

Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-0047

Department of the Treasury

▶ 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

A	For the			mbos 21	, 20 17	
			Dece Dece	mber 31	dentification number	
В				- Employer		
님	Address		√suite	46-0375398 E Telephone number		
	Name ch	11195	vsuite			
\Box	Initial retu				605*228*2449	
\vdash	Final returi	Otty or town, state or province, country, and ZIP or foreign postal code		ł .		
빞	Amended			G Gross rec		
	Application	on pending F Name and address of principal officer	H(a) Is this a	group return for su	bordinates	
		2202 15th Ave SE Aberdeen, SD 57402			ncluded? LYes No	
<u></u>	Tax-exen	pt status ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 52	/ If "I	No," attach a li	st (see instructions)	
<u>J_</u>	Website:		H(c) Group	exemption n	umber ▶	
K	Form of o	rganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of for	mation	M State o	f legal domicile	
P	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities Rec	reational Shoo	ting and Hu	nter Safety	
ဗ္ဗ	1 .					
Activities & Governance						
Je.	2	Check this box ▶☐ if the organization discontinued its operations or dispose	ed of more tha	1725% of it	s net assets.	
ő	3	Number of voting members of the governing body (Part VI, line 1 a) . $\cdot $ $$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$	CEINED	3	7	
•	4	Number of independent voting members of the governing body (Part VI, line	1b)	Ø 4	6	
.ies	5	Total number of individuals employed in calendar year 2017 (Part 📆 ine 2a).	4 5 5 5 6 6 6	Q 5	17	
ΞΞ		Total number of volunteers (estimate if necessary)	3 0 2018	6	15	
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		<u> 7a</u>	0	
	,		DEN.UT	7b	0	
	 		Prior Y		Current Year	
•	В	Contributions and grants (Part VIII, line 1h)		78277	64766	
Revenue	1	Program service revenue (Part VIII, line 2g)	114016	128997		
Ķ	L	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0	
æ	The second secon	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12274	4492	
	1	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		204567		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		204367	198255	
	J	Benefits paid to or for members (Part IX, column (A), line 4)			0	
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		20017	24520	
Expenses	10			20817	24536	
Ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0	<u>-</u>	
Ä) b	Total fundraising expenses (Part IX, column (D), line 25) ► (Other average (Part IX, column (A), lines 11a, 11d, 11f, 24a)	' 	440704	10000	
	117	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	ļ	119794	136927	
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		140611	161463	
	 	Revenue less expenses. Subtract line 18 from line 12	Beginning of C	63956	36792 End of Year	
Net Assets or Fund Balances		T. I. I I. (D) V. I	Beginning of C			
Sset	20	Total assets (Part X, line 16)	ļ	596022	634032	
Z Z	21	Total liabilities (Part X, line 26)	 	46311	47529	
		Net assets or fund balances. Subtract line 21 from line 20		549711	586503	
	art II	Signature Block		the best of a		
Ur	nder penal ie correct	ties of perjury. I declare that I have examined this return, including accompanying schedules and s , and complete. Declaration of preparer (other than officer) is based on all information of which prej	tatements, and to parer has any knov	tne best of my vledae	y knowledge and belief, it is	
				7/-5	5-1Û	
Sig	an	Signature of lofticer		ate	.3 70	
	ere	JERRY BRICK PRESIDENT	, , ,	ate		
п	ere	Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date		PTIN	
Pa	aid	Triplitype proparer smaller	Date	Check	J # ·	
Pr	epare		!	self-empl		
U	se Onl			m's EIN ▶		
N 4 -	vi tha In	Firm's address •	Pr	one no		
	<u> </u>	S discuss this return with the preparer shown above? (see instructions)		· · · · ·	Yes No	
FO	r Paperw	ork Reduction Act Notice, see the separate instructions. \mathscr{GAL}^{c}	at No 11282Y		Form 990 (2017)	

