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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A			endar year, or tax year beginning			, and e	ending				
		change	C Name of organization Gopher Rifle Doing business as	& Revolver	<u> </u>			D Employer	identification	number	
		•	Number and street (or PO box if mail is not	delivered to str	eet address)	Room/suite		41-6051511			
\Box	Name ch	hange	P.O. Box 18023					E Telephone	number		
	Initial ret	turn	City or town		State	ZIP code		651-462-4722			
	Final retur	n/terminated	Minneapolis		MN	55418		991.192.11			
	Amende	d return	Foreign country name Foreign	province/state/	county	Foreign posta	1 0000	G Gross rece	ıpts \$	123,953	
	Applicate	on pending	F Name and address of principal officer.				H(a) is t	nis a group return fo	v subordinates?	Yes X No	
٠ بـــا	Richard Williams PO Box 18023, Minneapolis, MN 55418 H(b) Are all subordinates included?										
<u> </u>	ax-exem	npt status		(insert no)	4947(a)(1)	or 527	1 ''	"No," attach a lis			
	J Website: ► N/A H(c) Group exemption number ►										
	art I		X Corporation Trust Associa	tuon Ott	181	L rea	ar or torm	ation: 1946	M State of	legal domicile MN	
ŀ	1		escribe the organization's mission or	most signific	ant activities	· To n	rovide r	ecreation, ec	ucation and	d	
8	1.		n of markmenship activities to member		zant activities	<u>10</u> -b	IOVIGE I	egication, cc	uoation an	<u> </u>	
Activities & Governance		Productions									
V 87	2	Check th	is box 🕨 📗 if the organization dis	continued its	operations	or disposed	of mor	e than 25% c	f its net as:	sets.	
မွ	3		of voting members of the governing t						3	14	
රේ ග	4		of independent voting members of th						4	14	
Ę	5	Total nu	nber of individuals employed in caler	dar year 20	15 (Part V, lii	ne 2a) . .		[5	0	
츻	6		nber of volunteers (estimate if neces						6		
ď	7a		elated business revenue from Part V			٠ اسسنسند]	7a	0	
	b	Net unre	lated business taxable income from I	orm 990-T,	line 34	m			7b	0	
		Contribu	tone and grants (Bort VIII time 46)	DF	CEINE	17-01	<u></u>	Prior Year	607	Current Year	
Revenue	8 9		tions and grants (Part VIII, line 1h).	سلال. ٠٠٠	D	/&	 		,687 ,584	83,413 40,443	
Š	10	Investm	service revenue (Part VIII, line 2g) .\ ent income (Part VIII, column (A), line	ha hand	70) 0 5 7	016 100			169	97	
2	11	Other re	enue (Part VIII, column (A), lines 5,		00 and 11e)	Jæ	1		0	0	
	12		enue—add lines 8 through 11 (must equ				 	103	440	123,953	
	13	Grants a	nd similar amounts paid (Part IX, col	umn (A). Jine	51=3L=1\	<u> </u>	17-		600	100	
	14	Benefits	paid to or for members (Part IX, colu	mh (A), had	المسارك الإلها	<u> </u>			0	0	
æ	15		other compensation, employee benefits			5-10)			0	0	
Expenses	16a	Professi	onal fundraising fees (Part IX, column	(A), line 11	e)		<u> </u>		_0	0	
ă.	b		draising expenses (Part IX, column (I				(3.7)				
ш	17		penses (Part IX, column (A), lines 11				<u> </u>		,001	112,522	
	18	-	enses. Add lines 13-17 (must equal	-		•	 		601	112,622	
	19	Revenue	less expenses. Subtract line 18 from	ine 12			Barin	12 ning of Current	839	11,331 End of Year	
ate o	20	Total acc	ets (Part X, line 16)				Degini		768	317,595	
let Assets or and Balances	21		ilities (Part X, line 26)				 		857	39,353	
* E	22		ts or fund balances. Subtract line 21						,911	278,242	
	rt II		nature Block				L				
			I declare that I have examined this return, inclu								
and b	belief, it i	is true, correc	t, and complete Declaration of preparer (other	than officer) is b	ased on all infor	mation of which	n prepare	r has any knowle	dge.		
Sig	n	-	water 11 M	1/0							
Her	'e		Signature of officer (VILLIAM R	M'GI		THEOSUY	00 -	Date	7-16		
		- 	Type or print name and title	. ,		110000	01				
			Type preparer's name	Preparer's sign	ature		Dat	e		PTIN	
Pai	ď	1	· · ·				- {		eckif	9	
Preparer -									lf-employed		
	Jse Only Firm's name							Firm's EIN			
		Firm'	address ►					Phone no.			
May	the IR	RS discuss	this return with the preparer shown	above? (see	instructions)				Yes No	
For I	Paperv	work Redu	ction Act Notice, see the separate in:	tructions.						Form 990 (2015)	
HTA	-		•							1 /	

