## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Ā	For the	e 2017 cal	endar year, or tax year t	peginning			, and	ending	1		
В		applicable	C Name of organization	Gopher Rifle & R	evolver					r identi	ification number
	Address o	change	Doing business as								
$\overline{\Box}$	Name ch		Number and street (or PO	box if mail is not del	vered to street add	lress) F	Room/suite		41-605151	1	Y
		-	PO Box 18023	···					E Telephon	e numb	er
Ш	initial retu	TLU	City or town		State		ZIP code		651-462-47	722	
	Fınal return	viterminated	Minneapolis		MN		55418		_		
$\overline{\Box}$	Amended return		Foreign country name	roreign pro	vince/state/county	,	oreign pos	iai code	G Gross red	ainte S	126,098
吕	Milleridea	i letaili						7	G Glossie	cipis 9	
Ш	Applicatio	on pending	F Name and address of princ	•				H(a)	s this a group return	for subc	ordinates? Yes X No
			Richard Williams PO B	ox 18023, Mirine	apolis, MN 55	418		71	Are all subordinal	es ınclı	uded? Yes No
1	Tax-exem <sub>[</sub>	pt status	501(c)(3) X 501(c)	( 7 ) <b>∢</b> (u	sert no ) 49	947(a)(1) o	r ∐ 🚱	<b>M</b>	If "No," attach a li	st (see	e instructions)
J	Website	e: ► N/A						H(c)	Group exemption	numbe	ır <b>&gt;</b>
K	Form of or	rganization	X Corporation Tr	ust Association	Other ▶		LY	ear of fo	rmation 1946	м	State of legal domicile: MN
	art i		mmary						1040	—	
_	1		escribe the organization	n's mission or mo	st significant a	ctivities	To	provide	e recreation, e	ducat	tion and
e	'		on of markmenship activ		-		.25-	PI PIVIPI			
٦an	1	Josephine									
ē	_ 2	Check ti	nis box 🕨 🔲 if the org	nanization discor	tinued its oper	rations o	r dienose	d of m	ore than 25%	of ite	nat accate
ő	3		of voting members of th				dispose	O OI III	OIC GIAII 2070	3	16
ಹ	4		of independent voting in				ine 1h)		•	4	r 16
ies	5		mber of individuals emp					•		5	0
Activities & Governance	6		mber of volunteers (esti	•	•	<b></b>		•	•	6	<del> </del>
	7a		related business revenu		• •	ne 12				7a	0
	ь		elated business taxable	-	• • •					7b	0
	1							T	Prior Year		Current Year
<u>o</u>	8	Contribu	itions and grants (Part V	/III, line 1h)					8	2,698	76,695
Revenue	9	Program	service revenue (Part)	VIII, line 2g)					5	0,876	49,153
Š	10		ent income (Part VIII, co							431	250
œ	11	Other re	venue (Part VIII, columi	n (A), lines 5, 6d	ec-9c, 10c, a	nd 11e)				0	0
	12		enue add lines 8 througl				12)		13	4,005	126,098
	13	Grants a	and similar amounts paid	d (Part IX, colum	n (A), lines 1	3烊—				1,425	2,836
	14		s paid to or for members (Part IX column (A), line 4)							0	0
es.	15		other compensation, emp			&), lineS⊋	<del>]</del> –10).	<u> </u>		0	<del></del>
Expenses	16a		onal fundraising fees (P			183	l ·	L		0	0
×	b		idraising expenses (Par			5		이			
ш	1 "		penses (Part IX, columi					<u> </u>		8,095	<del></del>
	18		penses Add lines 13–17			A), line 2	!5)	<u> </u>		9,520	
_	19	Revenue	e less expenses. Subtra	ct line 18 from lii	ne 12	····				4,485	·_ <del></del>
Assets or		<b>T</b>	. (5					Beg	inning of Curren		End of Year
Rale Rale	20		sets (Part X, line 16) .	•			• •			<u>3,139</u> 5,968	
Net A	21 22		oilities (Part X, line 26)	ibtract line 21 fra	m line 20					5,966 7,171	
	art II		ets or fund balances Su nature Block	Duaci ine 21 ilo	m me 20 .		· · · -			7,171	304,934
			, I declare that I have examine	d this return, includin	accompanying sc	hedules ar	nd statemen	ts and t	n the hest of my k	nowled	
			ct, and complete Declaration of						arer has any know	ledge	<u> </u>
0:			Willia	- RO	1/	~			2	1-9	-18
Sig		7	Signature of officer	D 44	2-11				Date		. ^
Here			WICHA	M B W	r Ghee	<u> </u>	TRE	4.S U	MEYZ.	<u> </u>	עכ
			Type or print name and title								
		Print	/Type preparer's name	Pr	eparer's signature			77	Date	hack	PTIN
Pa								-		Check self-em	ployed
	eparer						<del></del>		<del>- 1</del>		F -77-7
Us	e Only	,	's name						Firm's EIN		
			's address 🕨			<del></del>	<del></del>		Phone no		
Ма	y the IR	RS discus	s this return with the pre	parer shown ab	ove? (see instr	uctions)					Yes No
Foi	Paperv	work Red	uction Act Notice, see th	ne separate instr	uctions.						Form 990 (2017)
HTA										1	