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Form 99		<u> سار</u>			Page 3
Part I	V Checklist of Required Schedules				
	' the experimentation described in continue 501(a)(2) as 4047(a)(1) (athor there a provide foundation)?	16 W/00	,,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? complete Schedule A	ıı res, 	1	 	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opporandidates for public office? If "Yes," complete Schedule C, Part I	osition to			1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section election in effect during the tax year? If "Yes," complete Schedule C, Part II	on 501(h 			1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Sch Part III		,	./	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which	 h donor:	5		
	have the right to provide advice on the distribution or investment of amounts in such funds or acc "Yes," complete Schedule D, Part I				1
7	Did the organization receive or hold a conservation easement, including easements to preserve oper the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	n space			1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? complete Schedule D, Part III	If "Yes,"	" 8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, so custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit debt negotiation services? If "Yes," complete Schedule D, Part IV				√
10	Did the organization, directly or through a related organization, hold assets in temporarily endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, VII, VIII, IX, or X as applicable.	Parts VI			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? complete Schedule D, Part VI	If "Yes,"	" 11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its toll reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	al assets		-	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule L), Part X	11e	-	V
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Pa		s 11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Schedule D, Parts XI and XII	-	ſ		1
b	Was the organization included in consolidated, independent audited financial statements for the tax "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is	year? /	1		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	•	13		1
14 a			14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grar fundraising, business, investment, and program service activities outside the United States, or a foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	ggregate			1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistation any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.				1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising se Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)				1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contrib Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, Iir "Yes," complete Schedule G, Part III		19		1
			For	m 99 0	(2017)

Part	Cnecklist of Required Schedules (continued)			
00	Did the expenientian approach and as many beautiful facilities? If "Vee " complete Cahadula II		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		/
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b		1
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		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
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 disqualified persons? If "Yes," complete Schedule L, Part II	26	~	√
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Part I	31		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	}		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
•	reportable 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 2a 17			
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)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		1
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			1
	account)?	4a		1
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	,		
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		l .
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
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			 ,- -
_	sponsoring organization have excess business holdings at any time during the year?	8_	<u> </u>	1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			Ì
a	Initiation fees and capital contributions included on Part VIII, line 12	1		1
b 11	Section 501(c)(12) organizations. Enter:	1		1
''a	Gross income from members or shareholders	1		1
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.)			
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 12b			†
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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.			1
þ	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]		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Schedule O. S	ee ins	tructi	ions.			
C4:	Check if Schedule O contains a response or note to any line in this Part VI	 	• •	•••	<u> </u>			
Secu	on A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	a						
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relation of the property of	tionship with	2		1			
3	Did the organization delegate control over management duties customarily performed by or unsupervision of officers, directors, or trustees, or key employees to a management company or other particles.		3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		✓.			
5	Did the organization become aware during the year of a significant diversion of the organization'	s assets?.	5 6	1	✓			
6 7a	a and the second of the second							
b	Are any governance decisions of the organization reserved to (or subject to approval be stockholders, or persons other than the governing body?		7b		1			
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	rtaken during						
а	The governing body?	[8a	✓				
b	Each committee with authority to act on behalf of the governing body?		8b	✓				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot I the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		✓			
Secti	on B. Policies (This Section B requests information about policies not required by the I	nternal Reveni	ie Co					
40-	Did the average have been been been broaden by a settle to 20	ſ	10-	Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?		10a	-	1			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	· · · .	11a		1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		1			
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give red the organization regularly and consistently monitor and enforce compliance with the policy.	1	12b					
	describe in Schedule O how this was done	:	12c					
13	Did the organization have a written whistleblower policy?		13		1			
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at	approval by	14		-			
а	The organization's CEO, Executive Director, or top management official		15a		1			
b	Other officers or key employees of the organization		15b		1			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar							
	with a taxable entity during the year?		16a		1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the						
Cooti	organization's exempt status with respect to such arrangements?	······	16b		<u> </u>			
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	990-T (Section	501(c)(3)s	only			
19	Own website Another's website Upon request Other (explain in Schelle Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.		erest	polic	y, and			
20	State the name, address, and telephone number of the person who possesses the organization Jerry Brick 2202 15th Ave SE Aberdeen, SD 57401 605-228-2449	s books and red	cords	: >				

