Ine in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			437,575.	1	475,496.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4					4	
	5	Loans and other receivables from any current or					
	Ŭ	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•			-	
		under section 4958(f)(1)), and persons described				6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				28,000.	9	16,250.
		Land buildings and equipment: cost or other				-	
		basis, Complete Part VI of Schedule D	10a	1,308,319.			
	ь	basis. Complete Part VI of Schedule D	10b	77,207.	1,141,830.	10c	1,231,112.
	11	Investments - publicly traded securities			• •	11	, , ,
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			97,456.	15	80,822.
	16	Total assets. Add lines 1 through 15 (must equa			1,704,861.	16	1,803,680.
	17	Accounts payable and accrued expenses	64,820.	17	44,410.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrelation	291,668.	23	116,715.		
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D	97,456.	25	80,822.		
	26	Total liabilities. Add lines 17 through 25			453,944.	26	241,947.
		Organizations that follow FASB ASC 958, chee	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions		<u></u> L		28	
pur		Organizations that do not follow FASB ASC 95	58, che	ck here X			
ΓĘ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund	0.	30	0.
t As	31	Retained earnings, endowment, accumulated inc			1,250,917.	31	1,561,733.
Ne	32	Total net assets or fund balances			1,250,917.	32	1,561,733.
	33	Total liabilities and net assets/fund balances			1,704,861.	33	1,803,680.

Form 990 (2023)

Form	1990 (2023) MAJESTY OUTDOORS	26-	4458865	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	982	2,6	27.
2	Total expenses (must equal Part IX, column (A), line 25)	2	642	2,3	93.
3	Revenue less expenses. Subtract line 2 from line 1	3	340),2	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,250),9:	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-29),4	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,561	.,7	<u>33.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Nan	ame of the organization Employer identification number									
	MAJESTY OUTDOORS 26-445									
Ра	rtl	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organ	nization 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).)								
3		A hospital or a cooperative					-			
4		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:								
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	-							
7	X	An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exem		-					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.	
		See section 509(a)(2). (Cor								
11		An organization organized a	-	•	•					
12		An organization organized a	•	•	•			•	• •	
		more publicly supported or	-						check the box on	
		lines 12a through 12d that	• •					-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting	
		organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted	
		organization(s). You mus								
С		J Type III functionally inte		•••				ly integrate	d with,	
		its supported organization		-						
d		Type III non-functionally						-		
		that is not functionally int			•		-	an attentiv	/eness	
		requirement (see instructi								
е		Check this box if the orga					Type I, Type	II, Type III		
		functionally integrated, or		nally integrated supporting	ng organiz	ation.				
T		er the number of supported o	•	d arganization(a)						
<u> </u>		Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other								
		organization (described on lines 1-10 in your governing document?) support (see instructions) support (see instructions)							support (see instructions)	
	above (see instructions)) Yes No									
Tota	al									

Schedule A (Form 990) 2023

MAJESTY OUTDOORS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	342,807.	469,560.	761,713.	801,723.	801,985.	3177788.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	342,807.	469,560.	761,713.	801,723.	801,985.	3177788.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						3177788.
Sec	ction B. Total Support				[
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	342,807.	469,560.	761,713.	801,723.	801,985.	3177788.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots			1,160.	2,568.	9,355.	13,083.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3190871.
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the		rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
<u> </u>	organization, check this box and sto						·····
	ction C. Computation of Public						00 50
	Public support percentage for 2023 (I					14	<u>99.59 %</u>
	Public support percentage from 2022					15	<u>99.86 %</u>
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the						
4-	and stop here. The organization qua		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	•	•		•	7	
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circl		•		• •		
ΙŎ	Private foundation. If the organization	лаа посспеска		a, 100, 17a, or 170	, check this box a		
						Schedule A	(Form 990) 2023

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MAJESTY OUTDOORS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 2	0 23 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than a	33 1/3%, and I	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organization	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
33202	23 12-21-23						dule A (Form 990) 2023
			15	5			

MAJESTY OUTDOORS

1

Yes No

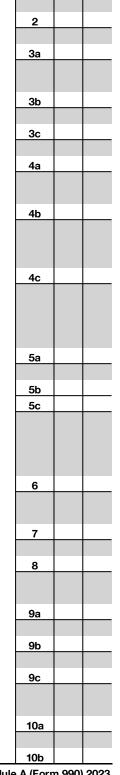
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23



Schedule A (Form 990) 2023

	(Form 990) 2023		OUTDOORS
Part IV	Supporting Orga	anizations (contin	nued)

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

	ponted organ	12011011131.	
Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- a 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 go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

MAJESTY OUTDOORS

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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га			Contini	uea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
	Excess from 2023				