Form 9	990 (2017) Gopher Rifle & Revolver	41-6051511 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	To provide recreation, education and promotion of markmenship activities to members	
2 /	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	ed on Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	™ Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported.	
4a	(Code. ) (Expenses \$ including grants of \$ ) The organization provided recreation, education and promotion of markmenship activities to over 450 members	
,		
,		
4b	(Code: ) (Expenses \$ including grants of \$ )	(Revenue \$)
	•••••••••••••••••••••••••••••••••••••••	
		·
		·····
4c′	(Code: ) (Expenses \$ including grants of \$ )	(Revenue \$)
	·····	
	•••••••••••••••••••••••••••••••••••••••	
4d	Other program services (Describe in Schedule O )	
٦u	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)
4e	Total program service expenses  O  Total program service expenses	

1



-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	
•	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		
5 /	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- 1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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,"		1	
^	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		İ	
	negotiation services? If "Yes," complete Schedule D, Part IV	9	l	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			_
a <sub>.</sub>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		İ	
	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	445		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	···•		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ŀ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		_ <u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	42-	- 1	v
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	-+	<u> </u>
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Ì	х
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,	- 1	l	
ノ	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
4 E	·	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		İ	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
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?			<u>-</u> -
	If "Yes," complete Schedule G, Part III	19		X

Par	t 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			
	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<b></b>	
	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			
/	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	<u> </u>	<del></del>
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<del></del>		
	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	200		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	ŀ		l
	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	1.00		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		<del>  ^-</del>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	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,	<del>-</del> -		<del>  ^</del>
/	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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)	1-0-		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
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		٠,	
	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,			T.
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		
	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		
	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,	1		
	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		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	000		
	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-chantable 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	-		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	-   -		
	VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		<del>-``</del>
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2017)
		I OHII	220	(4UI)

Pell.	Check if Schedule O contains a response or note to any line in this Part V.		ſ	$\neg$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable   1a  0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	İ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		ŀ	
_	gaming (gambling) winnings to prize winners?	1c	1	
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		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	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	j	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			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country	$\Box$		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	. [	Į	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. 1	ı	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	. 1		
/	required to file Form 8282?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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	_	ł	
	sponsoring organization have excess business holdings at any time during the year?	8		
9_	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4566?	9a	$\dashv$	
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
			1	
a b	Initiation fees and capital contributions included on Part VIII, line 12	.	1	
11	Section 501(c)(12) organizations. Enter			
''a	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	. 1	1	
D	against amounts due or received from them )			
12a 🗡	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.	ŀ		
.о 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		$\neg$	
b	Enter the amount of reserves the organization is required to maintain by the states in which	. [		
-	the organization is licensed to issue qualified health plans		- 1	
С	Enter the amount of reserves on hand	. 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<b>b</b> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