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any relate	d org	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted fine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jerry Brick Aberdeen, SD	5			✓				0	0	0
(2) Ken Hallstrom	1)]	ļ]])	
Aberdeen, SD				✓		ļ		0	0	0
(3) Rod Tobin	11	1			}		ļ	}		
Aberdeen, SD		<u> </u>		✓	<u> </u>	-		0	0	0
(4) Harlan Young	1				}		1	}	}	
Aberdeen, SD			_	1	<u> </u>		<u> </u>		0	0
(5) Todd Hanson Aberdeen, SD	11			1				0	0	0
(6) Dennis Arment	11	1		ł				ł	ł .	1
Aberdeen, SD			<u></u>	1			L	0	0	0
(7) Jeff Serfoss	1	Ì				1		1	1	
Aberdeen, SD (8)			-	1	 			<u> </u>	0	0
(9)			<u>-</u> -		-					
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (continu	ıed)		
	•				•	C)			[
	(A)	(B)	(do n	ot ch		ntion	than o	one	(D)	(E)		1	(F)	
	Name and title	Average	box,	unles	ss pe	rson	is both	n an	Reportable	Reportab			mated	
		hours per week (list any		er and		irect	or/trus1	, -	compensation	compensation related	1 from		unt of ther	
		hours for	유료	înst	Officer	6	em Hg	Former	the	organizatio	ons		ensation	ı
		related	Individual trustee or director	ituti	हि	Key employee	oloy	mer	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)		n the	
		organizations below dotted	ior all	ona		Bo	8 8		(44-2/1099-14130)		- 1		nization related	
		line)	rust	12)ee	npe				1	organ	ızatıons	
			8	Institutional trustee			Highest compensated employee]					
		<u> </u>				_	8_	_						
(15)		<u> </u>	Į						}					
		<u></u>												
(16)		ļ	ļ		İ				ŀ					
		ļ. <u> </u>			_	_			 					
(17)		ļ	}						}		1			
		<u> </u>			_	<u> </u>		L_						
(18)			ł											
				_	<u> </u>	_		<u> </u>	 					
(19)		ļ	1											
		 	<u> </u>			-		L-						
(20)			Ì											
		 	 	-	├-	-		<u> </u>	 	 				
(21)		ļ	1		ĺ	İ			Ì					
(00)		 	 -		-	-		-	 					
(22)		 	1		ĺ	Ì			1					
(00)		 	 -		├—	├	<u> </u>	 	 					
(23)			[
(0.4)		 -	 	-	 -	-	<u> </u>	-	}	 	}			
(24)		 												
(05)		 		-	├	-	 	├-	 	 				
(25)		 	1					}			,			
	Sub-total		L	L	L	L	L	_	 					
1b c	Sub-total			•	•		•		0		0			0
d	Total (add lines 1b and 1c)			•	•	•	•		0		- 0			<u>0</u>
<u>u</u>	Total number of individuals (including bu							27.10	<u> </u>		<u> </u>) of		
2	reportable compensation from the organ		וו טו נו	iose	: 1151	leu	above	e) w	mo received m	ore man pi	00,000	01		
	reportable compensation normale organ	IZULIOIT											Yes	No
3	Did the organization list any former of	fficer, direc	tor. c	or tr	rust	ee.	kev e	emp	olovee, or high	est compe	nsated	1	163	140
•	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npei	nsatio	n a	and other comp	ensation fr	om the		-+	Ť
-	organization and related organizations												.	
	individual											4		/
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m anv	un un	related organiz	zation or inc	dividua			Ť
•	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	0,000 of		
	compensation from the organization. Re													х
	year.													
	(A)								(B)			(C)		
	Name and business add	dress							Description of s	ervices		Compens	ation	
														_
								\Box						
								\Box						
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compens													

