HTA

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2018 ca	lendar year, or tax year l	beginning		, and e	nding				
В	Check if	applicable	C Name of organization	Gopher Rifle & Revolver				D Employer id	entification nun	ber	
	Address	change	Doing business as								
П	Name ch	ance	· ·	box if mail is not delivered to	street address)	Room/suite		41 <u>-6051511</u>		·	
吕		Ū	P.O. Box 18023			L		E Telephone nu	ımber		
Ш	Initial retu	זגט	City or town		State	ZIP code		651-462-4722	<u>!</u>		
\Box	Final return	Vterminated	Minneapolis		MN	55418					
\equiv			Foreign country name	Foreign province/stal	te/county	Foreign postal	code		. · · ·	121	622
닏	Amended	retum						G Gross receip	ıs ə	131,	
	Application	n pending	F Name and address of prince	cipal officer:			H(a) is th	nis a group return for :	subordinates?	Yes X	No
			Richard Williams PO B	ox 18023, Minneapolis,	MN 55418		H(b) An	e all subordinates l	ncluded?	Yes	No
ı	Tax-exem	pt status	501(c)(3) X 501(c)	(7) ∢ (insert no)	4947(a)(1)	or 527	+ "	"No," attach a list (see Instructions)		
$\overline{\mathbf{I}}$	Website	: N/A					H(c) Gr	oup exemption nur	nher Þ		
				ust Association	Other ►	1				l daminin	
	_	rganization.		ust Association (Jiner -	L Yea	r of forma	ation: 1946	M State of lega	i domicile.	MN
	art I		mmary		·						
9	1			n's mission or most signi	ificant activities	e: To bi	ovide r	ecreation, edu	cation and		
S	}	promotic	on of markmenship activ	vities to members	·						
Activities & Governance	1		·····			·					
8	2	Check th	his box ► if the org	ganization discontinued	ıts operations	or disposed	of more	e than 25% of	its net assets	.	
Ő	3		-	ne governing body (Part					3		15
80	4			nembers of the governing				· · · · · · · · · · · · · · · · · · ·	4	· · · · · · · · · · · · · · · · · · ·	15
吾	5		•	loyed in calendar year 2	•	•			5		0
亲	6	Total nu		6							
ĕ	7a			e from Part VIII, column					/a	<u>.</u>	0
	<u> b</u>	Net unre	elated business taxable	income from Form 990-	T, line 38	<u> </u>	<u></u>		/b		0
								Prior Year		rrent Year	
ā	8			/III, line 1h)				76,6			261
eg T	9			VIII, line 2g)				49,1		53,	<u> 285</u>
Revenue	10			olumn (A), lines 3, 4, and				2	0		<u>77</u>
Œ	11										0
	12			h 11 (must equal Part VIII.				126,0	98	131,	<u>623</u>
	13			d (Part IX, column (A), li	•			2,8	36		700
	14	Benefits paid to or for members (Part IX, column (A), line 4)									0
8	15			oloyee benefits (Part IX, o					0	·	0
Š	16a		•	art IX, column (A), line	,			···	0		0
Expenses	b			t IX, column (D), line 25			的型定型	SECURITY OF THE PROPERTY OF	er depend	CHICAG	Vi H
Ü	17	Other ex	penses (Part IX, colum	n (A), lines 11a–11d,mi 7 (must equal Part IX, co	E240 [1\/E	ח		115,4		122,	<u> 270</u>
	18				Humh (A), Vine	<u>25).</u> .		118,3	35	122,	
	19	Revenue	e less expenses. Subtra	ct line 18 from Pie 12.	<u> </u>			7,7	63	8,	<u>653</u>
Net Assets or				14 W	AY 20 2019	Ì	Beginn	ning of Current Ye		d of Year	
399	20		sets (Part X, line 16)	<u> </u>	<u> </u>	HRS-O		356,1		376,	
Ž,	21		oilities (Part X, line 26).		DEN	╼┛╬╟		51,2			722
				btract line 21 from line	BATEIN F	لننيانا		304,9	34	313,	<u>587</u>
	art II		nature Block								
				d this return, including accomp of preparer (other than officer) i							
			Millia	mick			· p p				
Si	_	 7	Signature of officer					Date -	-1 1:0		
He	re	k		ciam R M	cohee			5	/14/17		
			Type or print name and title	•					· · · · · · · · · · · · · · · · · · ·		
		Print	Type preparer's name	Preparer's s	ignature		Dat	e	PT	IN	
Pa	id							Chec			
	eparer	·						self-	employed		
	e Only		's name 🕨		·			Firm's EIN			
			's address 🕨					Phone no			
Ма	y the IR	S discus	s this return with the pre	eparer shown above? (s	ee instructions)			🗂	Yes	No
	<u> </u>			e separate instructions		·		<u> </u>		Form 990 /2	