/ Eom 9	190 (2017) Gopher Rifle & Revolver 41	60515	14	Dana <b>6</b>
	t VI • Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N		Page 6
· r ai	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			etione
	Check if Schedule O contains a response or note to any line in this Part VI.	)	iotru	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
04			<u> </u>	<u> </u>
Sect	ion A. Governing Body and Management		T V.	s No
4.	Enter the number of votes members of the several hadrest the and of the territors	46	Ye	S NO
1a	, , , , , , , , , , , , , , , , , , ,	16	1	1
	If there are material differences in voting rights among members of the governing body, or			- 1
	if the governing body delegated broad authority to an executive committee or similar	- 1	1	1
	committee, explain in Schedule O		1	
b	Enter the number of voting members included in line 1a, above, who are independent	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	.   2	<u>:                                    </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6 /	Did the organization have members or stockholders?	F	)	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more mambers of the governing body?	7	a   >	: 1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	<u> </u>	-	+
_	stockholders, or persons other than the governing body?	7	<b>,</b> ,	,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u></u> ⊢′′	<del>'   '</del>	<del>`  </del>
O		- 1	-	1
_	the year by the following The governing hedr?	١.	.   、	;
a	The governing body?	8		
Ъ	Each committee with authority to act on behalf of the governing body?	8	9   -	<del>`- </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	۔ ا	- 1	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ш.	_  X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Coo	_	<del>-1</del>
40-	Deltha assessment as how head about a law about 100 Mar. O	[44	Ye	_
_	Did the organization have local chapters, branches, or affiliates?	10	a	_ <del>  X</del> _
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	_	
11a	1 1,	11	a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ļ		1
12a∕⁻	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	_	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	s? 12	b	X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	- 1		
	describe in Schedule O how this was done	12	c >	:
13	Did the organization have a written whistleblower policy?	1	3	X
14	Did the organization have a written document retention and destruction policy?	1.	\$   X	
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?	Ì	-	
а	The organization's CEO, Executive Director, or top management official	.   15	a x	:
b	Other officers or key employees of the organization	15	$\overline{}$	_
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u> </u>	<del>"                                    </del>	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1	- }
IQa		اء	_	١.,
	with a taxable entity during the year?	16	a	<del>  X</del>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	- 1	1	ŀ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		.	1
	the organization's exempt status with respect to such arrangements?	16	b	
	ion C. Disclosure			
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 o	nly)	
	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			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	t policy,	and	
	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 record	s <sup>,</sup> 1	<b>&gt;</b>	

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

i

Form 990 (2017	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

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

	(C)									
(A) Name and Title	(B) Average hours per	box,	unles er an	eck s pe	rson	e than c is both or/truste	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount 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)	other compensation from the organization and related organizations
(1) Lowell Rogers	3 00					i				
President	0 00			Х						
(2) Steve Naumann	3.00				İ					
Vice President	, 0 00	Х		Х	<u> </u>					
(3) Kim Frick	4 00									
Secretary	0 00	Х		Х						
(4) Rut McGee	4.00									
Treasurer	0.00	Х		Х						
(5) Andy Mager	1 00									
Chief Instructor	0.00	х								
(6) Dave Newall	1 00									
Range Safety Officer	0 00	x				1				
(7) Rick Repovsch	1 00									
Director	0.00	Ιx								
(8) Mike Conner	1.00									
Director	0 00	х								
(9) Lance Welles	1.00				_					
Sergeant-at-Arms	0 00	Ιx								
(10) Andy Carlson	1 00									
Director	0.00	х								
(11) Mark Weinhold	1.00									<del></del>
Director	0.00	х								
(12) Derek Green	1.00						$\Box$			
Director	0 00	x					'	i		
(13) _ Larry Reed	1 00	<u> </u>				11		<del></del>		
Director	0.00	x								
(14) Tom Henrich	3.00			_					1	<del></del>
Assoc Treasurer	0.00									