MAJESTY OUTDOORS

Schedule A (Form 990) 2023

Cart Mile Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17 20; Part III, line 12, Part V, Section R, line 13, 20, 20, 40, 40, 40, 56, 90, 80, 61, 110, part 112, Part V, Section R, line 142, Part V, Section R, line 142	Schedule A	(Form 990) 2023	MAJESTY OUTE		26-4458865 Page 8
2002 NE 12 22 22 22 22 22 22 22 22 22 22 22 22	Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	l, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sec	9a, 9b, 9c, 11a, 11b, and 11c; Part I ction E, lines 1c, 2a, 2b, 3a, and 3b;	0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
2020 1261-23 21 22 20 22 20 20 20 20 20 20 20 20 20 20					
2228 127.22 20 Schedule A (Form 990) 202					
2000 121120 2010 2010 2010 2010 2010 20					
2000 1521-23					
2025 15 21 23 20 Schedule A (Form 990) 202					
2028 15-21-20					
2005 1921-23					
2028 12.21-23					
2022 12.21.23 212 212 22 22 20 20 20 20 20 20 20 20 20 20 20					
2020 12-21-23 21					
2008 12-21-23 20 Schedule A (Form 990) 202					
2002 12:21-23 20 Schedule A (Form 990) 202					
2028 12:21:23 Schedule A (Form 990) 202					
32028 12-21-23 Schedule A (Form 990) 202					
2002 12-21-23 Schedule A (Form 990) 202					
2028 12-21-23 Schedule A (Form 990) 202					
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32028 12-21-23 Schedule A (Form 990) 202 20					
	332028 12-21-2	3		20	Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

26-4458865

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

MAJESTY OUTDOORS

Name of organization

Employer identification number

26-4458865

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLAKE SVEJKOVSKY 3111 N HOUSTON ST. APT 1515 DALLAS, TX 75219	\$ <u>52,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TRAVIS GAUNTT 310 WOLLSCHLAEGER DR BOERNE, TX 78006	\$46,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CARROLL AND MARGUERITE WHEELER FOUNDATION 250 W. NOTTINGHAM STE. 300 B SAN ANTONIO, TX 78209	\$ <u>355,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JAMES DONNELL PO BOX 539 FOWLERTON, TX 78021	\$ <u>106,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KEVIN EHRINGER 13701 CAYO CANTILLES CORPUS CHRISTI, TX 78418	\$ <u>117,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DR. DANIEL WAGNER 5809 LAGO VISTA DR CORPUS CHRISTI, TX 78414	\$ <u>29,600.</u>	Person X Payroll
323452 12-26	5-23		Schedule B (Form 990) (2023)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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

23 2023.05000 MAJESTY OUTDOORS Schedule B (Form 990) (2023)

Employer identification number

Page 3

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MAJESTY OUTDOORS

Name of organization

Part II

Name of organization			Employer identification number		
MAJESTY OUTDO			26-4458865		
from any one completing Part I	contributor. Complete columns (a)) through (e) and the following line entropy of the contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$		
(a) No.	o) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
—					
	ransferee's name, address, a	(e) Transfer of gir	t Relationship of transferor to transferee		
(a) No. from (t Part I	b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git			
	ransferee's name, address, a		Relationship of transferor to transferee		
(a) No. from (t Part I	b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git	[
т 	ransferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from (t Part I	b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git	sfer of gift		
T	ransferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
323454 12-26-23			Schedule B (Form 990) (2023		

SCHEDULE D	\$
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Name	of	the	organizatio
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Department of the Treasury Internal Revenue Service

Nam	e of the organization MAJESTY OUTDOORS		26-4458865
Pa		r Similar Funds	
I U	organization answered "Yes" on Form 990, Part IV, line 6.		Complete il the
	(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the asset		
	are the organization's property, subject to the organization's exclusive legal control	ol?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	t grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor advisor, or fo	r any other purpose	
_	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	oly).	
	Preservation of land for public use (for example, recreation or education)	Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation con	tribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included on lin	ne 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 200		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished,		
	year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, insp	pection, handling of	
			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	d enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirement	ents of section 170(h	i)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its re	evenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization	on's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical 1	Freasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its	revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educated	tion, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that	describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 958, to report in its reve	enue statement and I	balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education	n, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other simil		
	the following amounts required to be reported under FASB ASC 958 relating to th		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

Sche		OUTDOORS					26 - 44	58865	D Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historica	I Treasures, c	or Othe	r Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check any o	of the following tha	it make s	ignificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	c	l 🔄 Loan	or exchange progr	ram					
b	Scholarly research	e	e 🛄 Other							
С	Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							XIII.			
5	During the year, did the organization solicit of	or receive donations of	of art, historica	al treasures, or oth	er simila	r assets		_		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organ	ization answered '	'Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	•					_	-		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
С	Beginning balance									
d	Additions during the year									
-	Distributions during the year									
f	Ending balance									1
	Did the organization include an amount on F					lity?	····· L	Yes		No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete it									<u>]</u>
I UI		(a) Current year	(b) Prior y			(d) Three y	ears hack	(e) Four	vears	hack
10	Paginning of year balance	(a) ourrent year				(a) Three y			yours	Juon
	Beginning of year balance									
b	Contributions									
с А	Net investment earnings, gains, and losses Grants or scholarships									
d	Other expenditures for facilities									
e										
f	Administrative expenses									
g 2	Provide the estimated percentage of the cur		e (line 1 a. colu	imn (a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_/0							
c		%								
Ū	The percentages on lines 2a, 2b, and 2c sho	- / -								
3a	Are there endowment funds not in the posse		ation that are I	eld and administe	ered for th	ne				
	organization by:	5						ſ	Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Form 990	D, Part X,	, line 10.				
	Description of property	(a) Cost or o basis (investr	•) Cost or other basis (other)	1	Accumulate	d	(d) Bool	k value	9
1a	Land			167,059.				167	7,0	59.
	Buildings			442,957.		15,68	38.		7,20	
	Leasehold improvements			567,474.					7,4	
	Equipment			130,829.		61,51	L9.	69	9,31	L0.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. c	olumn (B))				1,231	1,11	L2.
						-				