Form 9	90 (2018)	Gopher Rifle & Revolver	41-6051511	Page 2
"Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		. 🗆
1	Briefly o	escribe the organization's mission:		
	To prov	de recreation, education and promotion of markmenship activities to members		
2	the prio	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services		
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.	ocations to others,	
4a	(Code) (Expenses \$ 122,970 including grants of \$) (Revenue	.ie \$)
	The org 450 me	anization provided recreation, education and promotion of markmenship activities to over nbers		
	(01			
4b) (Expenses \$ including grants of \$) (Revent		

4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ле \$)
		· 		
4d	Other pr	ogram services. (Describe in Schedule O.)		
	(Expens		0)	
10	Total pre	gram convice expenses • 122 070		



Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Х 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 6 Х 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. X 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Χ 14a Χ Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b 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

Par	rt IV Checklist of Required Schedules (continued)			
	Oneconist of Negamea Generalies (Generalia)		1	T
~~	Dilde and the second of the se		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		4-	+^
23	organization's current and former officers, directors, trustees, key employees, and highest compensated		Į.	
	employees? If "Yes," complete Schedule J	23	ı I	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	24	a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241	b	Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ar	1	1
	to defease any tax-exempt bonds?	24	c	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.	240	d	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b	L L		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		1	1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			١
	990-EZ? If "Yes," complete Schedule L, Part I	251	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 20	.	
27	disqualified persons? If "Yes," complete Schedule L, Part II	26	'	X
21	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	,	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	· · · · · · - ·		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	55	Frid.	· [
а	A company of the comp	28	a	X
b			\top	
	Schedule L, Part IV	281	b	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member there	eof)	7	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280	<u> </u>	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I	/ <u>29</u>	Ц	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M			<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, Part I 31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
22	If "Yes," complete Schedule N, Part II	32	+	 ×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regular sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		. 1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		`	 ^
-	III, or IV, and Part V, line 1	34	. l	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			TX
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a co		-	 ^`
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		6	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable r			1
	organization? If "Yes," complete Schedule R, Part V, line 2		<u> </u>	
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	Ц_	X
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	i i	X	1
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	• 2	* ** * * *				
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	, -		, ,			
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
	gaming (gambling) winnings to prize winners?		10					

Form 9	990 (2019) Gopher Rifle & Revolver 41-60	<u>51511</u>	F	age 5
Par	t V° Statements Regarding Other IRS Filings and Tax Compliance (continued)			
·			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	.2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		N.S	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
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	 	Ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1	1	١
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	- Carriera	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	200		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ď	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	X
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	1	1	١.
	organization solicit, any contributions that were not tax deductible as charitable contributions?	6a	—	<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ŀ
	gifts were not tax deductible?	6b	1 2551301	025
7	Organizations that may receive deductible contributions under section 170(ć).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		S 22	
	and services provided to the payor?	7a	┼	X
b	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	
24	required to file Form 8282?	7c	200000	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7~~~		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	┼──	X
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	No.	49736
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			3) 4 2
9	sponsoring organization have excess business holdings at any time during the year?	8		EVER C
	Did the sponsoring organization make any taxable distributions under section 4966?		200	1200
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b	<u> </u>	-
10	Section 501(c)(7) organizations. Enter.	344	DHE.	200
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- V.See 3	10	
11	Section 501(c)(12) organizations. Enter:	-		
., .a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	199		
	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	TO COMPANY	20.41
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1100		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		3.3	
16			AND SECTION	
.0	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	1	133,743	2000