	990 (2017)	Gopher Rifle & Revolver										0515		Pag	je <b>8</b>
. Pa	art VII	Section A. Officers, Directors, True  (A) Name and title	(B) Average	(do i	not cl	Pos neck	more	than o	one	(D) Reportable	(E) Reportable	otinue	(	(F)	
			hours per week (list any hours for related organizations below dotted line)			$\overline{}$	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		amount of other compensation from the organization and related organizations		on n
(15) Direc		binson	1 00	1										-	
(16) Direc	Dave Sector	ord	1.00 0.00												
	_														
/	<b>.</b>														
(21)			ļ <u></u>												
(22)															
(23)	******														
(24)															
(25)															
1b c		continuation sheets to Part VII, S		<b>L</b>	1			· .	<b>&gt;</b>	0		0			0
2	Total numb	per of individuals (including but not li		ted a			/ho	recei	ved	1	0,000 of	υj			
		compensation from the organization				0							Y	es l	No
3	Did the org	ganization list any <b>former</b> officer, dire on lir <sub>t</sub> e 1a? <i>If "Yes," complete Sche</i> d	ector, or trustee, lule J for such inc	key e dividu	mpl ial	oye	e, o	r high	est	compensated			3		х
4	For any inc	dividual listed on line 1a, is the sum cation and related organizations greated	of reportable con	npens	satic					•	h				
5		erson listed on line 1a receive or access rendered to the organization? If "Y									ndual .		5		<u>х</u> х
	ion B. Inde	ependent Contractors											<u>, 1</u>		<u>^</u>
1		this table for your five highest competition from the organization. Report co										's tao	(		
		(A) Name and business add	iress ,							(B) Description of ser	vices	Cor	(C) npensa	ition	_
										<del></del>					_ <u>0</u>
															0
<u></u>	Total numb	per of independent contractors (inclu	ding but not limit	od to	the	CC 1	icto:	d abo	, C,	who received	7				0
		\$100,000 of compensation from the		EU 10	uio	ot //	) SIC	0	ve)	will received		'			

Form 990 (2017) Gopher Rifle & Revolver
Part VIII Statement of Revenue

	•	Check if Schedule O contains	s a response o	r note to any line ir	n this Part VIII			· L.j
· /	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>60</b> 10	1a	Federated campaigns	1	a 0				
Contributions, Giffis, Grants and Other Similar Amounts	ь	Membersnip dues	. 1	<b>b</b> 76,695	1 1			
ည်း ဋိ	c	Fundraising events	<del> </del>	c 0	1 1			
1 B	d	Related organizations	_	<b>d</b> 0	1 1			
5. <del>E</del>	e	Government grants (contribution	_	e 0	1			
S IS	f	All other contributions, gifts, gran		-	1			
but	•	similar amounts not included abo		ıf o				
1 0 E	_ ا	Noncash contributions included in	•	\$ 0	1		!	
S E	g	Total. Add lines 1a–1f	iiics ia-ii.	₽ <u>.</u>	76,695			
	<del>- ''-</del>	Total. Add lines 1a-11	·	Business Code	70,093			
JE .	2a	Discipline income		900099	42,023	42,023		
BVe	b	lumiar austran coffic		900099	3,596	3,596		
93	·c	Miccollopoous	•••••	900099	3,390	3,390		· · · · · · · · · · · · · · · · · · ·
چ	d	Ranguet		900099	2,943	2,943		
Š	e	Beginning Balance Adj		900099	591	<u>2,343</u> 591	<del></del>	<del></del>
gra	f	All other program service revenu		300033	0		· · · · · · · · · · · · · · · · · · ·	<del></del>
Program Service Revenue	g	Total. Add lines 2a–2f		<b>D</b>	49,153			
;	3	Investment income (including div	udends interes		43,133			
		other similar amounts)	ricerico, micre	si, una	250	250		
	4	Income from investment of tax-e	nreeds <b>&gt;</b>	0				
	5	Royalties	, and the second pr	<b>•</b>	Ö			
	_		(i) Real	(II) Personal		* * * * * * * * * * * * * * * * * * * *		
	6a	Gross rents						
	ь	Less rental expenses .	J	· † · · · · · · · · · · · · · · · · · ·				
	С	Rental income or (loss) .		0 0				
	d	Net rental income or (loss) .		<u> </u>	ol			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		0 0	]			
	b	Less cost or other basis						
		and sales expenses .		0 0				
	С	Gain or (loss)		0 0				
	d	Net gain or (loss)			ol	•		
Revenue	8a	Gross income from fundraising events (not including \$	0		•			
		of contributions reported on line	•					
Other	ь	See Part IV, line 18 . Less. direct expenses .	. 6	0 0			ī	
ŏ		Net income or (loss) from fundra		·				
į		Gross income from gaming activ	_					
j	Ja	See Part IV, line 19		a 0				
	b	Less direct expenses		0				
l		Net income or (loss) from gaming	-	<b>&gt;</b>	o			
1		Gross sales of inventory, less	g activities					
		returns and allowances		a 0				
	ь	Less cost of goods sold .			ľ			
- 1		Net income or (loss) from sales of	_	<u> </u>	o			
		Miscellaneous Revenue	or anventory .	Business Code				<del></del>
	11a		nts	223633 0046	o	•		•
ļ	b				o			
į	c			<del> </del>	Ö	<del>-,</del>		<del></del>
ı	d	All other revenue		-	0			
	e	Total. Add lines 11a-11d .		▶	0			
/i	12	Total revenue See instructions	•		126.098	49 403	0	n

