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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)

OMB No 1545-0047

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.

Open to Public Inspection

	rtment of ti	he Treasury le Service			990 and its instru		•		•		In	spection	n
			endar year, or tax year	beginning			, and e	nding					
В	Check if a	pplicable	C Name of organization	Gopher Rifle 8	Revolver				D Employ	er identif	ication nu	mber	
	Address c	hange	Doing business as										
Π,	Name cha	nna	Number and street (or P C	box if mail is not	delivered to street add	iress) R	loom/suite		<u>41-605151</u>				
<u>ب</u>	Name Che	inge	P.O. Box 18023						E Telepho	ne numbe	er		
<u>ا</u> ل_ا	initial retu	m , ,	City or town		State		IP code	ı	651-462-4	722			
\Box ,	inal return	terminated	Minneapolis		MN		5418						
			Foreign country name	Foreign	province/state/county	r	oreign postal	code	G Gross re	ecounte \$		4.	34,005
′ك	Amended	return						·	G Gross re	ceipta #			
[] <i>,</i>	Applicatio	n pending	F Name and address of prin	cipal officer				H(a) is th	is a group retur	n for subor	rdinates?	Yes	X No
			Richard Williams PO B	ox 18023, Min	neapolis, MN 55	418		H(b) Are	all subordina	ates inclui	ded?	Yes [No
1 T	ax-exem	pt status	501(c)(3) X 501(c	(7)◀	(insert no) 49	947(a)(1) or	527	lf"	No," attach a	list (see	instruction	5)	
JV	Vebsite	: ► N/A						H(c) Gro	oup exemption	n number	>		
KF	orm of or	ganization	X Corporation T	rust Associa	tion Other ▶		L Yea	ar of forma	ation 1946	₆ ∫м:	State of leg	gal domicile	MN
9	art i	Sui	nmáry										
	1		escribe the organization	n's mission or i	nost significant a	ctivities	Top	rovide r	ecreation,	educat	ion and		
8	1 .	-	on of markmenship active		•					21121	2211 21112		
ā	1	Promotic	in or markinenship activ	vides to memb	213								
E	_								. 45 050/				
Activities & Governance	2		nis box ▶ ☐ if the or	-	•		-	or more	e than 25%	1 1	net asse I	IS.	
O AN	3		of voting members of the					•		3			14
Š	4		of independent voting i							4	<u> </u>		14
ìtie	5		mber of individuals emp	-	•	art V, lin	e 2a) . .			5			0
ぎ	6		mber of volunteers (est						•	6			
_	7a		related business reveni							7a			0
_ c		Net unre	lated business taxable	income from F	orm 990-T, line 3	34	<u></u>	,		7b			0
Ć.								ļ	Prior Year			urrent Year	
Expenses ANNED Reyenuer	∃ 8		itions and grants (Part '					L		83,413			82,698
าน์ อ	∯ 9	Progran	service revenue (Part	VIII, line 2g)	RECEIV	FD	.]			40,443			50,876
ě.	10	Investm	nvestment income (Part VIII, column (A) lines 3, 4 and 70)			97		!		431			
	11	Other re	venue (Part VIII, colum	n (A), lines தே	6d, 8c, 9c, 10c, a	nd 11e)	図 し、	L		0			0
117	12	Total rev	enue—add lines 8 throug	ih 11 (musti egu	al Part Will, colum	hu(A), line	12)	<u> </u>	1;	23,953		1	34,005
	13	Grants a	ind similar amounts pai	id (Part IX, တျွေ	mn (A), lines 1–	3)	<u>S</u> .	Ĺ		100			1,425
	14	Benefits	paid to or for members	(Part IX, colu	nn (A)-Ine 4	117		L		0			0
ès.	15	Salanes	other compensation, em	ployee benēfits	(Rantix count)	A) lines	5=10)	L		0	<u> </u>		0
¥.	16a	Profess	onal fundraising fees (F	Part IX, column	(A), line 11e)					0			0
ĝ	b	Total fu	ndraising expenses (Pa	rt IX, column (D), line 25) 🕨		0	٧ څه زر ځ په د	ha. (四個國	····································	The state of the	数产物物	late to 1
ω	17	Other e	penses (Part IX, colum	ın (A), lines 11	a-11d, 11f-24e)				1	12,522		1	08,095
	18	Total ex	penses Add lines 13-1	7 (must equal	Part IX, column	(A), fine 2	25)		1	12,622		1	09,520
	19		e less expenses Subtra							11,331			24,485
5 6								Beginn	ing of Curre			End of Year	
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16).						3	15,258		. 3	43,139
ΑŠ	21	Total lia	bilities (Part X, line 26)							42,572			45,968
5 5	22	Net ass	ets or fund balances. S	ubtract line 21	from line 20					72,686			97,171
Pa	art II		nature Block										
			y, I declare that I have examin	ed this return, inclu	iding accompanying s	chedules a	nd statements	s, and to th	ne best of my	knowledg	ge		
and	belief, it i	s true, corre	ct, and complete Declaration	of preparer (other	than officer) is based	on all inform	nation of which	h prepare	r has any kno	wledge			
Sig	an		Willia 1	in of					l				
	ere	7	Signature of officer	0	MiGher				Date	-/			
116	6		Web	IAM IC	MUGHEL	· 			11(15/17	i 		
			Type or print name and title										
		Prır	VType preparer's name		Preparer's signature			Dat	е			PTIN	
Pa		}						- {	-	Check self-emi	ll L		
	eparei								 -	self-emp	pioyeu		
Us	e Onl	y Fim	n's name						Firm's EIN	<u> </u>			
		Firm	i's address 🕨						Phone no				
Ma	v the IF	RS discus	s this return with the or	eparer shown	above? (see inst	ructions)					. Γ	Yes	☐ No