Form	990 (2018)	Gopher Rifle & Revolver		41-605	1511	ρ	age 6
_e Pa	rt Vľ	Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	gh 7b below, a	nd for a	a "No	H	
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				tructi	ons.
Sec	tion A.	Governing Body and Management					
4-	- 44		1.		A 1/4-	Yes	No
18		ne number of voting members of the governing body at the end of the tax year	1a	15			
		are material differences in voting rights among members of the governing body, or overning body delegated broad authority to an executive committee or similar		l	1		
		tee, explain in Schedule O.	ĺ	l			
ь		ne number of voting members included in line 1a, above, who are independent	1b	45			
2		r officer, director, trustee, or key employee have a family relationship or a business relations		15	1		
-		er officer, director, trustee, or key employee?	anip with	l	2	icki.	X
3		organization delegate control over management duties customarily performed by or under	the direct	• •	4		 ^-
•		sion of officers, directors, or trustees, or key employees to a management company or other			3		×
4		organization make any significant changes to its governing documents since the prior Form 990 w			4		x
5		organization become aware during the year of a significant diversion of the organization's			5		Î
6		organization have members or stockholders?	1000101	• •	6	X	 ^- -
7a		organization have members, stockholders, or other persons who had the power to elect or	annoint				_
		more members of the governing body?			7a	х	ł
b		governance decisions of the organization reserved to (or subject to approval by) members		` '			
		ilders, or persons other than the governing body?			7b	Х	
8		organization contemporaneously document the meetings held or written actions undertake	n durina	·	er er	P. A.	643
		r by the following.		ļ			4
a	The go	verning body?			8a	X	
b	Each co	ommittee with authority to act on behalf of the governing body?			8b	Х	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r					
		rganization's mailing address? If "Yes," provide the names and addresses in Schedule O.			9		<u> x</u>
Sect	ion B. I	Policies (This Section B requests information about policies not required by the	<u>Internal Reve</u>	nue C	ode.)	
	5:			r		Yes	No
10a		organization have local chapters, branches, or affiliates?			10a		X
b		did the organization have written policies and procedures governing the activities of such					
44-		s, and branches to ensure their operations are consistent with the organization's exempt pu		· ·	10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body before its School and the complete copy of this Form 990 to all members of its governing body before its School and the complete copy of this Form 990 to all members of its governing body before its School and the copy of the copy of this Form 990 to all members of its governing body before its school and the copy of this Form 990 to all members of its governing body before its school and the copy of this Form 990 to all members of its governing body before its school and the copy of this Form 990 to all members of its governing body before its school and the copy of the copy of this Form 990 to all members of its governing body before its school and the copy of	re filing the form		11a	LUNG POT	X
ь 12а		e in Schedule O the process, if any, used by the organization to review this Form 990. organization have a written conflict of interest policy? If "No," go to line 13		j	쨃	HI3	
b		icers, directors, or trustees, and key employees required to disclose annually interests that could g	ivo rico to confli	662	12a 12b		X
c	Did the	organization regularly and consistently monitor and enforce compliance with the policy? If '	ive use to comi 'Vec "	LIS!	120		<u> </u>
_		e in Schedule O how this was done	103,		12c	х	
13		organization have a written whistleblower policy?		·	13	^	Х
14		organization have a written document retention and destruction policy?		· I	14	\mathbf{x}	^
15		process for determining compensation of the following persons include a review and appro-		`		VIR	17767
		dent persons, comparability data, and contemporaneous substantiation of the deliberation		l			
а		anization's CEO, Executive Director, or top management official.		[15a	X	*********
b		ficers or key employees of the organization			15b	х	
		to line 15a or 15b, describe the process in Schedule O (see instructions).		Ī	(-e.	1	5.20
16a	Did the	organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	- 1			
		exable entity during the year?		. [16a		X
b		did the organization follow a written policy or procedure requiring the organization to evalu		ſ			207
	participa	ition in joint venture arrangements under applicable federal tax law, and take steps to safeg	juard	ļ	4.00		
		nization's exempt status with respect to such arrangements?			16b	Ì	
		Disclosure Disclosure					
17		states with which a copy of this Form 990 is required to be filed	·				
18		6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,		ction 50)1(c)		
		y) available for public inspection. Indicate how you made these available. Check all that app	~				
10			olain in Schedu				
19		e in Schedule O whether (and if so, how) the organization made its governing documents, o	onflict of intere	st polic	y, and	j	
20		statements available to the public during the tax year. name, address, and telephone number of the person who possesses the organization's b	ooka ood	,			
	Jiake (I)	***			•		
		PO Box 18026, Minneapolis, MN 55418	(763) 257	-3033			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	🔲
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year 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.