	Part IX Statement of Functional Expenses									
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A	)					
	Check if Schedule O contains a response or note									
	<del></del>	<del>, ,</del>			<u></u>					
Do . 8b,	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	2,836		_	ļ					
2	Grants and other assistance to domestic				1					
	individuals See Part IV, line 22	l								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign				]					
	individuals See Part IV, lines 15 and 16	ol		į						
4	Benefits paid to or for members	0	<del></del>							
5	Compensation of current officers, directors,		**************************************							
	trustees, and key employees	ol		0						
6	Compensation not included above, to disqualified		<del></del>							
	persons (as defined under section 4958(f)(1)) and	i								
	persons described in section 4958(c)(3)(B)	l ol								
7	Other salaries and wages	o								
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	l ol		i						
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees)									
а	Management	o								
<b>b</b> /~	Legal	0								
C	Accounting	0								
d	Lobbying	0		,						
е	Professional fundraising services. See Part IV, line 17	0								
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		0						
12	Advertising and promotion	205								
13	Office expenses .	13,155								
14	Information technology .	436								
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 22 /	Depreciation, depletion, and amortization .	0	0	0	0					
23 /	Insurance Other expenses Itemize expenses not covered	4,978	· · · · · · · · · · · · · · · · · · ·							
24	above (List miscellaneous expenses in line 24e. If			•						
	line 24e amount exceeds 10% of line 25, column	1								
	(A) amount, list line 24e expenses on Schedule O)									
а	Onto dide Augustica	96,725								
b										
c		0								
d		- 0	<del></del>							
e	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24e .	118,335	0	O	0					
26	Joint costs. Complete this line only if the	110,000			<u> </u>					
	organization reported in column (B) joint costs		'							
	from a combined educational campaign and									
	fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)			:						

Form 990 (2017) Gopher Rifle & Revolver
Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing.	77,903	1_	76,237
	2	Savings and temporary cash investments .	201,492	_ 2	214,456
	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, directors,			
	<i>/</i> -	trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0:	_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under section		•	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedule L	0	6	
\ss	7	Notes and loans receivable, net	0	7	0
•	8	Inventories for sale or use .	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment cost or		!	
		other basis. Complete Part VI of Schedule D 10a 63,744			
	b	Less. accumulated depreciation . [10b] 0	63,744	10c	63,744
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	1,709
	16	Total assets. Add lines 1 through 15 (must equal line 34)	343,139	16	356,146
	/17	Accounts payable and accrued expenses	182	17	330
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons Complete Part II of Schedule L	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties .	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			_
		parties, and other liabilities not included on lines 17-24) Complete			•
-		Part X of Schedule D	45,786	25	50,882
	26	Total liabilities. Add lines 17 through 25	45,968	26	51,212
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	297,171	27	304,934
ag	28	Temporarily restricted net assets	0	28	001,004
or Fund Balances	29	Permanently restricted net assets	0	29	
5		·			
ī		Organizations that do not follow SFAS 117 (ASC958), check here			
S		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	0	30	· · · · · · · · · · · · · · · · · · ·
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	<del></del>
ä	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
Z	33	Total net assets or fund balances	297,171	33	304,934
	34	Total liabilities and net assets/fund balances	343,139	34	356,146