orm 990 (2016)		Gopher Rifle & Revolv	/er			41-605151	1 Page 2
Par	t III	Statement of Progra					
		Check if Schedule O		e or note to any lin	e in this Part III .	· · · · · · · · ·	<u> </u>
	•	escribe the organization's n					
		de recreation, education an					
							-
2	Did the	organization undertake any	significant program s	ervices during the ve	ar which were not lis	sted on	
		Form 990 or 990-EZ? .					Yes X No
	•	describe these new service				_	
3	Did the	organization cease conduct	ing, or make significa	nt changes in how it	conducts, any progra	am	
	services	57					Yes X No
		describe these changes or					
4		e the organization's progran					
		es Section 501(c)(3) and 50			rt the amount of grar	its and allocations to o	thers,
	the tota	expenses, and revenue, if	any, for each progran	n service reported.			
4a	(Code) (Expense	s \$ 109 520	including grants of S	 -) (Revenue \$	134.005)
74		anization provided recreation					
	450 me						
			=				
							~
4b	(Code) (Expense	s \$	including grants of	\$) (Revenue \$)
						·	
					•••••		
4-	/Cada	\/\[\tau_\]		unal value areate of	<u></u>	\/Davanua &	
4c	(Code) (Expense	ιS Φ	_ including grants of	Φ) (Kevenue \$)
		**					
4d	Other p	orogram services. (Describe	ın Schedule O)				
	(Expen		o including grants of	\$	0)(Revenue \$	0)	
4e	Total p	rogram service expenses	>	109,520			

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 1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	М		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	ľ	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
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,	(1
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		 ^-
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
		6		X
_	"Yes," complete Schedule D, Part I	-		 ^
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	_	<u> </u>
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	ļ		}
	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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1	}	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	3.7		7
	VII, VIII, IX, or X as applicable.			<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1	l	
	Schedule D, Part VI	11a	<u> </u>	├ ──
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1	ł	ł
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1]	ŀ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ļ	j	
	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	}	l	ł
	Schedule D, Parts XI and XII	12a	<u>l </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	1	1	
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Į	1
	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	1.	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	İ	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	1	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	1	l x

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			1
	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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>_x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		1
	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	l		ł
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		ł
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	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
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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	Ĺ	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	}	}	1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		{	l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	1	1	1
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		1
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	}
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	ł	}
	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31	↓	↓ X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		Į.	
	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	1.	1	l
	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,	1	1	1
	III, or IV, and Part V, line 1.	34	├ ─	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×_
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		1	1
	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	1	}	
	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	1	1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	
	VI	37	+	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	[
	19? Note. All Form 990 filers are required to complete Schedule O	38	ΙX	1