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
	- <u>-</u>	Check if Schedule O co	ontains a r	esponse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections				
S S	1a	Federated campaigns .	1			revenue		512-514				
ant	b	Membership dues			ł	ł	}					
ပ္ပံု မို		Fundraising events	<u> </u>	- +	ł	ł	İ					
fts,	C d	Related organizations .	_	c 35746 d 0	•		l					
ig ig l	e	Government grants (contrib										
Sin	f	All other contributions, gifts,		e 5741	1	ĺ	[
utic	•	and similar amounts not include		f 20194	1							
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included i			-	ļ						
no and	g	Total. Add lines 1a–1f.			64766		}					
		Total. Add lines 1a-11.		Business Code	04700							
eun	2a	Shooting Leagues			39587	39587	0	0				
Rev	b	ATA Registered Competiti	ions		39728	39728	0	0				
ce	C	Practice Trap Shooting			12906	12906	0					
erv	ď	Hunter Safety			0	0	0	0				
E S	e	Youth League Income			30656	30656	0	0				
Program Service Revenue	f	All other program service	revenue .	··	6120	6120	0	0				
Pro	g	Total. Add lines 2a-2f .			128997		<u>~</u>	<u>×</u>				
	3	Investment income (inc										
		and other similar amount	_	•	o	o	o	0				
	4	Income from investment of	tax-exemp	bond proceeds ►	0	0	0	0				
	5	Royalties			0	0	0	0				
			(i) Real	(ii) Personal								
	6a	Gross rents	181	24 0			ļ					
	b	Less rental expenses		0 0			1					
-	С	Rental income or (loss)	181	24 0								
	d	Net rental income or (los			18124	18124	0					
	7a		(i) Securities	(II) Other								
	}	assets other than inventory		0 0		ì						
	b	Less: cost or other basis		1	<u> </u>	ļ						
	Ì	and sales expenses .		0 0		1						
	С	Gain or (loss)		0 0		·						
	d	Net gain or (loss)		· <u>· · · · · • </u>	0	0	0	0				
Other Revenue		Gross income from fund events (not including \$ of contributions reported of See Part IV, line 18 Less: direct expenses .	35746 on line 1c).	~ 								
•	С	Net income or (loss) from	n fundraisi	ng events . 🕨	(16573)		0	0				
	9a	Gross income from gamır										
		See Part IV, line 19		a 0								
	b	Less: direct expenses .					<u></u>					
	С	Net income or (loss) fron	-		0	0	0	0				
	10a	Gross sales of inver returns and allowances				!						
	ь	Less: cost of goods sold			į			}				
		Net income or (loss) from			1583	1583	0	0				
		Miscellaneous Reve		Business Code	1303	1303						
	11a	Sign Income			203	203	0	0				
	b	Memorial Income			1155	1155		0				
	c	Memorial Medine					<u>~</u>	<u>-</u>				
	d	All other revenue		,								
	e	Total. Add lines 11a-11d	d		1358							
	12	Total revenue. See insti	ructions.	<u></u> . ▶	198255	19707	0	0				
								Form 990 (2017)				

Form 990 (2017)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	is must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🛘
	t include amounts reported on lines 6b, 7b, , 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	-			
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	<u> </u>	0			
5	Benefits paid to or for members				
	trustees, and key employees	o	0	0	0
6	Compensation not included above, to disqualified		~		<u>_</u>
-	persons (as defined under section 4958(f)(1)) and				ı
	persons described in section 4958(c)(3)(B)	_ 0	0	0	0
7	Other salaries and wages	20874	20874	0	0
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	3662	3662	0	0
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0		-	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	406	0	406	0
13	Office expenses	879	0	879	
14	Information technology	1537	0	1537	0
15 16	Royalties	32401	0		0
17	Travel	0	0	32401	
18	Payments of travel or entertainment expenses		<u>_</u>	<u> </u>	<u>-</u> <u>-</u>
	for any federal, state, or local public officials	o	0	o	
19	Conferences, conventions, and meetings .	0	0	0	O
20	Interest	323	0	323	0
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	
23	Insurance	7906	0	7906	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If			,	
	line 24e amount exceeds 10% of line 25, column		 		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Targets	43261	43261	0	0
b	ATA Registered Shoot Expenses	7648	7648	0	
C	League Expenses	36376	36376	0	0
ď	Sales Tax Expense	4139	4139		
e	All other expenses Memorial Expense	2051	0		
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	161463	115960	45503	
26	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here	ĺ			
	following SOP 98-2 (ASC 958-720)				