Form 9	990 (2017) Gopher Rifle & Revolver	41	-6051511	Pag	e 12
Par	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		126	,098
2	Total expenses (must equal Part IX, column (A), line 25)	2		118	,335
3	Revenue less expenses Subtract line 2 from line 1	3		7	,763
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		297	,171
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		304	,934
Part		,			_
	Check if Schedule O contains a response or note to any line in this Part XII	•		. [	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Hybr	id	_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			]	
	Schedule O				:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				: I
	reviewed on a separate basis, consolidated basis, or both			- {	ı
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		- 1 1	1	
į	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		I
,	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?		3a		Х
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		
			Form	990 (	(2017)

## 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.

2017

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Goph	Gopher Rifle & Revolver 41-6051511						
Par			Account	5.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 6					
	(a) Donor advised funds		(b) Funds a	nd other accounts			
1	Total number at end of year .						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (dunng year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets h	eld in donor	advised	·-··			
7	funds are the organization's property, subject to the organization's exclusive legal co		4411004	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in writing that gi		n he				
•	used only for charitable purposes and not for the benefit of the donor or donor advisor			•			
	purpose conferring impermissible private benefit?	or, or 101 arry	Oli ICI	Yes No			
Dor	Conservation Easements.	<del></del>					
Pail							
	Complete if the organization answered "Yes" on Form 990, Part IV, line						
1	Purpose(s) of conservation easements held by the organization (check all that apply						
	Preservation of land for public use (e.g., recreation or education)	vation of a h	istorically in	nportant land area			
	Protection of natural habitat Presen	vation of a c	ertified histo	oric structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	vition in the	form of a co	onservation			
-	easement on the last day of the tax year	1		d at the End of the Tax Year			
а	Total number of conservation easements		2a	a at the pho of the lax less			
b		•	2b				
	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)						
c d	Number of conservation easements included in (c) acquired after 7/25/06, and not or		2c	<del></del>			
u	historic structure listed in the National Register	10	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or	torminated:	<del></del>	nization during			
<b>J</b>		terminated	by the orga	riization duning			
4	Number of states where property subject to conservation easement is located	_					
5		tion bandler	a of				
3	Does the organization have a written policy regarding the periodic monitoring, inspect	uon, nanum	iy oi	Yes No			
6	violations, and enforcement of the conservation easements it holds?	··	4:				
U	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	cing conserva	nion saseme	nts during the year			
7	Annual of the second of the se			1 - 1			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation	easements o	lunng the year			
•	<b>&gt;</b> \$		. 4700.3143	(5)(1)			
8	Does each conservation easement reported on line 2(d) above satisfy the requireme	nts of sectio	n 170(n)(4)				
_	and section 170(h)(4)(B)(ii)?	•		Yes No			
9	In Part XIII, describe how the organization reports conservation easements in its revo						
	balance sheet, and include, if applicable, the text of the footnote to the organization's	s financial st	atements th	at describes			
D - 4	the organization's accounting for conservation easements		<u> </u>				
Part	<b>3</b>		· Similar A	ssets.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line			<del></del>			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in						
	works of art, historical treasures, or other similar assets held for public exhibition, edit						
	of public service, provide, in Part XIII, the text of the footnote to its financial statement						
بر	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	evenue state	ement and I	palance sheet			
•	works of art, historical treasures, or other similar assets held for public exhibition, edit	ucation, or re	esearch in f	urtherance			
	of public service, provide the following amounts relating to these items			<b>&gt;</b>			
	(i) Revenue included on Form 990, Part VIII, line 1		. 🕨 🤋	)			
	PD Assistant and the Company of the		. • \$	}			
2	If the organization received or held works of art, historical treasures, or other similar	assets for fir	nancial gain	, provide the			
	following amounts required to be reported under SFAS 116 (ASC 958) relating to the		•				
а	Revenue included on Form 990, Part VIII, line 1	_	<b>▶</b> 9	3			
h	Assets included in Form 990. Part X	•	<b>&gt;</b> 9				