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

, (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (ilst any hours for related organizations below dotted			rson			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Derek Green	3.00									
President	0.00	Х		X						
(2) Steve Naumann	3.00									
Vice President	0.00	Х		X						,
(3) Kim Frick	4.00									
Secretary	0.00	Х		Х						
(4) Tom Heinrich	4.00									
Treasurer	0.00	Х		Х						
(5) Rick Loye	1.00									
Range Sefety	0.00	Х								
(6) Andy Mager	1.00									_
Chief Instructor	0.00	Х								
(7) Richard Bipes	1.00									
Director	0.00	X								
(8) Rut McGhee	1.00									
Director	0.00	Х								
(9) Mike Connor	1.00									
Director	0.00	Х								
(10) Kathy Kunze	1.00									
Director	0.00	X								
(11) Dennis Robinson	1.00									
Director	0.00	Х								
(12) Mark Weinhold	1.00									
Director	0.00	Х								
(13) Dave Newell	1.00					Ţ	\neg			
Director	0.00	Х								
(14) Lowell Rogers	1.00						ヿ			
Director	0.00	<u> </u>		l						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Compensation of the		90 (2018) Gopher Rifle & Revolver										51511	P	age 8
Complete this table compensation from the organization Complete this subject of the organization Complete this subject or reduced the organization Complete this subject organization Complete this subject or reduced the organization Complete this subject organization Complete th	ι Pa	rt VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,			ghes	t C	ompensated En	ployees (cont	inued)		
(15) Rick Repovsch 1,00 X			Average hours per	box,	unies er an	Pos eck s pe d a d	ition more erson lirecte	is both	an ee)	Reportable compensation	Reportable compensation		stimate nount d	
(15) Rick Repovsch 1,00 X			hours for related organizations below dotted	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations	org an	ipensal rom (he janizati d relate	e on ed
(17) (18) (19) (20) (21) (22) (23) (25) (25) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29														
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1b Sub-total	(23)													
1b Sub-total .	(24)													
Total from continuation sheets to Part VII, Section A.	(25)													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Tyes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	C	Total from continuation sheets to Part VII, Se	ection A						▶	0		0		0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	2	Total number of individuals (including but not lin			bov	e) v				<u> </u>	·	<u>-1</u>		
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	3	Did the organization list any former officer, dire		•	mpl	oye	e, o	r higl	nes	t compensated		3	Yes	No X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		the organization and related organizations grea									h 	4	· · ·	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												ئنت	1 T	·
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)			es, complete so	neuu	i u J	101	Suc	η ρθί	SUL	· · · · · · · ·	·····	13	1	
	1	Complete this table for your five highest compecompensation from the organization. Report con										tax	,	
			ess								vices			
														0
									-					<u>0</u> 0
														0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization				ed to	tho	se li	isted		ve)	who received	£1.6		P. 7.	<u> </u>