	990 (2015)		41-6051511	Page 2
Pâ	irt iii	Statement of Program Service Accomplishments		_
`	D	Check if Schedule O contains a response or note to any line in this Part III		
1		lescribe the organization's mission: ide recreation, education and promotion of markmenship activities to members		
	10 bioni			
2		organization undertake any significant program services during the year which were not listed on	г	ET
	the prior	Form 990 or 990-EZ?	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
,		7	. Yes	X No
		describe these changes on Schedule O.		
4	Describe	e the organization's program service accomplishments for each of its three largest program services, a	as measured by	
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to others	,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	/Codo	Victorian C. 440,000 maladam manda of C. Victorian	e 405	052)
44	(Code) (Expenses \$ 112,622 including grants of \$) (Revenue anization provided recreation, education and promotion of markmenship activities to over		
	450 men	whore		
	-100 111011	india		
				·
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		***************************************		
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		······································		
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	O41:	(0)		
4d		ogram services. (Describe in Schedule O.)	0)	
4e	(Expense	es \$ 0 including grants of \$ 0) (Revenue \$ gram service expenses ■ 112,622		
		112,022		

Par	tiV Checklist of Required Schedules			
		ليسم	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	['		1
	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		L
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			2 (5
	VII, VIII, IX, or X as applicable.	e-1	12.02	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		. [
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
þ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		Ì	
	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		1	
	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	ایرا		.,
	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	ا _		
	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?	ا مر ا		.,
	If "Yes," complete Schedule G, Part III.	19		X

Par	t IV Checklist of Required Schedules (continued)			
•			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than]		ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		j	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	} <u> </u>		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1 1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			.,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21	7.	**************************************
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1 1	1.5.	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	-Kuña	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
v	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N,			
•	Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]	-7	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	W	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1 1	ł	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 9	n 990 (2015) Gopher Rifle & Revolver	41-605151	1	Page 5
Pai	art V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	0		1:
b	 			1.
C		able		Τ.
	gaming (gambling) winnings to prize winners?	1c	1	
2a				7,75,7
	Statements, filed for the calendar year ending with or within the year covered by this return	0	1.	15
b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	w Year	120	. 14
3a				Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ority	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al ,	}	}
	account)?	4a		X
b			1.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1.	1
	(FBAR).	ينا		١,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	? <u>5b</u>		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		ᆚ
6a		j		j
	organization solicit any contributions that were not tax deductible as chantable contributions?			<u> </u>
b	• • • • • • • • • • • • • • • • • • • •		j]
	gifts were not tax deductible?	<u> 6b</u>	 	
7	Organizations that may receive deductible contributions under section 170(c).]· '.	ا جا ا]`
а				.h
	and services provided to the payor?			↓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> 7b</u>	-	↓_
С	The same of American Control of the same o	_		1
	required to file Form 8282?	<u>7c</u>		
ď				1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra			1 X
f	2			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r		_	╅—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo			┼—
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			-
	sponsoring organization have excess business holdings at any time during the year?	8	<u>, </u>	1
9	Sponsoring organizations maintaining donor advised funds.		. 1	1
a	Did the sponsoring organization make any taxable distributions under section 4966?			+
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	30	+ -	+-
		2,807	3	1/>
a b	Initiation fees and capital contributions included on Part VIII, line 12		٠- ا],
11	Section 501(c)(12) organizations. Enter:		1	.]. [
	Gross income from members or shareholders	13.	, T.	1.
b	Gross income from other sources (Do not net amounts due or paid to other sources	;		1.5
-	against amounts due or received from them.)		15-35	1.5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	17 12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1,53		12
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	,	1
	Note. See the instructions for additional information the organization must report on Schedule O.	- Y	1.	1.
b	Enter the amount of reserves the organization is required to maintain by the states in which	,	10	1 :.
	the organization is licensed to issue qualified health plans			1:
С	Enter the amount of reserves on hand			$d\sum_{i}$