Form **990** (2017)

Forn	n 990 (20	017)			Page 11
Р	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Par	t X		<i></i> 🗀
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	35157	1	51254
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
ts	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 organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	1325	8	1325
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 581453			
	ь	Less: accumulated depreciation 10b 0	559540	10c	581453
	11	Investments—publicly traded securities	0		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	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	596022	16	634032
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		 	
iab		disqualified persons. Complete Part II of Schedule L	10000		0
	23	Secured mortgages and notes payable to unrelated third parties	0		11218
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	36311	24	36311
		of Schedule D	n	25	0
	26	Total liabilities. Add lines 17 through 25	46311		47529
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	40311		47323
Š	27	Unrestricted net assets	0	27	0
ala	28	Temporarily restricted net assets	0	 - -	0
Net Assets or Fund Balances	29	Permanently restricted net assets	0	 -	0
ō	ļ	complete lines 30 through 34.		-	
şţs	30	Capital stock or trust principal, or current funds	0		0
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
¥.	32	Retained earnings, endowment, accumulated income, or other funds .	549711		586503
Ž	33	Total net assets or fund balances	549711		586503
	34	Total liabilities and net assets/fund balances	596022	134	634032

_	4	•
Page	1	7

Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	98255
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	61463
3	Revenue less expenses. Subtract line 2 from line 1	3			36792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u> 49711</u>
5	Net unrealized gains (losses) on investments	5	·· ·		0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	[]			
	33, column (B))	10			86503
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-laia i	_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain i	n	1]
٥-			28	_	1
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 com-			' 	\ <u>\</u>
	reviewed on a separate basis, consolidated basis, or both:	pileu ("	-	
	Separate basis Consolidated basis Both consolidated and separate basis		1		
h	Were the organization's financial statements audited by an independent accountant?		. 2		1
O	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountance	d on		+	-
	separate basis, consolidated basis, or both:	JG 0.1	~	}	
	☐ 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 or	versiał	nt		
·	of the audit, review, or compilation of its financial statements and selection of an independent account			;	1
	If the organization changed either its oversight process or selection process during the tax year, ex			1	T
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in		
	the Single Audit Act and OMB Circular A-133?		. 3	1	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th	ie 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	31		✓
			F	orm 99	0 (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

• Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		on 501(c)(3)) organizations. Complete P	arts I-A and C belov	w. Do not complete Part I-B.	
	ection 527 organizations. Com	•			
		," on Form 990, Part IV, line 4, or For		• • •	
• Se	ection 501(c)(3) organizations	that have filed Form 5768 (election und	ler section 501(h)). C	Complete Part II-A. Do not co	omplete Part II-B.
• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	n under section 501	(h)): Complete Part II-B. Do r	not complete Part II-A.
Tax) (s	ee separate instructions), tl		Tax) (see separate	instructions) or Form 990	-EZ, Part V, line 35c (Proxy
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ider	ntification number
Aberde	een Gun Club, Inc				46-0375398
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a section 527 of	organization.
1	Provide a description of definition of "political car.	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .		<i>.</i> > \$	3
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)	<u> </u>	
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	3
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt unde	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section		
_				, , , , , , , , , , , , , , , , , , ,	
2		filing organization's funds contrib	•		
_	•	vities		•	
3	•	expenditures. Add lines 1 and 2.			
		()			
4		n file Form 1120-POL for this year'			
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro- I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