Form 990 (2018)
Part VIII Gopher Rifle & Revolver
Statement of Revenue

		Check if Schedule O contains	a response	or ü	ote to any line ir	this Part VIII.			,
						(A) Total revenue	(B) Related or exempt function revenue	(C) :Unrelated business' ·reveñue	(D) Revenue excluded from tax under sections 512–514
.g g.	1 <u>a</u>	Federated campaigns		1a	<u> </u>				
בים	Ď.	Membership dues		1b	78,261				10 m
ار ا	C	Fundraising:évents	,	1c	0		TAN STATE	Marie Color	
ar A	d	Related organizations		1d	0				
's E	е	Government grants (contribution		1e	0				
PS I	'f	All-other contributions, gifts, gran	its, and	• ;					
혈		similar amounts not included abo		15	Ó				
Contributions, 3lifts, Grants and Other Similar Amounts'	g	Noncash contributions included in li		·S	Ď.				
ပြောင်း	-h	Total: Add lines 1a-1f		•	Teletare resolution	78,261			
ň		tours to moo to the first	 	·-·	Business Code				
July 1	22	Discipline income		:	900099	40,070	40,070		
eve	2a			•	900099				
e e	d,		`			9,678		<u> </u>	
Ž	. с	Miscellaneous		,	900099	1,202			
Ś	a				900099	1,285			<u> </u>
Lau.	ė	Association Renewals			900099	259		<u> </u>	
Program Service Revenive	f'	All other program service revenu			<u> </u>	791	791	ISTRIBUTE RESERVATION SERVENCIA.	47570 CONTRACTOR OF THE PARTY
Φ.	<i>;</i>	Total. Add lines 2a-2f				-53,285			
	3	linvestment income (including div				,			
		other similar amounts)				. 77.			
	4	Income from investment of tax-ex	xempt borid ı	oroc	eeds ► 🥻	0			
	· 5	Royalties		. (-		. 0		,	
			(i) Real		(ii) Personal			100	
	6a	Gross rents`			* *				
	b	Less: rental expenses							
	C,	Rental'income or (loss)		0:	0				
	ď	Net rental income or (loss)				` 0		. ت	
	'7a	Gross amount from sales of	(i) Secuntie	5	(ii) Other	PERMIT			
		assets other than inventory		0	0		A TABLE PART OF THE SE	e romanica do co	1.65
ł	b	Less. čōst ōf other basis	ĺ			comparation of intervious			
		and sales expenses		O	. <u>.</u> Ω				26.00 M
- 1	č	Gain or (loss)		0	0				
ģ	·d	Net gain or (loss)			, >	O,	i wasananatanana mananana		»
1									
9	8a	Gross income from fundralsing							
enne	,	events (not including \$	0	3					
ě	•	of contributions reported on line]					
2		See Part IV, line 18	-	a	0				
Other Rev	ь	Less: direct expenses		ĥ	, , , , , , , , , , , , , , , , , , , ,				
Θ	· ·C	Net income or (loss) from fundrai		- (0			THE RESERVE THE PROPERTY.
	93	Gross income from gaming activi	•	اً، `	5 1 1 1 1 1 1 1 1 1 1			Contract the second	DIVINEDAN PRESADE
i	76	See Part IV, line 19		a	, o		27.277.5		
	b	Less: direct expenses		a L	. 0	10.00			
Ì		•		u	U → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 →				iranganan dari da
	°C	Net income or (loss) from gaming	activities .	٠ ،	· · · · · · · · · · · · · · · · · · ·	4 FORTH TO SERVICE STREET, OF	ARABITA MARKININA MARKATA	PRINTER CORPLETED FOR	MILESCHARGE PARTIES AND THE PARTIES
- 1	10a	Gross sales of inventory, less			، احد				
'		rctums and allowances / a a a	· · / · ·		<u> </u>				
Ì	þ	Less cost of goods sold		bί	:0				
ļ	C	Net income or (loss) from sales o	t inventory.		<u> ▶</u>	O Contract to the contract to	Particular designation	MONTH STATE STATE OF THE STATE	THIS INCHES AND THE PARTY OF TH
- 1	<u> </u>	Miścellaneous Rovenüe			Dusiness Code				
	-	Miscellaneous and reimbursemen		Į		0			
	b	, <u> </u>		ļ		0			
l	Ĉ			ļ		, <u> </u>			·
l	ď	All other revenue		l		·0	an or the state of the contract of the contrac	And a contract that appropriate the said or decade in the	
ļ	е	Total. Add lines 11a-11d.	h,		> `	,0			
	40	T-4-1 O (No.	1404.000		_	_