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14a

14b

Form 9	990 (2015) Gopher Rifle & Revolver 41-605		P	age 6
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"Nb"	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se		ructio	ons.
`	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	3,50		
	If there are material differences in voting rights among members of the governing body, or		- 1	1 2 1
	if the governing body delegated broad authority to an executive committee or similar	}	<u>``</u> ,1	134
	committee, explain in Schedule O.	- 4		- "
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	` .		7 3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	0.2	- '1 	ات. ا
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	Ì		}
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1		}
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		ł
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	- 1	- 1	
	the year by the following:			1.13
а	The governing body?	Ва	_X_	L
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		LX_
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.		
40.	Distribution approximation to a standard and the standard	100	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		}
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	43-	٠,٠	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-^-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420	Х	ŀ
40	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	14	х	 ^-
14	Did the organization have a written document retention and destruction policy?	14	^	E 13
15	Did the process for determining compensation of the following persons include a review and approval by	er i	2	14 TH
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	أستا
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130	<u>ک</u>	, 1 c §
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
16a	with a taxable entity during the year?	16a	سعلات	X
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IVA	÷	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		راد آردانی در در در در در	
	the organization's exempt status with respect to such arrangements?	16b	' تُعَبعد د ۔ -	الاستكف
Sect	ine organization's exempt status with respect to such arrangements?	.00		L
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)	s only	·}	
-	available for public inspection. Indicate how you made these available. Check all that apply		,	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police	cy, an	d	
-	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	>		

Tom Heinrich (763) 257-3653
PO Box 18026, Minneapolis, MN 55418

Form 990 (2015)	Gopher Rifle & Revolver	41-6051511	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		. 🗆
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos neck ss pe	rson Irect	that bust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Rick Repovsch	3.00			_	Г		_			
President	0.00	X.		x	l	1		0	0	
(2) Lowell Rogers	3.00				Г					
Vice President	0.00			X			l	0	0	
(3) Kim Frick	4.00				Г					
Secretary	0.00	Х		X			L	0	0	
(4) Rut McGee	4.00									
Treasurer	0.00	X	L	X	<u>L</u>		_	0	0	
(5) Andy Mager	1.00		['	1	'	1	
Chief Instructor	0.00	X					<u> </u>	0	0	
(6) John Peters	1.00)])]		,	ļ		
Range Safety Officer	0.00	Х		L	L_		<u> </u>	0	0	
(7) Rut McGhee	1.00	}	}	}			,	}		
Past President	0.00	X			L.	ļ.,	L	0	0	
(8) Bruce Aune	1.00	}		l	1					
Director	0.00	X			L		_	0	0	
(9) Steve Naumann	1.00									
Director	0.00	X	_		<u> </u>	 		0	0	
(10) Bruce Peglow	1.00									
Director	0.00	X	 		<u> </u>			0	0	
(11) Dennis Robinson	1.00		Ì							
Director	0.00	Х	_		_				0	
(12) Steve Shimek	1.00							_	_1	
Director	0.00	X	_			<u> </u>	_	0	0	
(13) Mike Connor	1.00							_		
Director	0.00	X	<u> </u>				_	0	0	
(14) Mark Weinhold	1.00					1			_	
Director	0.00	X	لسا		ل_ا	لـــا	<u> </u>	0	0	L

٠	(A) Name and title		box,	unie: er an	Pos neck ss pe d a c	erson	than	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	ı am	(F) imated ount of other
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) comp fro orga and	ensation om the inization related nizations
(15)												
(16)												
(17)												
(18)			-		_		-	┪				
(19)					_			-				
(20)				-		-		-			1	
(21)				-				\vdash			-	
(22)					_			-				
			-	_				-				
		 		_				-			-	
				_				_		' - 		
1b	Sub-total			<u> </u>	<u> </u>			<u>_</u>	0		0	0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).								0		0	0
2	Total number of individuals (including but not lin reportable compensation from the organization	nited to those lis	ted a	bov	e) v 0	vho	recei	ved	more than \$100	,000 of		
3	Did the organization list any former officer, dire- employee on line 1a? If "Yes," complete Schedu											res No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable con	npens	atio	n a	nd c	other	con	npensation from		4	X
5	Did any person listed on line 1a receive or according for services rendered to the organization? If "Yes"										5	X
	tion B. Independent Contractors											
1	Complete this table for your five highest competed compensation from the organization. Report convear.										's tax	
	(A) Name and business addr	ess							(B) Description of sen	лсеs	(C) Compens	ation
												0
								-				0
												0
	Total number of independent and the first first	llan but and limit	nd 4-	ile -		01	1050		who rooshed			0
	Total number of independent contractors (included more than \$100,000 of compensation from the compensation fro		→	u iO:	oc (3100	0	101	WIND TECEIVED			