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		. 1	$\overline{\Box}$
	Chook in Concedure of Contention of Those to any line in the Contention of the Conte		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	l		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	L		
	gaming (gambling) winnings to prize winners?	1c		
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 0	i]	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 authority]]
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ŀ]]	ļ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ļ.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ţ	
	gifts were not tax deductible?	6b		<u> </u>
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	ļ		
	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	↓	—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ļ	}	ł
_	required to file Form 8282?	7c	├	<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	 	 	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	┼	1 X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	├	<u>×</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	┼─-	┼
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	┼	┼
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	 	
9	sponsoring organization have excess business holdings at any time during the year?	 °	┼─	┼─
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	┼─	
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	+	+-
10	Section 501(c)(7) organizations. Enter	30	+	
a	Initiation fees and capital contributions included on Part VIII, line 12	1		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	t	1	İ
11	Section 501(c)(12) organizations. Enter	1	1	1
a	Gross income from members or shareholders	i		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
	against amounts due or received from them.)	l	.l	1 .
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
_	Note. See the instructions for additional information the organization must report on Schedule O.	}]	
b	Enter the amount of reserves the organization is required to maintain by the states in which)	1	
	the organization is licensed to issue qualified health plans	1	1	1
C 44a	Enter the amount of reserves on hand	 	₩	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	X

orm 9	10 (2016) Gopher Rifle & Revolver 41-605		P	age 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sc	e inst	ructio	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	_ • _	<u></u>
Sect	on A. Governing Body and Management	 -	V 1	-
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 14		Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	1 1		
	if the governing body delegated broad authority to an executive committee or similar	} }		
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	<u>X</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a	<u> </u>	
ď	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_, }	V	
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1 1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
		لــــا	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		ł
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a		X
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. 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		Î
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		<u> </u>
-	describe in Schedule O how this was done	12c	х	l
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		
a	The organization's CEO, Executive Director, or top management official	15a	X	├
þ	Other officers or key employees of the organization	15b	X	 -,
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		1 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		 ^- -
Ь	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	ion C. Disclosure	1.40	Щ	
17	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 onl	 /)	
	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 po	icy, ar	nd	
	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) 257-3650			

•											
Form 990 (2016)	Gopher Rifle & Revolver									41-60515	11 Page 7
Part VII	Compensation of Officers, Direct	ctors, Trustee	es, K	еу	Em	plo	yee	s, F	lighest Comp	ensated	
	Employees, and Independent C										
_	Check if Schedule O contains a re	esponse or not	te to	any	/ lin	e ir	this	Pa	rt VII		· · L
Section A.	Officers, Directors, Trustees, Key Er	nployees, and	Highe	est (Com	pe	nsate	d E	mployees		
1a Complete t	his table for all persons required to be li	sted Report co	mpen	satı	on fo	or th	ne ca	lend	lar year ending v	vith or within the	
organization's			•								
List all	of the organization's <mark>current</mark> officers, dii	rectors, trustees	(whe	the	r ind	lıvıd	uals	or o	rganizations), re	gardless of amo	unt
of compensat	on Enter -0- in columns (D), (E), and (F	f) if no compens	ation	was	s pa	ıd					
	of the organization's <mark>current</mark> key employ										
 List the 	organization's five current highest com	pensated emplo	yees	(otl	ner t	than	an c	office	er, director, truste	ee, or key emplo	yee)
	reportable compensation (Box 5 of Forr	n W-2 and/or Bo)х 7 о	f Fo	ırm '	109	9-MIS	SC)	of more than \$10	00,000 from the	
_	and any related organizations										
	of the organization's former officers, ke		_					ed e	mployees who r	eceived more th	an
	eportable compensation from the organi	-									ű
	of the organization's former directors o										tne
-	more than \$10,000 of reportable compe										
•	n the following order individual trustees	or directors, ins	titutio	naı	trus	tees	5, ΟΠΙ	cers	s, key employees	s, nignest	
<u> </u>	employees, and former such persons.										
X Check the	s box if neither the organization nor any	related organiz	ation	con			ed a	ny c	urrent officer, air	ector, or trustee	
	(ĺ		- (0						
	(A)	(B)	(do r	ot ch	Posi neck r		than o	ne	(D)	(E)	(F)
	Name and Title	Average	box,	unles	s per	rson	s both	an	Reportable	Reportable	Estimated
		hours per week (list any					or/trust	_	compensation from	compensation from related	amount of other
		hours for	할	ıs∉	Officer	Кеу	lighe Impl	Former	the	organizations	compensation
		related organizations	ecto	헕	"	ηp	ist o	۳,	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	اع ق) }	employee	omp				and related organizations
		iiile)	Individual trustee or director	Institutional trustee		е	Highest compensated employee	ļ	,		organizations
		1	,) #			ated	}			
(1) Lowell	Rogers	3 00	-		-			┰			
President		0 00		1	x	\		ì	Ì		
(2) Steve I	Naumann	3.00	+							[
Vice Presider		0.00	•	l	x		(ĺ	ĺ		
(3) Kım Frı	ck	4 00	_					1			
Secretary		0.00	X	1	X	1	ł		l	{	
(4) Rut Mo	Gee	4.00		Γ						1	
Treasurer		0 00	X_		Х	<u> </u>	<u> </u>	L		l]
(5) Andy N	lager	1 00			}					1	
Director		0.00	<u> </u>					L		<u> </u>	<u>. </u>
(6) Dave N	lewali	1 00))				ļ	}	l.	}
Director		0 00		<u> </u>	ļ	<u> </u>	ļ	↓_			
(7) Andy C	Carlson	1 00		1	'	[ì		1
Director		0 00	_	_	<u> </u>	<u> </u>	<u> </u>	_	ļ		<u> </u>
(8) Mike C	onner	1 00			1	[ĺ	1	ĺ	1	[
Director		0 00	X	1	<u> </u>	1	ł	1	1	ł	1