Form 990 (2018) Gopher Rifle & Revolver Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note	1	(B)	(c)	· · · · · L	
Do 8b,	not include amounts reported on lines 66, 76, 96, and 10b of Part VIII.	(A) Total expensés	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations	i L			CATALOG C	8
	domestic governments. See Part IV, line 21	7,00	700			
2	Grants and other assistance to domestic			7012794315		Ö
	individuals. See Part IV, line 22	0				14
3	Grants and other assistance to foreign	,			F147 200 4 8	Į.
	organizations, foreign governments, and foreign		ļ.			1
	individuals. See Part IV, lines 15 and 16	L 0				
4	Benefits paid to or for members	0			22 10 PM	h
5	Compensation of current officers, directors,					_
	trustees, and key employees ,	<u></u>) 	C)	
6	Compensation not included above, to disqualified					_
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	ĺ	:			
7	Other salaries and wages	0				_
8	Pension plan accruals and contributions (include					_
	section 401(k) and 403(b) employer contributions)			Ì		
9.	Other employee benefits	10		<u> </u>	<u> </u>	_
10	Payroll taxes	0		1		_
11	Fees for services (non-employees):		:			_
a	Management'	1,800	1:800	<u> </u>		
b	Legal	10	1	1		<u> </u>
Ĉ	Aččoûňting	.0				
ď	Lobbying	0	,			_
e	Professional fundraising services: See Part IV, line 17	0	MARK STATES	POWER STREET		
f	Investment management fees	0		THE STATE STATE OF THE STATE OF		
ġ.	Other. (If line 11g amount exceeds 10% of line 25, column					_
,	(A) amount, list line 11g expenses on Schedule (O.)	,0	1	0		
12	Advertising and promotion	. 135	135			_
13	Office expenses	12,628			A-1	_
14	Ínformátion/technology	734			-	_
15	Royalties	0				_
16	Occupancy	0			-	_
17	Trăvel	0				_
18	Payments of travel or entertainment expenses					_
	for any federal, state, or local public officials	,. o	'			
19	Conferences, conventions, and meetings.	0	,			_
20	interest	0		******	·	-
21	Payments to affiliates	0				-
22	Depreciation, depletion, and amortization	0	0	0		0
23	Insurance	5,722	5,722	3, 2, 3	· · · · · · · · · · · · · · · · · · ·	Ť
24	Other expenses. Itemize expenses not covered		UK STANTESTED	PURSUA ROMAN	1270E	v
	above (List miscellaneous expenses in line 24e. If					7. 31.
	line 24e amount exceeds 10% of line 25, column					W
•	(A) amount, list line 24e expenses on Schodulo (O.)					
ã	Schedule Attached	101,251	101,251	CHEMICANNESS AND CONTRACT ASSESSED AND	EN MARCHEN ON ON THE SECOND SECON	-
b	~	. 0				_
(C	/	0				_
d	/	, <u> </u>		1. 1. 1.	*****	
	All other expenses	0				
25	Total functional expenses. Add lines 1 through 24e	122,970	122,970	0		0
26	Joint costs: Complete this line only if the	.22,070	122,570			
	organization reported in column (B) joint costs					
	fröm a combined educational campaign and					
	fundraising solicitation. Check here			,		
	following SOP 98-2 (ASC 958-720)					

Total liabilities and net assets/fund balances

。Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (B) (A) Beginning of year End of year 81,606 76,237 1 2 2 214,456 215,416 0 3 Accounts receivable, networks and a contraction of the contraction of 4 0 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 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 0 6 0 7 ol 8 9 ol Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 63 744 b Less accumulated depreciation 10b 63,744 73:407 11 Investments—publicly traded securities. 0 11 0 Investments-other securities. See Part IV, line 11 12 ol 12 0 13 Investments—program-related. See Part IV, line 11....... ol 13 0 14 0 14 0 15 Other assets, See Part IV, line 11. 1,709 15 5,880 16 Total assets. Add lines 1 through 15 (must equal line 34) 356,146 16 376,309 17 330 17 296 18 18 0 19 19 0 20 20 ol 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule .L. 0 22 23 Secured mortgages and notes payable to unrelated third parties ١O 23 0 24 Unsecured notes and loans payable to unrelated third parties..... 0 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 50,882 25 62,426 26 Total liabilities. Add lines 17 through 25. 51.212 62,722 Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 27 304:934 27 313,587 Temporarily restricted net assets, 28 ol 28 Fund 29 0 29 Organizations that do not follow SFAS 117 (ASC958), check here Net Assets or complete lines 30 through:34. 30 30 ٥ 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 32 Retained earnings, endowment, accumulated income, or other funds. . . . 0 32 33 304,934 33 **313**;587