Part										
rant	والنات	Statement of Revenue Check if Schedule O contains a response or no	te to any line in t	his Part VIII	· · · · · ·	· (c)	·			
	nake wa			(A) Total revenue	Related or exempt	Unrelated business	Revenue excluded from ax under sections			
317	·/		這一個(質)		function revenue	revenue	512-514			
35,5	ري ۽ ايسان ريءَ ۽ ايسان	The state of the s			Teverno					
	1a	Federated campaigns 1a	0	-	` '	1				
팔	b	Membership dues	76,413				, i			
2 5	C	Fundraising events	0	-	l	1	`-,			
A A	d	Related organizations	<u>\</u>		1	,	1			
S E	е	Government grants (contributions) 1e		-	,		* 1			
to re	f	All other contributions, gifts, grants, and	7,000		`		,			
를 취	i	similar amounts not included above 1f	7,000	·	,	·	- 1			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncasi curilibulo is il cocca il il ilico		83,413						
0 8	h	Total. Add lines 1a-1f	Business Code	, ,	,	,				
9			900099	34,622	34,622					
Ven	2a	Discipline income	900099	2,827	2,827					
2	b	Junior auction raffle	900099	532	532					
충	С	Miscellaneous	900099	2,462	2,462					
30	ď	Banquet		0						
臣	e	All other program service revenue		0						
Program Service Revenue	[f	Total. Add lines 2a–2f.		40,443						
	<u> 9</u>	Investment income (including dividences, interest,	anu							
	3	other similar amounts)		97	97					
	4	Income from investment of tax-exempt bond pro-	ceeds 🕨	0						
	5	Royalties	<u>, , , , , , , , , , , , , , , , , , , </u>	0	ļ	· · · · · ·	,			
	"	(i) Real	(ii) Personal	· .		1				
	6a	Gross rents		-	1		' '			
	b	Less: rental expenses	<u> </u>	1			, ,			
	C	Rental income or (loss)								
	d	Net rental income or (loss)	(ii) Other	 	<u> </u>	, , , , ,				
	7a	Gross amount from sales of (i) Securities	(II) Other	d	1.					
		assets other than inventory	o o	4 - '`	1	\ '	,			
	Ь	Less: cost or other basis			1	1	1, , , ;;			
	1	and sales expenses	0	(_		, ` '			
	0	Gain of (loss)	<u>- 1</u>	4~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ol .					
	d	Net gain or (loss)	· <u> </u>							
					1-1		1-32			
9	88				12	1 :	1 1 1			
Other Revenue		events (not including \$0	-	1.		1	,			
ě		of contributions reported on line 1c).	3	0			1			
<u> </u>	1	See Fait IV, Into 10.		ō			,			
Ě	1	Less: direct expenses			0		 			
U	1 .	Net income or (loss) from fundatising events.	·	-		1	_			
	9	Gross income from gaming activities. See Part IV, line 19.	a	0		· '	•			
				0 :	Ì		``			
	1	to the same of (less) from gaming activities.		•	0					
	١	a Gross sales of inventory, less		1-1	İ	,				
	10	returns and allowances	а	0						
	- }		b	0	· }	-				
		at a second of the color of inventory.		<u> </u>	0	- ,				
	-	Miscellaneous Revenue	Business Cod							
	-				0					
	11	b			0	-				
	1	C			0					
		d All other revenue.			0					
	1	a Total Add lines 11a-11d		100.0	0 40,5	<u></u>	0 (
	1:		<u> </u>	123,9	103 40,0		Form 990 (2015			
	1.14						(-5.0			