_	•
Page	4

Pa	rt II-A	Complete if the organization section 501(h)).	n is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check •					liated group memb	er's name,
_	Charle N	address, EIN, expenses, and			•		
В	Check	if the filing organization chec	ying Expendit		ovisions apply.	(a) Cilina	/b) Affiliated
		(The term "expenditures" m)	(a) Filing organization's totals	(b) Affiliated group totals
_	a Total	lobbying expenditures to influence					
		lobbying expenditures to influence					
		lobbying expenditures (add lines 1	•	• •	•		
		r exempt purpose expenditures .	•				
	e Total	exempt purpose expenditures (ad	d lines 1c and 1	d)			
	f Lobb colur	ying nontaxable amount. Enter	the amount fr	om the following	table in both		_
	If the	amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not o	ver \$500,000	20% of the an	ount on line 1e.		1	
	Over 9	500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.	(ĺ
	Over 9	1,000,000 but not over \$1,500,000		10% of the excess		1	
	<u> </u>	1,500,000 but not over \$17,000,000		5% of the excess or	ver \$1,500,000	ĺ	
		\$17,000,000	\$1,000,000.				
	-	sroots nontaxable amount (enter 2				<u> </u>	
		ract line 1g from line 1a. If zero or l				 	
		ract line 1f from line 1c. If zero or le	•			<u> </u>	
		ere is an amount other than zero ting section 4911 tax for this year		1h or line 1i, did	-	F	Yes No
	(So	me organizations that made a se See the	ction 501(h) ele separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	During 4-Year Av	reraging Period		
	_	L					
	Ca	alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	2a Lobb	beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	2a Lobb b Lobb (150°	beginning in) lying nontaxable amount lying ceiling amount	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	b Lobb (150°	beginning in) bying nontaxable amount bying ceiling amount of of line 2a, column (e))	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	b Lobb (150° c Total d Gras	beginning in) bying nontaxable amount bying ceiling amount of line 2a, column (e)) lobbying expenditures	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total

Part II-B

	(election under section 501(h)).			
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
descr	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			 -
C	Media advertisements?	<u> </u>	 	
đ	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?	<u> </u>	├	
f	Grants to other organizations for lobbying purposes?			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	_	
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	<u> </u>		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>	
Part)(5),	or se	ction
	501(c)(6).			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 /
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 /
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
C	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?			<u> </u>
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Par		<u> </u>	1_3_	<u> </u>
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A, lines 1 and
				- -
		·	··	

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Pai	Organizations Maintaining Donor Ad Complete if the organization answered		ds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2)	(2) (2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	or advisors in writing that the assets he	eld in donor advised
_	funds are the organization's property, subject to t		
6			or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recre	·	• ,
	Protection of natural habitat	☐ Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Yea
a			
þ	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_			
3	Number of conservation easements modified, tratax year ▶	•	ninated by the organization during the
4	Number of states where property subject to cons		
5	Does the organization have a written policy r		
	violations, and enforcement of the conservation e		— · · · · — · ·
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing o	conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspect ►\$	ting, handling of violations, and enforcing	conservation easements during the yea
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue	
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easen	nents.	
Par	Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts rela-	ar assets held for public exhibition, ecating to these items:	ducation, or research in furtherance
	(i) Revenue included on Form 990, Part VIII, line	1	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a following amounts required to be reported under	rt, historical treasures, or other similar	assets for financial gain, provide th
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		