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Director

Director

Director

(10) Dennis Robinson Director

(11) Larry Reed

(12) Dave Secord

(13) Mark Weinhold Director

(14) Tom Henrich Assoc Treasurer

(9) Derek Green Director

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key Em	oloye	es,	and	Hi	ghes	t Co	mpensated Em	ployees (contin	ued)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson irecto	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	am	(F) imated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the inization related nization	n i
(15)					,								
(16)													
(17)			_										
(18)					-			-		 			
(19)					_	-						<u> </u>	
(20)			-					-					
(21)					-	-	_	-		· · · · · · · · · · · · · · · · · · ·			
(22)			_		-	 							
(23)			-		 								
(24)								Ĺ					
(25)			-			$\mid \cdot \mid$		 					
1b c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						> >	0	0			0
2	Total number of individuals (including but not li reportable compensation from the organization	mited to those li			ve)				<u> </u>	·	J		
					<u>0</u>							Yes	No
3	Did the organization list any former officer, diremployee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>					ee, _'	or hig	hes 	t compensated		3		Х
4	For any individual listed on line 1a, is the sum the organization and related organizations gre	•	•						•				
	ındıvıdual			•							4		Χ
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	•			•			_		vidual 	5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest composition from the organization Report of year.										tax		
	(A) Name and business add	dress							(B) Description of se	rvices	(C Comper		
								F					0
					_			+-					<u>0</u> 0
					_								0
	Total number of rado-sada-states ()	الفادات فالماسورايين		_ 41-		1	اء ام						0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		nea ti ►	o th	use	IISTE	ac ac C) who received		. '	,	

Form 990 (2016)	Gopher Rifle & Revolver	 		 + 1-0	03131	 Paye	•
	Statement of Revenue					$\overline{}$	
	Check if Schedule O contains a response or note to any line in this Part VIII .		٠	 ·	•	 <u> </u>	