	999 (2015) Gopher Rifle & Revolver	- <u></u>	·····	41-60	51511 Page 10
-	t IX Statement of Functional Expenses				
Sect	on 501(c)(3) and 501(c)(4) organizations must complete all				
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			学的文学的	San San San
	domestic governments. See Part IV, line 21	100			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to domestic	1		Barn Language	
	individuals See Part IV, line 22	0	 	1 2 W 1/2 5	
3	Grants and other assistance to foreign	1		135. 25.	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
5	Compensation of current officers, directors,	o			
6	trustees, and key employees	<u>'</u>			
•	persons (as defined under section 4958(f)(1)) and]		}	
	persons described in section 4958(c)(3)(B)			•	
7	Other salaries and wages	- 0			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	ol			
9	Other employee benefits	0		 	
10	Payroll taxes	0			
11	Fees for services (non-employees).				
a	Management	0			
b	Legal	0			
C	Accounting	0			
ď	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0		7.34 (2.5)	
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	343			
13	Office expenses	10,714		ļ	
14	Information technology	360		<u> </u>	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses			}	
40	for any federal, state, or local public officials	0		 	
19	Conferences, conventions, and meetings	0			
20 21	Interest				
22	Depreciation, depletion, and amortization		0	0	0
23	Insurance	4,725			
24	Other expenses, Itemize expenses not covered		or the state of	F (\$250) 1.05 No. 1	1. 347.32. 1.10
	above (List miscellaneous expenses in line 24e. If	(5.x) 5.5x (1)			The state of the s
	line 24e amount exceeds 10% of line 25, column			100多点意	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Schedule Attached	96,380			
b		0			
C		0			
ď	***************************************	0			
6	All other expenses	0			
25_	Total functional expenses. Add lines 1 through 24e	112,622	0	0	0
26	Joint costs. Complete this line only if the	1		Ì	
	organization reported in column (B) joint costs	1		}	1
	from a combined educational campaign and			ł	
	fundraising solicitation. Check here	1		1	
	following SOP 98-2 (ASC 958-720)	<u></u>			S 990 (2045)

Form 990 (2015) Gopher Rifle & Revolver Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in this P	art X	(<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			59,165	1	53,995
	2	Savings and temporary cash investments			195,859	2	199,856
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for			15. 15. 15. 15 L. 15	J	
	1	trustees, key employees, and highest compens			was a sure	5	man a samulation of the
	1	Complete Part II of Schedule L		٠		5	
	6	Loans and other receivables from other disqualified pers				5	
	}	4958(f)(1)), persons described in section 4958(c)(3)(B), a		t		^ _ '	
	1	sponsoring organizations of section 501(c)(9) voluntary e		L. 1	- 3 10 C - 1 C - 1		
Assets	}	organizations (see instructions). Complete Part II of Scho				6	
188	7	Notes and loans receivable, net			0		0
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		•		9	
	10a	Land, buildings, and equipment: cost or	1 1			37.7	
	ļ.	other basis. Complete Part VI of Schedule D		744	1.000		لأبطك بالبائد المتأثلة بمستسلم
	b	Less: accumulated depreciation	10b	_0	63,744		63,744
	11	Investments—publicly traded securities			0		0
	12	Investments—other secunties. See Part IV, line			0		0
	13	Investments—program-related. See Part IV, line			0		0
	14	Intangible assets		•	0		0
	15	Other assets. See Part IV, line 11			0		0
	16	Total assets. Add lines 1 through 15 (must equa			318,768		317,595
	17	Accounts payable and accrued expenses			9,658		7,290
	18	Grants payable				18	<u> </u>
	19	Deferred revenue				19	<u> </u>
	20	Tax-exempt bond liabilities				20	
uń.	21	Escrow or custodial account liability. Complete F		•		21	
Llabilities	22	Loans and other payables to current and former			' :		
薑	ł	trustees, key employees, highest compensated disqualified persons. Complete Part II of Schedu		1			
E	23				0	22	
_	24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal Income tax, pa	•	- 1	· · · · · · · · · · · · · · · · · · ·	24	ļ <u>'</u>
	23	parties, and other liabilities not included on lines			i		
		Part X of Schedule D		- 1	42,199	25	32,063
	26	Total liabilities. Add lines 17 through 25		,	51,857	26	39,353
					31,037	7.	35,555
Se		Organizations that follow SFAS 117 (ASC 958		na j		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
č		complete lines 27 through 29, and lines 33 an]	سأة ينتف سنسسب	تعاشين	لالاحمستيتك شتاه فالمتضيف
Balance	27	Unrestricted net assets			266,911	27	278,242
Œ.	28	Temporarily restricted net assets		.		28	
ŭ	29	Permanently restricted net assets		.		29	्रा क्रिकेट स्ट्राइ स
Net Assets or Fund		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here ightharpoonup a check here	ndi		ર્કેફાર્ગ	The state of the s
ध	30	Capital stock or trust principal, or current funds.			AND THE REAL PROPERTY.	30	لايدادات تبثر عاسده بالبصد
556	31	Paid-in or capital surplus, or land, building, or ed				31	
\$	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			266,911	33	278,242
-	34	Total liabilities and net assets/fund balances			318,768		317,595
					0.0,700		0,550