Page	2

Part	Organizations N										
3	Using the organization's collection items (check al		cession, and ot	her recor	ds, chec	k any of th	e follov	wing that are a	significan	t use	of its
а	Public exhibition			d (☐ Loan	or exchang	e prog	rams			
b	☐ Scholarly research			e l	☐ Other						
С	☐ Preservation for future										
4	Provide a description of XIII.	the organization	n's collections a	and expla	in how th	ney further	the ore	ganization's exe	mpt purp	ose in	Part
5	During the year, did the										
	assets to be sold to raise			ined as p	art of the	organizati	on's co	ollection?		es 🗌	No
Part	Complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete in th	organization ar	-	on For	n 990, F	Part IV, line	9, or	reported an ar	mount or	n Forr	n
1a	Is the organization an agincluded on Form 990, Pa									es [No
b	If "Yes," explain the arrar	ngement in Part	XIII and comple	ete the fo	llowing ta	able:					
							-	+	Amount		
C	Beginning balance						10				
d	Additions during the year						10	-+			
e	Distributions during the y						16				
f	Ending balance								A [7] V		7 84-
2a	Did the organization inclu										
	If "Yes," explain the arran		XIII. Check here	e if the ex	planation	n has been	provid	ed on Part XIII .	· · ·		
Part				" Faw	000 F	One 11/ 11ma	- 10				
	Complete if the c		(a) Current year	(b) Pno		(c) Two year		(d) Three years bac	k (e) Fou	r voors	nack
4	Domining of year holean	├	(a) Current year	(6) 1 110	n year	(c) rwo year	3 DQCK	(d) Three years bac	(e) 1 0a	years	
1a	Beginning of year balance										
c	Contributions	gains, and					<u> </u>				
a	Grants or scholarships	⊢									
d e	Other expenditures for fa	acılıties and							-		
f	Administrative expenses	├ ─									
	End of year balance .								+		
9 2	Provide the estimated pe		current year on	d balanc	e (line 1a	column (a)) held	ae.			
a	Board designated or qua	si-endowment	►	%	o (o 19	, oolanin ja	,,,	40			
b	Permanent endowment I	>	%	'0							
c	Temporarily restricted en		- "%								
_	The percentages on lines	**		00%.							
3a	Are there endowment ful				zation tha	at are held	and ad	lministered for t	he		
	organization by:	•		•						Yes	No
	(i) unrelated organizatio	ns			<i>.</i>				3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are								3b		
4	Describe in Part XIII the ii								<u> </u>		
Part	VI Land, Buildings	, and Equipm	ent.								
	Complete if the			on For	m 990, F	Part IV, line	e 11a.	See Form 990	, Part X,	line 1	0.
	Description of p		(a) Cost or ot (investm	her basıs	(b) Cost o	or other basis ther)	(c)	Accumulated epreciation		ok value	
1a	Land					214094				2	14094
b	Buildings					144909					14909
С	Leasehold improvements	3				0					0
d	Equipment					222190				2	22190
е	Other					260					260
Total.	Add lines 1a through 1e.	(Column (d) mus	st equal Form 9:	90, Part)	(, column	(B), line 10	Oc.) .			5	31453

	Complete if the organization answered "\	(es" on Foi	M 990 PAN IV. III	18 I IU. 58	e Form 990. Part X. line 1
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation est or end-of-year market value
Connected				 ``	St of end-of-year market value
	derivatives			+	
•				 	· · · · · · · · · · · · · · · · · · ·
(A)				 	
(B)	·			 	
(C)		- -		 	
(D)				1	
E)				 	
(F)					
(G)					
(H)					
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
art VIII	Investments-Program Related.				
	Complete if the organization answered "Y	es" on For	m 990, Part IV, Iir	ne 11c. Se	e Form 990, Part X, line
	(a) Description of investment		(b) Book value	Co	(c) Method of valuation ost or end-of-year market value
)					
)					
)					
				<u> </u>	
)				<u> </u>	
)				 _	
)					
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
	Other Assets.	/!\ Fa	000 Part IV Iv	- 44 - 0	- Farm 000 Part V line
al. (Column (Other Assets. Complete if the organization answered "\		m 990, Part IV, III	ne 11d. Se	
tal. (Column (Part IX	Other Assets.		m 990, Part IV, lıı	ne 11d. Se	e Form 990, Part X, line (b) Book value
al. (Column (Part IX	Other Assets. Complete if the organization answered "\		m 990, Part IV, III	ne 11d. Se	
al. (Column (Part IX)	Other Assets. Complete if the organization answered "\		m 990, Part IV, III	ne 11d. Se	
al. (Column (Part IX)	Other Assets. Complete if the organization answered "\		m 990, Part IV, III	ne 11d. Se	
al. (Column (Part IX))))	Other Assets. Complete if the organization answered "\		m 990, Part IV, lıı	ne 11d. Se	
al. (Column (Other Assets. Complete if the organization answered "\		m 990, Part IV, lii	ne 11d. Se	
al. (Column (Other Assets. Complete if the organization answered "\		m 990, Part IV, III	ne 11d. Se	
al. (Column (Part IX)))))))	Other Assets. Complete if the organization answered "\		m 990, Part IV, III	ne 11d. Se	
al. (Column (art IX	Other Assets. Complete if the organization answered "\		m 990, Part IV, III	ne 11d. Se	
al. (Column (Part IX))))))))))))	Other Assets. Complete if the organization answered "\ (a) Description	on			
al. (Column (Part IX))))))))) tal. (Colu	Other Assets. Complete if the organization answered "\ (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line	on			(b) Book value
al. (Column (Part IX))))))))))))	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "\	e 15.)			(b) Book value
al. (Column (l'art IX)))))))) tal. (Colu	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "\ line 25.	e 15.)			(b) Book value
al. (Column (lart IX	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value
al. (Column (Part IX)))))))) part X Part X	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "\ line 25.	e 15.) Yes" on Fo			(b) Book value
al. (Column (lart IX	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value
al. (Column (Part IX)))))) tal. (Column (Part IX	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value
al. (Column (Part IX)))))))))))) tal. (Column (Part X)) Federal II))	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value
al. (Column (Part IX))))))))) tal. (Column (Part IX))))))))))))))))))	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value
al. (Column (Part IX))))))) tal. (Column)) Federal II))))	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value
al. (Column (Part IX))))))) tal. (Column (Part IX))))))))))))))))))	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value
al. (Column (Part IX)))))))))))) tal. (Column (Part X)) Federal II))	Other Assets. Complete if the organization answered "\ (a) Description mn (b) must equal Form 990, Part X, col. (B) lines Other Liabilities. Complete if the organization answered "\ line 25. (a) Description of liability (b)	e 15.) Yes" on Fo			(b) Book value