		Check if Concade Containe				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
		Federated campaigns		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues .		1b	82,698		1		
E 릴		Fundraising events	· · · · · · · · · · · · · · · · · · ·	1c	0		1		
fş, E		Related organizations	-	1d	0				
<u>a</u>				1e	0				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grant				i			
퓵	•	similar amounts not included above		1f	o				
퉏임	q	Noncash contributions included in lir	-	\$	0				
ರಿ ೯	9 h			* -		82,698			
		Total / Ida iii co Id ii	•	· · · ·	Business Code				
Program Service Revenue	2a	Discipline income		Ī	900099	48,346	48,346		
ě	b	Junior auction raffle		, t	900099	1,028	1,028		
9	c	Miscellaneous		- 14	900099	15	15		
Ξ	d	Banquet		- t	900099	1,487	1,487		
S E	e					0			
gra	f	All other program service revenue				0			
<u>2</u>	q	Total. Add lines 2a–2f			. •	50,876		,	
	3	Investment income (including divi	dends, inter	est a	and				
		other similar amounts)			▶	431	431		
	4	Income from investment of tax-ex	empt bond	proce	eds ►	0			
	5	Royalties			<u> ▶</u>	0			
		•	(ı) Real		(II) Personal		_		
	6a	Gross rents						•	
	b	Less rental expenses .							
	С	Rental income or (loss) .		0	0			· .	
	d	Net rental income or (loss)		<u> </u>	▶	0			<u> </u>
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other		İ	**	
		assets other than inventory		0	0			3	
	b	Less cost or other basis						۳	
		and sales expenses		0	0	ļ			}
	С	Gain or (loss)	<u> </u>	0	0				
	d	Net gain or (loss)			<u>.</u>	0			
				1					
enne	8a	Gross income from fundraising	_						'
		events (not including \$							
æ	ł	of contributions reported on line				ļ			
er		See Part IV, line 18			0	4			
Other Rev	1	Less direct expenses			<u>0</u>				
	C	Net income or (loss) from fundra	_	·	· · · · ·	c	<u>'</u>		
	9a	Gross income from gaming activ							
	١.	See Part IV, line 19.	•	a	0	4			
	b			b		4	\ 		-
	C	` ,	g activities				1	 	
	Tua	Gross sales of inventory, less returns and allowances .		_				1	
				. а ь		=			
	b	Less cost of goods sold Net income or (loss) from sales			<u>`</u>	<u>'</u>			
	<u> </u>	Miscellaneous Revenue	or inventory	<u> </u>	Business Code	<u> </u>	<u> </u>		
	110	Miscellaneous and reimburseme	nts		545,11035 0046	†	<u>, </u>	 	
	b					1 7		 	
	6				<u> </u>	 	+		
	d			••		1	+		
	l e				. •	 		<u> </u>	
	12	Total revenue. See instructions			▶	134,005			0 0

		_			_	
	C+~		+ ~ + =	unational	Evnancac	
Part IX	312	LEIMEN	ו דוטו	uncuona	Expenses	

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	nrt IX		🔲
	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				
	domestic governments. See Part IV, line 21	1,425			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign		*		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			·
4	Benefits paid to or for members	0			·
5	Compensation of current officers, directors,	_[_	
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ا			
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruais and contributions (include	أر			
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits				
10	Payroll taxes	- 0			
11	Management	اه			
a b	•				
C	Legal	Ö			
ď	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	- 0	1	- %	
f	Investment management fees	0		~**	
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	l ol			
12	Advertising and promotion	512			
13	Office expenses	11,689			
14	Information technology	360			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0	· · · · · · · · · · · · · · · · · · ·		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	4,920		<u> </u>	
24	Other expenses Itemize expenses not covered	}			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ļ		ļ	
_	(A) amount, list line 24e expenses on Schedule O.) Schedule Attached	00.011	<u></u>	<u> </u>	
a		90,614		 	
b		0			
d			 		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	109,520	0	0	·
26	Joint costs. Complete this line only if the	100,020	<u>_</u>	<u> </u>	
	organization reported in column (B) joint costs				
	from a combined educational campaign and			Į	
	fundraising solicitation Check here ► if	1]	
	following SOP 98-2 (ASC 958-720)	J	ļ]	J