Form	990 (2015) Gopher Rifle & Revolver	41-605	<u> 1511</u>	Page 1
Par	t XI Reconciliation of Net Assets			
•	Check if Schedule O contains a response or note to any line in this Part XI			. []
1	Total revenue (must equal Part VIII, column (A), line 12)	1		123,95
2	Total expenses (must equal Part IX, column (A), line 25)	2		112,62
3	Revenue less expenses. Subtract line 2 from line 1	3		11,33
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		266,91
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 in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10		278,24
Part				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u>. L </u>
				Yes No
1	Accounting method used to prepare the Form 990:	<u>d</u>	1. 1	四别套
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O.		المسا	
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	1	200	
	reviewed on a separate basis, consolidated basis, or both:	ł	31	10
	Separate basis Consolidated basis Both consolidated and separate basis	ļ	1	· · · 1 / 13
ь	Were the organization's financial statements audited by an independent accountant?	Ĭ	2b	X
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	· · · · · · · · · · · · · · · · · · ·		प्राप्त हिंदू
	separate basis, consolidated basis, or both	1	-3.	
	Separate basis Consolidated basis Both consolidated and separate basis	į	1.35	(1900 G
		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	}	انست	*** Bry 12, ***
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	}	2c	23 28
	If the organization changed either its oversight process or selection process during the tax year, explain in	ĺ	1.0	
_	Schedule O,	I	أ تتشهر	شده الاست
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1	ا	
	the Single Audit Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ì	26	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	 .	3b	990 (201

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Employer identification number Gopher Rifle & Revolver 41-6051511 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X.