Part	XI	Reconciliation of Revenue per Audited Financial Stateme			Retur	n.
		Complete if the organization answered "Yes" on Form 990, F				
1		revenue, gains, and other support per audited financial statements			1	-
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			1 1	
а		nrealized gains (losses) on investments	2a	<u> </u>]	
b		ted services and use of facilities	2b] [
C		veries of prior year grants	2c		1	
q		(Describe in Part XIII.)	2d			
е		ines 2a through 2d			2e	· - · · · · · · · · · · · · · · · · · ·
3		act line 2e from line 1	; .		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	,))	
а		• • • • • • • • • • • • • • • • • • • •	4a]	
b		(Describe in Part XIII.)	4b			
_C		ines 4a and 4b			4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII	Reconciliation of Expenses per Audited Financial Statem			er Ket	urn.
		Complete if the organization answered "Yes" on Form 990, F				
1		expenses and losses per audited financial statements	• •		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	٦	1		
a		ted services and use of facilities	2a		1	
b		year adjustments	2b		1	
C .		losses	2c	 	1	
d		(Describe in Part XIII.)	2d			
e		nes 2a through 2d			2e	
3		act line 2e from line 1	j :		3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:	40			
a		tment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	4a 4b	 	1	
	Other	OPESCHOE III PAO AINTE E E E E E E E E E E E E E E E E E E	40		1 1	
b		,			40	
С	Add I	nes 4a and 4b			4c	
с 5	Add II Total	nes 4a and 4b			4c 5	
c 5 Part	Add II Total XIII	nes 4a and 4b	e 18.)	<u> </u>	5	V. line 4. Part X. line
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	nes 4a and 4b	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Add In Total XIII le the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	

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.

20**17**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Aberdeen Gun Club, Inc.	46-0375398
Part III, Line 4d	
Net Rental Income \$ 18,124	
Income from Inventory 1,583	
Sign Income 203	
Dard IV. Lima dela	
This form 990 is only reviewed by the President of the Club. It is available for review by anyone who asks for it. Typically, it is	
provided to our bank as a requirment of our line of credit.	
Part VI, Line 19	
The governing documents and financial statements of the Aberdeen Gun Club are available to a	ny member of the public upon
request. Contact the President of the club.	
-	