	990 (20	016) Gopher Rifle & Revolver					41-6051511	Page 11
Pa	rt X	Balance Sheet						
_		Check if Schedule O contains a response o	r note to any li	ine in this Part X .				
					(A) Beginning of year		(B) End of y	ear
	1	Cash—non-interest-bearing			49,495	1		77,903
	2	Savings and temporary cash investments		[202,019	2		201,492
	3	Pledges and grants receivable, net		[0	3		0
	4	Accounts receivable, net			0	4		0
	5	Loans and other receivables from current and	former officers	i, directors,		ł		
	}	trustees, key employees, and highest compens						
		Complete Part II of Schedule L				5		
	6	Loans and other receivables from other disqualified pers	sons (as defined	under section				
	{	4958(f)(1)), persons described in section 4958(c)(3)(B),	-		'			
	1	sponsoring organizations of section 501(c)(9) voluntary					<u> </u>	
Assets		organizations (see instructions) Complete Part II of Sch	iedule L			6		
SS1	7	Notes and loans receivable, net .			0	7		0
٩	8	Inventories for sale or use		_		8		
	9	Prepaid expenses and deferred charges	· · ·	· · · · -		9		
	10a	Land, buildings, and equipment cost or	1					1
		other basis. Complete Part VI of Schedule D	10a	63,744				
	b	Less accumulated depreciation	10b	0	63,744			63,744
	11	Investments—publicly traded securities		· · -	0	11 12		0
	12 13	Investments—other securities See Part IV, line			0			0
	14	Investments—program-related See Part IV, lir		· · · -	0			0
	15		•	· · · ·	0			0
	16	Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must eq		· · ·	315,258			343,139
	17	Accounts payable and accrued expenses			112		 -	182
	18	Grants payable		· · · · · · · · · · · · · · · · · · ·	112	18	<u> </u>	102
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities	.`		20			
	21	Escrow or custodial account liability. Complete)		21			
Ś	22	Loans and other payables to current and former						
ij		trustees, key employees, highest compensate	•]	
Liabilities	1	disqualified persons. Complete Part II of Schei	[:	22			
Ë	23	Secured mortgages and notes payable to unre		rties .	0	23		0
	24	Unsecured notes and loans payable to unrelat	s [. 0	24		0	
	25	Other liabilities (including federal income tax, p	payables to rei	lated third				
	ļ .	parties, and other liabilities not included on line				t		
	i	Part X of Schedule D			42,460		ļ	45,786
	26	Total liabilities. Add lines 17 through 25			42,572	26		45,968
Net Assets or Fund Balances	{	Organizations that follow SFAS 117 (ASC 9) complete lines 27 through 29, and lines 33		re ► X and				
	27	Unrestricted net assets	·	ŀ	272,686	27		297,171
	28	Temporarily restricted net assets		·	2,2,000	28	 	201,111
	29	Permanently restricted net assets				29	 	
		Organizations that do not follow SFAS 117 (ASC958		▶ ☐ and				
		complete lines 30 through 34.	o), check here	anu	·			·-···
	30	Capital stock or trust principal, or current funds		[30	ļ	
	31	Paid-in or capital surplus, or land, building, or				31		
et	32	Retained earnings, endowment, accumulated	ner funds .	 	32			
Z	33)-	272,686		 	297,171
	34	Total liabilities and net assets/fund balances	_ <u></u>		315,258	34_	L	343,139