Sche	dule D (F	om 990) 2015 Gopher Rifle & Re							41-60			Page 2
Par	t III	Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures, c	or Othe	r Similar Ass	sets (cor	tinue	<u>d)</u>
, 3	Using	g the organization's acquisition, a	ccessi	on, and othe	r records,	check any	of the follow	ving that	are a significar	nt use of it	S	
	colle	ction items (check all that apply):				_						
а		Public exhibition			d _	Loan	or exchange	progran	ns			
b		Scholarly research			e [Other						
c	\sqcap	Preservation for future generati	ons			_	011400101					
4	Provi	de a description of the organizati	on's co	ollections and	d explain h	ow they f	urther the org	ganızatio	n's exempt pur	pose in Pa	art	
_				,								
5		ig the year, did the organization s ts to be sold to raise funds rather								□ Y	es 🔲	No
Par	t IV	Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.			" on Forn	n 990, Pa	art IV, line 9	, or rep	orted an amo	unt on F	orm	
1a	Is the	organization an agent, trustee, o	ustodi	an or other i	ntermedia	ry for cont	nbutions or o	ther ass	ets not			
		ded on Form 990, Part X?								□ Y ₀	es 🔲	No
b	If "Ye	s," explain the arrangement in Pa	art XIII	and complet	te the follo	wing table	·.					
								<u> </u>		Amount		
C	-	nning balance						10				0
ď		ions during the year						1d				
e		butions during the year										0
f		ig balance						<u>_1f</u>				
2a		ne organization include an amour							-	L.] Y∙	es 🔀	No
b		s," explain the arrangement in Pa	art XIII.	. Check here	if the exp	lanation h	as been prov	ided on	Part XIII	<u> </u>		l
Part	V	Endowment Funds.										
		Complete if the organization	answ	vered "Yes"	on Form	<u>1990, Pa</u>						
_	_		(a) (Current year		or year	(c) Two years		(d) Three years ba		ur years	
1a		ning of year balance		0	ļ	0	ļ	0		0		0
b		ibutions	ļ		<u> </u>							
C		vestment earnings, gains,			j]	į		1		
		osses			 		 					
d e		expenditures for facilities	<u> </u>									
•		rograms			{		 					
f		nistrative expenses			 							
g		f year balance		0		0				0		0
2		de the estimated percentage of the	ne cum	<u>_</u>		<u>_</u>						
а		designated or quasi-endowmen			%	J, 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
b	Perma	anent endowment		%								
C	Temp	orarily restricted endowment	-	%	_							
	The p	ercentages on lines 2a, 2b, and :	2c shou	uld equal 100	0%							
3a	Are th	ere endowment funds not in the	posses	ssion of the c	organizatio	on that are	held and ad	mınister	ed for the			
	_	ızatıon by:								<u></u>	Yes	No
	(i)	unrelated organizations								3a(i)		
	(ii)	related organizations								3a(ii)		
ь		s" on line 3a(ii), are the related of	-		•					36		L
4		be in Part XIII the intended uses			rs endowr	nent tund	S					
Part	VU	Land, Buildings, and Equipolation Complete if the organization			on Form	1 990, Pa	rt IV, line 1	1a. See	Form 990, F	art X, lin	e 10.	
		Description of property		(a) Cost or ot			st or other		Accumulated		ook value	e
				(ınvestm		basi	s (other)		epreciation	<u></u>		
1a	Land.		[0		42,600	23 KG 77 [5 C # C % () ()		4	2,600
b		ngs	-	ļ 	0		0	<u> </u>	0			0
C		hold improvements	T I		0		0		0			0
d	Equip		$\cdot \cdot \downarrow$		0		21,144		0		2	1,144
<u>e</u>			<u> </u>		0		0		0			0
rotal	. Add li	nes 1a through 1e. (Column (d) r	nust eq	guai ⊢orm 99	и, Раπ X,	coiumn (L	3), iine 10c)	· · · ·	<u> </u>		6	3,744