Schedule D (Form 990) 2023

		Other Securitie	
Schedule D	(Form 990) 2023	MAJESTY	OUTDOORS

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(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost c	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. <i>(</i> B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lir	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			80,822
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			80,822

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

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 MAJESTY OUTDOORS		26-44	58865 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	982,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			982,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			982,627.
Pa	t XII Reconciliation of Expenses per Audited Financial State		nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			<u> </u>
1	Total expenses and losses per audited financial statements		1	642,393.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	, , ,			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			642,393.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			642,393.
Pa	rt XIII Supplemental Information			

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

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on				r 19, d	or if the	2023		
	C	organization entered more than \$1						2023		
Department of the Treasury Internal Revenue Service	Got	Attach to Form 990 o o www.irs.gov/Form990 for instrue				.		Open to Public Inspection		
Name of the organizatior			200113		le latest mormation		Employer ide	entification number		
	MAJESTY	OUTDOORS					26-4458	865		
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-E	Z filers are not		
· · ·	complete this part				<u></u>					
	 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants 									
—	email solicitations			-	nment grants					
c Phone solici		g Special		-	-					
d 🗌 In-person so	licitations	5		5						
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ling of	ficers, directors, trust	tees, o	or			
key employees list	ed in Form 990, Pa	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Ye	s 🗌 No		
		viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fun	draiser is to b	e		
compensated at le	ast \$5,000 by the	organization.								
	e e film d'adaire l		(iii) fundr	Did	(.).	(v) A	Amount paid	(vi) Amount paid		
(i) Name and addres or entity (func		(ii) Activity	have c	aiser ustody itrol of	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)		
	indicor)			utions?	noni dotivity	list	ed in col. (i)	organization		
			Yes	No						
Total										
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from re	egistration		
or licensing.										

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

		of fundraising event contributions and gro	oss income on Form 990-		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			SHOOT & GALA	(overt type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	433,450.			433,450.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	433,450.			433,450.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D	8	Entertainment				
		Other direct expenses	262,163.			262,163.
		Direct expense summary. Add lines 4 through	9 in column (d)			262,163.
		Net income summary. Subtract line 10 from li				171,287.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(L) Dull toba/instant		(I) Total namina (add
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac		tates?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	ear?	Yes No
		· · · · · · · · · · · · · · · · · · ·				

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	MAJESTY	OUTDOORS	26-4458865 Page 3
11	Does the organization conduct ga	aming activities w	th nonmembers?	Yes No
			of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			Yes 🗌 No
13	Indicate the percentage of gamin			
а	The organization's facility			13a %
14	Enter the name and address of th	ne person who pre	pares the organization's gaming/special events books and records	:
15a			party from whom the organization receives gaming revenue?	Yes No
			• • • • • • • • • • • • • • • • • • •	
a	If "Yes," enter the amount of gam			unt
_	of gaming revenue retained by the			
C	If "Yes," enter name and address	of the third party		
	Name			
	Address			
	Address			
16	Gaming manager information:			
10	carning manager mornation.			
	Name			
	Gaming manager compensation	\$		
		÷		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
а	Is the organization required under	r state law to mak	e charitable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b	Enter the amount of distributions	required under st	ate law to be distributed to other exempt organizations or spent in	the
	organization's own exempt activit			
Pa	rt IV Supplemental Infor	mation. Provid	e the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also	provide any additional information. See instructions.	
33208	33 09-13-23		21	Schedule G (Form 990) 2023

Part IV	Supplemental Information	(continued)
332084 04-01-	23	Schedule G (Form 990)

13331105 152885 A959

SCHEDULE O (Form 990)

FORM 990, PART

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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MAJESTY OUTDOORS

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUTDOORS.

FORM 990, PART VI, SECTION A, LINE 2:

I,

BILL BLODGETT-PRESIDENT AND SUSAN BLODGETT-SECRETARY ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS AND THEIR RIGHTS PER BOARD APPROVAL

FORM 990, PART VI, SECTION B, LINE 11B:

TREASURER OF THE ORGANIZATION REVIEWS & ROUTES COPIES OF FORM 990 TO ALL

BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

PART XI, LINE 9, CHANGES IN NET ASSETS: FORM 990,

PRIOR PERIOD ADJUSTMENT

-29,418.

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Schedule O (Form 990) 2023