		(Form 990) 2017 Gopher Rifle & Rev								<u> </u>		Page 2
Part		Organizations Maintaining (	Collections of A	rt, H	istori	cal Trea	asures, or	Other	r Similar Asso	ets (cont	inued)	)
3 'Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its												
	coll	ection items (check all that apply)										
а	Ш	Public exhibition		d		Loan	or exchange	progra	ıms			
b		Scholarly research		е	$\overline{\Box}$	Other	_					
С	$\Box$	Preservation for future generated	ons									
4	Pro XIII	vide a description of the organization		l expl	ain ho	w they fu	irther the org	janizati	on's exempt pu	rpose in P	art	
5		ang the year, did the organization so ets to be sold to raise funds rather								Пу	es 🗀	No
Part		Escrow and Custodial Arrar			·				<del></del>			
		Complete if the organization a 990, Part X, line 21		n Fo	rm 99	00, Part	IV, line 9, o	or repo	orted an amou	nt on Fo	rm	
1a		ne organization an agent, trustee, c	ustodian or other in	nterm	ediary	for contr	ributions or o	ther as	sets not			_
		uded on Form 990, Part X?								. 🗌 Y	es	No
<b>b</b> /	If "Y	es," explain the arrangement in Pa	rt XIII and complet	e the	follow	ng table		_		<del></del>		
•	Pos	singupa hole non						-		Amount		
۲ C		jinning balance .					•		<u>c  </u>			0
d e		litions during the year tributions during the year					•		d	<del></del>		
f		ling balance	• • • •			•		-	e f		<del></del>	
_		•			•					<u> </u>		0
2a		the organization include an amoun								Y	es X	No
b		es," explain the arrangement in Pa	T XIII Check here	ir the	explar	nation na	is been prov	ided or	Part XIII .			<u> </u>
Part	V	Endowment Funds.		_								
		Complete if the organization a							- : <u>- :</u>			
4-	0		(a) Current year		b) Pnor		(c) Two years		(d) Three years ba		our years	
1a		linning of year balance	0			0		0				0
b		atributions		-								
С		investment earnings, gains, losses.										
d		nts or scholarships		<del> </del>								
е		er expenditures for facilities										
~		programs .				[						
f		ninistrative expenses	<del></del>									
g		of year ba'ance	0			0		0	,	0		0
2	Prov	vide the estimated percentage of th	e current year end	balar	nce (lin	e 1g. co	lumn (a)) he	ld as		<del> </del>		
а		rd designated or quasi-endowment		%		•	. ,,					
b	Perr	manent endowment	%									
С		porarily restricted endowment	▶ %									
		percentages on lines 2a, 2b, and 2										
3a		there endowment funds not in the	possession of the o	organı	zatıon	that are	held and add	ministe	red for the			
		anization by									Yes	No
	(i)	unrelated organizations						-		3a(i)		
	(ii)	related organizations .	•							3a(ii)		
b		es" on line 3a(ii), are the related or								_3b	L	L
4	Des	cribe in Part XIII the intended uses	of the organization	's en	dowme	ent funds	3		- <del></del>			
art	VI	Land, Buildings, and Equipm		_				_				
	_	Complete if the organization a										
		Description of property	(a) Cost or of		SIS		st or other s (other)		) Accumulated depreciation	(d) B	ook valu	e
1a/	Land	d	,		0		42,600			<del> </del>		12,600
b		dings			<del>- 0</del>	<del></del>	<del>72,000</del>		0			0
		sehold improvements			0		0		<u>.</u>	<u> </u>		<del>_</del>
		ipment.			0		21,144		0	Ì	2	21,144
e	Othe				0		0		0			0
otal.	Add	lines 1a through 1e (Column (d) m	nust equal Form 99	0, Pa	rt X, c	olumn (E	3), line 10c )		>		6	3,744