/21	Description of security or category		ook value		e Form 990, Part X, line 1
	(including name of security)		ook value		of-year market value
	derivatives , , , , ,		0		······································
. , -	eld equity interests		0		
(3) Other					
	·····				
15)					
39)					
(F)					
(G)					
(H)					
Total. (Column (b) n	nust equal Form 990, Part X, col. (B) line 12.)		0	State of the state	高·森山 医克勒氏区 "我"于
Part VIII	Investments—Program Complete if the organizati		s" on Form 99	90, Part IV, line 11c. Se	e Form 990, Part X, ljne 1
	(a) Description of investment		ook value	(c) Meth	od of valuation
				Cost or end-o	of-year market value
(1)					
(2)					
_(3)					
(5)				· · · · · · · · · · · · · · · · · · ·	
(6)					
(7)					
- (8)					
			1		
	Other Assets.	*	b	Service Control of the Control of th	
Total. (Column (b) m Part IX (1)	ust equal Form 990, Part X, col (8) line 13)	*	·	0, Part IV, line 11d, See	Form 990, Part X, line 1
Total (Column (b) m Part IX (1) (2)	Other Assets.	*	·	0, Part IV, line 11d. See	Form 990, Part X, line 1
Total (Column (b) m Part IX (1) (2) (3)	Other Assets.	*	s" on Form 99	0, Part IV, line 11d. Sec	Form 990, Part X, line 1
Total (Column (b) m Part IX (1) (2)	Other Assets.	*	s" on Form 99	0, Part IV, line 11d. See	Form 990, Part X, line 1
Total (Column (b) m Part IX (1) (2) (3) (4) (5)	Other Assets.	*	s" on Form 99	0, Part IV, line 11d. Sec	Form 990, Part X, line 1
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	*	s" on Form 99	0, Part IV, line 11d. Sec	e Form 990, Part X, line 1 (b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	*	s" on Form 99	0, Part IV, line 11d. Sec	Form 990, Part X, line 1 (b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8)	ust equal Form 990, Part X, col (6) line 13) Other Assets. Complete if the organization	on answered "Yes	s" on Form 99	0, Part IV, line 11d. Sec	Form 990, Part X, line 1 (b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column	Other Assets. Complete if the organization of	on answered "Yes	s" on Form 99	0, Part IV, line 11d, See	Form 990, Part X, line 1 (b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column (c) m	oust equal Form 990, Part X, col (6) line 13) Other Assets. Complete if the organization (b) must equal Form 990, Part X Other Liabilities	on answered "Yes	s" on Form 99		(b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column (c) m	oust equal Form 990, Part X, col (6) line 13) Other Assets. Complete if the organization (b) must equal Form 990, Part X Other Liabilities	on answered "Yes	s" on Form 99		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) must equal Form 990, Part (c) Other Liabilities. Complete if the organization equal Form 990, Part (c)	on answered "Yes tay wescripson (s) wescripson (c) col. (B) line 15.)	s" on Form 99		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization (b) must equal Form 990, Part.) Other Liabilities. Complete if the organization in a part.) Other Liabilities. Complete if the organization in a part.)	on answered "Yes	s" on Form 99		(b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column Part X 1) Federal incc 2) Prepaid due	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) other Liabilities. Complete if the organization of illumination	on answered "Yes tay wescripson (s) wescripson (c) col. (B) line 15.)	on Form 990,		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) other Liabilities. Complete if the organization of illumination	on answered "Yes tay wescripson (s) wescripson (c) col. (B) line 15.)	s" on Form 99		(b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column Part X 1) Federal incc 2) Prepaid due 3) Sales tax pa	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) other Liabilities. Complete if the organization of illumination	on answered "Yes tay wescripson (s) wescripson (c) col. (B) line 15.)	on Form 990,		(B) Book va)ue
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column (c) Part X 1) Federal incc (2) Prepaid due (3) Sales tax pa	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) other Liabilities. Complete if the organization of illumination	on answered "Yes tay wescripson (s) wescripson (c) col. (B) line 15.)	on Form 990,		(b) Book value
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Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal (Column (c) m Part X 1) Federal incc (2) Prepaid due (3) Sales tax pa (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) other Liabilities. Complete if the organization of illumination	on answered "Yes tay wescripson (s) wescripson (c) col. (B) line 15.)	on Form 990,		(b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column (c) Part X 1) Federal incc 2) Prepaid due 3) Sales tax pa 4) (5) (6)	Other Assets. Complete if the organization (b) must equal Form 990, Part) Other Liabilities. Complete if the organization line 25. (a) Description of Hability Other Liaxes Symble	on answered "Yes tay wescripson (s) wescripson (c) col. (B) line 15.)	on Form 990,		(b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column Part X 1) Federal incc 2) Prepaid due 3) Sales tax pa 4) (Column (b) must exc	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) Must equal Form 990, Part (c) Other Liabilities. Complete if the organization line 25. (a) Description of Hability Ome taxes Syable	on answered "Yes tas wescription (c, col. (B) line 15.) answered "Yes" (b) Book	on Form 990, value 0 32,063	Part IV, line 11e or 11	(b) Book value
Total (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column (c) part X 1) Federal incc 2) Prepaid due 3) Sales tax part (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (1) (1) (1) (1) (1) (2) (2) (2) (3) (4) (5) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization (b) must equal Form 990, Part (b) other Liabilities. Complete if the organization of illumination	on answered "Yes" (a) bescription (c) col. (B) line 15.) (b) Book (b) Book	on Form 990, value 0 32,063	Part IV, line 11e or 11	(b) Book value

	Complete if the experimetion angulared IV/-all on Form 000. Best IV/ line 40a		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	141	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	[37.8]	
a	Net unrealized gains (losses) on investments		
þ	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	19.3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u> </u>	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	7, 87	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	1.640	
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	i
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
-		 [243]	
b	Other (Descripe in Part XIII)	1 1	
b	Other (Describe in Part XIII.)	4c	,
С	Add lines 4a and 4b	4c	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Par	t X, line
c 5 Par Provi	Add lines 4a and 4b	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	
c 5 Par Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4, Parmation.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2015
Open to Public Inspection

Employer Identification number

Gopher Rifle & Revolver 41-6051511 Form 990, Part IV, Line 11B: The organization's 990 is reviewed by the treasurer and the president before filing