343,139

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) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 22, 485 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 297,171 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 Cash Accrual Other, "explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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, or both Separate basis Consolidated basis Both consolidated and separate basis 2 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 2 If "Yes," check a box compilation of its financial statements and selection of an independent accountant? 2 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in	Form 9	990 (2016) Gopher Rifle & Revolver	41-605	<u> 1511</u>	Pag	e 12
Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 24,485 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 272,586 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Prior period adjustments 7 Investment expenses 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 297,171 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 Cash Accrual Other Hybrid 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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 2 Separate basis Consolidated basis, or both 3 Separate basis Consolidated basis, or both 3 Separate basis Consolidated basis Both consolidated and separate basis 5 Were the organization's financial statements audited by an independent accountant? 1 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both 3 Separate basis Consolidated basis Both consolidated and separate basis 6 If "Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 6 If "Yes,' check a box below to indicate whether the financial statements for the year were audi	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses Subtract line 2 from line 1 3 24,485 Net ansests or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Donated services and use of facilities. To linestment expenses. Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 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 Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements audited by an independent accountant? Were the organization or should be separate basis. The consolidated basis on both Separate basis Consolidated basis Both consolidated and separate basis The consolidated basis on both Separate basis Consolidated basis Both consolidated and separate basis The decirities of the very experiment of an independent accountant? The fire organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," cid the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and de		Check if Schedule O contains a response or note to any line in this Part XI			. [\Box
Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 33, column (B)) Port expenses Pror period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 Cash Accrual X Other Hybrid If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financi	1	Total revenue (must equal Part VIII, column (A), line 12)	1		134	,005
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 272,686 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 6 Donated services and use of facilities. 7 Second Prior period adjustments. 9 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 Cash Accrual X Other Hybrid The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X The organization shape at the second on a separate basis, consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Separate basis Separate basis Consolidated basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separate basis Separa	2	Total expenses (must equal Part IX, column (A), line 25)	2		109	,520
Net unrealized gains (losses) on investments	3	Revenue less expenses Subtract line 2 from line 1			24	,485
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		272	,686
7 Investment expenses 7 7 8 9 10	5	Net unrealized gains (losses) on investments	5			
Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 Cash Accrual Other, explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	7	Investment expenses	7			
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Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ł			
Check if Schedule O contains a response or note to any line in this Part XII . Yes No Accounting method used to prepare the Form 990			10		297	,171
Accounting method used to prepare the Form 990	<u>Part</u>					
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		l	
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the Single Audit Act and OMB Circular A-133?	3a					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b				3a		х
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b		•			
				3b		1
				Form	990	(2016)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer Identification number
Goph	er Rifle & Revolver		41-6051511
Par	Organizations Maintaining Don	or Advised Funds or Other Similar	
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	e 6.
		(a) Donor advised 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		<u> </u>
5	Did the organization inform all donors and do		
	funds are the organization's property, subject	•	
6	Did the organization inform all grantees, don		
	used only for charitable purposes and not for		
_	purpose conferring impermissible private ber	nefit?	Yes No
Par			
		<u>vered "Yes" on Form 990, Part IV, lin</u>	e 7
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g , rec	reation or education) Preservati	on of a historically important land area
	Protection of natural habitat	Preservatı	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	tion 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 .		. Za
b	Total acreage restricted by conservation eas		. 2b
С	Number of conservation easements on a cer		2c
ď	Number of conservation easements included	• •	3
	historic structure listed in the National Regist	er	2d
3	Number of conservation easements modified	l, transferred, released, extinguished, or te	erminated by the organization during
	the tax year ▶		
4	Number of states where property subject to		
5	Does the organization have a written policy		
_	violations, and enforcement of the conservat		L Yes L No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	ng conservation easements during the year
~			
7	Amount of expenses incurred in monitoring, insp	ecting, nandling of violations, and enforcing co	inservation easements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	ts of section 170(h)(4)(R)(i)
Ū			Yes No
9	In Part XIII, describe how the organization re		
•	balance sheet, and include, if applicable, the	•	•
	the organization's accounting for conservation	_	mandial statements that describes
Par		ections of Art, Historical Treasure	s, or Other Similar Assets.
		vered "Yes" on Form 990, Part IV, Im	
1a	If the organization elected, as permitted und		
ıa	works of art, historical treasures, or other sir	· · · · · · · · · · · · · · · · · · ·	
	of public service, provide, in Part XIII, the te		
h			
b	If the organization elected, as permitted und works of art, historical treasures, or other sir		
	of public service, provide the following amou		Jacon, or research in future affice
	(i) Revenue included on Form 990, Part VIII	•	▶ ¢
	(ii) Assets included in Form 990, Part X		· · · · ·
2	If the organization received or held works of		
4	following amounts required to be reported u		
а	Revenue included on Form 990, Part VIII, lir	_	▶ ¢
b	Assets included in Form 990. Part X		▶ \$