		· ·	), Part IV, line 11b. See Forr	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
1) Financial	I derivatives .	. 0	<u></u>	
•	held equity interests .	0		
(A)				
(C)				
(D)				
(E)				
(F)				
(G)			<u> </u>	
(H)				
	n (b) must equal Form 990, Part X, col (B) line 1.			
Part VIII	Investments—Program Relat			000 70 137 11 40
	Complete if the organization ar	nswered "Yes" on Form 990		
7	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				_ <del></del>
(3)			·	
(4)				
(5)			<del></del>	
(6)				<del></del>
(7)				
(7) (8) (9)				
(8) (9)	n (b) must equal Form 990, Part X, col (B) line 1	3) • 0		
(8) (9)	n (b) must equal Form 990, Part X, col (B) line 1.  Other Assets.	3) 🕨 0		
(8) (9) Fotal. (Columi				n 990, Part X, line 15
(8) (9) Fotal. (Columi	Other Assets.			n 990, Part X, line 15
(8) (9) Fotal. (Column Part IX	Other Assets.	nswered "Yes" on Form 990		
(8) (9) Fotal. (Column Part IX	Other Assets.	nswered "Yes" on Form 990		
(8) (9) Fotal. (Column Part IX (1) (2) (3)	Other Assets.	nswered "Yes" on Form 990		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets.	nswered "Yes" on Form 990		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets.	nswered "Yes" on Form 990		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	nswered "Yes" on Form 990		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	nswered "Yes" on Form 990		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	nswered "Yes" on Form 990		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization are	nswered "Yes" on Form 99(		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization are	nswered "Yes" on Form 99(		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization are	nswered "Yes" on Form 99( (a) Description  (B) line 15)	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	other Assets. Complete if the organization are not (b) must equal Form 990, Part X, col (complete if the organization are complete if the organization are complete.	nswered "Yes" on Form 99( (a) Description  (B) line 15)	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	other Assets. Complete if the organization are not (b) must equal Form 990, Part X, col (complete if the organization are line 25	(a) Description  (B) line 15)  nswered "Yes" on Form 990	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	Other Assets. Complete if the organization are  on (b) must equal Form 990, Part X, col (  Other Liabilities. Complete if the organization are line 25  (a) Description of liability	nswered "Yes" on Form 99( (a) Description  (B) line 15)	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federa	Other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25  (a) Description of liability If income taxes	(a) Description  (B) line 15)  Iswered "Yes" on Form 990  (b) Book value	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X  1. (1) Federa (2) Prepaid	Other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25  (a) Description of liability income taxes didues	(a) Description  (B) line 15)  (b) Book value  0 47,571	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X  I. (1) Federa (2) Prepaic (3) Sales to	other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25  (a) Description of liability ill income taxes didues ax payable	(a) Description  (B) line 15)  Iswered "Yes" on Form 990  (b) Book value	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  I. (1) Federa (2) Prepaid (3) Sales to (4) Palma	other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25 (a) Description of Irability if income taxes if dues ax payable Bonds	(a) Description  (B) line 15)  (b) Book value  0 47,571	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  I. (1) Federa (2) Prepaid (3) Sales ta (4) Palma (5) Prepaid	other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25  (a) Description of liability ill income taxes didues ax payable	(a) Description  (B) line 15)  (b) Book value  (75,71)  2,288	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  I. (1) Federa (2) Prepaid (3) Sales to (4) Palma (5) Prepaid (6)	other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25 (a) Description of Irability if income taxes if dues ax payable Bonds	(a) Description  (B) line 15)  (b) Book value  (75,71)  2,288	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  I. (1) Federa (2) Prepaid (3) Sales ta (4) Palma (5) Prepaid	other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25 (a) Description of Irability if income taxes if dues ax payable Bonds	(a) Description  (B) line 15)  (b) Book value  (75,71)  2,288	D, Part IV, line 11d See Form	(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federa (2) Prepaid (3) Sales to (4) Palma (5) Prepaid (6) (7)	other Assets. Complete if the organization are the complete if the organization are the complete if the organization are line 25 (a) Description of Irability if income taxes if dues ax payable Bonds	(a) Description  (B) line 15)  (b) Book value  (75,71)  2,288	D, Part IV, line 11d See Form	(b) Book value

Sched	ule D (Form 990) 2017 Gopher Rifle & Revolver	41-6051511	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2/	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	7	
С	Recovenes of pnor year grants	7	
đ	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) .	5	0
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er 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		
а	Donated services and use of facilities	1 1	
ь	Prior year adjustments	7 1	
Č	Other losses	7	
d	Other (Describe in Part XIII.) . 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
১	Other (Describe in Part XIII )	7	
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
Par	t XIII Supplemental Information.		<del></del>
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P	art V, line 4, Part >	(, line
	irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
			•••
1			
		·	
	***************************************		
·	•••••••••••••••••••••••••••••••••••••••		
<b>-</b> -			
	•••••••••••••••••••••••••••••••••••••••		
·			

## 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 Name of the organization

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

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	
president before filing	<u></u>
•••	
.4	•
	•
,	
/	
	•••••
	·
<i></i>	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	