Sched	ule D (Form 990) 2016 Gopher Rifle & Rev	volver			41-60	51511 Page 2
Part	III Organizations Maintaining	Collections of A	t, Historical Ti	reasures, or (Other Similar Ass	ets (continued)
3	Using the organization's acquisition, ac	ccession, and other re	ecords, check any	of the following	that are a significan	it use of its
	collection items (check all that apply)		. 🗂			
а	Public exhibition		=	or exchange pro	ograms	
b	Scholarly research		e Other			
C	Preservation for future generation	ons				
4	Provide a description of the organization XIII	on's collections and e	xplain how they fi	urther the organ	ization's exempt purp	oose in Part
5	During the year, did the organization s assets to be sold to raise funds rather					Yes No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes" o				ount on Form
1a	Is the organization an agent, trustee, o	custodian or other inte	ermediary for cont	ributions or othe	er assets not	
b	included on Form 990, Part X? If "Yes," explain the arrangement in Pa		the following table	 e	· · · ·	Yes No
						Amount
С	Beginning balance				1c	0
ď	Additions during the year			•	1d	
e	Distributions during the year	• • • • •			1e 1f	0
f	Ending balance				· · · · · · · · · · · · · · · · · · ·	
2a	Did the organization include an amour				-	Yes X No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here if	the explanation h	as been provide	ed on Part XIII	<u> </u>
Part			Farm 000 D	107 Km 40		
	Complete if the organization	(a) Current year		(c) Two years be		ck (e) Four years back
1a	Beginning of year balance	(a) Current year	(b) Prior year		0	0 0
b	Contributions .	-				<u> </u>
c	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities	}			İ	•
	and programs	<u> </u>		 		
f	Administrative expenses					
g	End of year balance	0	olonos (lino 1g. s		0)	0) 0
2 a	Provide the estimated percentage of the Board designated or quasi-endowmer	· ·	%	olumn (a)) nelu	as	
b	Permanent endowment	·· %				
C	Temporarily restricted endowment	▶ %				
	The percentages on lines 2a, 2b, and		%			
3a	Are there endowment funds not in the	possession of the org	ganization that ar	e held and adm	inistered for the	····
	organization by					Yes No
	(i) unrelated organizations					3a(i)
L	(ii) related organizations					3a(ii)
b 4	If "Yes" on line 3a(ii), are the related of	-	•			3b
Par	Describe in Part XIII the intended use: Land, Buildings, and Equi		endowinent junc	15.		
ı aı	Complete if the organization	•	on Form 990 P	art IV line 11s	a See Form 990 I	Part X line 10
	Description of property	(a) Cost or other		ost or other	(c) Accumulated	(d) Book value
		(investme		sis (other)	depreciation	, , , , , , , , , , , , , , , , , , , ,
1a	Land		0	42,600		42,600
b	Buildings		0	0	0	
C	Leasehold improvements .		0	0	0	
d	Equipment		0	21,144	0	21,144

Other .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

0

63,744

Part VII Investments—Other Securities		41-6051511 Page 3
Complete if the organization an	swered "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
<u>(F)</u>		
(G)		
(H) Total (Column (b) must equal Form 990, Part X col. (B) line 12.)	0	
10000 (0) 11000 (0)		
Part VIII Investments—Program Relation Complete if the organization are), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-vear market value
(1)	 	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0	
Part IX Other Assets.		0 Ded N/ Hee 44d Con Frame 000 Ded V has 45
		D, Part IV, line 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, co	of (B) line 15)	0
Part X Other Liabilities.		
Complete if the organization at fine 25.	nswered "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Prepaid dues	42,595	
(3) Sales tax payable	2,657	
(4) Palma Bonds	534	
(5)	<u> </u>	
(6)	 	
(7)	 	
(8)	 	
(9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)	45.72	
Total (Column (b) must equal Furn abo, Fan A, Col (B) line 25)	45,786	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return.	
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		
a	Net unrealized gains (losses) on investments	199	
b	Donated services and use of facilities	9.0	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e		2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a		- 13. · · · ·	
b		1	O
C E		4c 5	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	 	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Keturn.	
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		
а	Donated services and use of facilities	, Cas	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	7:::1	
е	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	C
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	E 1922	
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 m	
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	C
Par	XIII Supplemental Information.		
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	nation.	
			

Schedule D (Form 990) 2016 Gopher Rifle & Revolver	41-6051511 Page 5
Part XIII Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	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	
and the first flow	
president before filing	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer Identification number
Gopher Rifle & Revolver	41-6051511
Odphor ratio a reverse	<u> </u>