376:309

356.146

34

Part XI Reconcilia					<u>2</u>
1 1000 I Cilia	ion of Net Assets				_
Check if Sc	nedule O contains a response or note to any line in this Part XI			X	
1 Total revenue (must	equal Part VIII, column (A), line 12)	1		131,62	3
2 Total expenses (mu	st equal Part IX, column (A), line 25)	2		122,97	<u>o</u>
3 Revenue less exper	ses. Subtract line 2 from line 1	3		8,65	3
4 Net assets or fund b	alances at beginning of year (must equal Part X, line 33, column (A))	4		304,93	4
5 Net unrealized gains	G (losses) on investments	5			
6 Donated services ar	nd use of facilities	6			_
	S	7			_
	ents	8			_
	t assets or fund balances (explain in Schedule O)	9			
	alances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10		313,58	<u>7</u>
	tatements and Reporting			 1	
Check if Sci	nedule O contains a response or note to any line in this Part XII	<u> </u>		<u>. </u>	_
	used to prepare the Form 990: Cash Accrual X Other Hybroanged its method of accounting from a prior year or checked "Other," explain in	ıd		Yes No	
	on's financial statements compiled or reviewed by an independent accountant?		2a	x	كبيم
-	below to indicate whether the financial statements for the year were compiled or		, 62!	1]
	ate basis, consolidated basis, or both:			2 10	;
Separate basis	Consolidated basis Both consolidated and separate basis		F . F	"ેથી .	4
 '	on's financial statements audited by an independent accountant?		2b		
	below to indicate whether the financial statements for the year were audited on a		3/4	7.7 1	٦
	solidated basis, or both:		1 73	4	
Separate basis	Consolidated basis Both consolidated and separate basis		1		.
•	—		1	;	. [
	2b, does the organization have a committee that assumes responsibility for oversight of		2c	_= c\\	_1
	compilation of its financial statements and selection of an independent accountant? nanged either its oversight process or selection process during the tax year, explain in			: 	7
Schedule O.	langed either its oversight process of selection process during the tax year, explain in		-	~b	1
	ral award, was the organization required to undergo an audit or audits as set forth in				اب
	and OMB Circular A-133?		3a	x	
-	nization undergo the required audit or audits? If the organization did not undergo the		 "	 ^	_
_	lits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	- 1	
. (-			-	90 (2018	3)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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 2018

Open to Public Inspection

Name of the organization Employer identification number Gopher Rifle & Revolver Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) . . 2 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X.

Sched	ule D (Form 990) 2018 Gopher Rifle & Revolu	ver					41-605	1511		Page 2
Part	III Organizations Maintaining Co	llections of A	rt, Histo	rical Tre	asures, or	Othe	r Similar Asse	s (cont	inued))
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).									
а	Public exhibition		a [Loan or	exchange p	rogram	S			
b	Scholarly research		e F	Other						
c	Preservation for future generations		٠ ـ							
4	Provide a description of the organization's	s collections and	explain l	now they fo	urther the org	janizatı	on's exempt purp	ose in P	art	
5	During the year, did the organization solid	XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
	assets to be sold to raise funds rather that		ed as pa	rt of the of	ganization's	conecti	on?	<u> </u>	es	No
Part	t IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?				<i></i> .			Y	es _] No
b	If "Yes," explain the arrangement in Part 2	XIII and complete	e the follo	wing table):		<u> </u>			
						<u> </u>		Amount		
C	Beginning balance						<u>c </u>			0
d e	Additions during the year						d e			
f	Ending balance						e			0
2a	Did the organization include an amount o							П	es X	
b	If "Yes," explain the arrangement in Part 3			•			•		-	ן אט ר
Part		Alli. Check helb	ii tite exp	nanation n	as been prov	idea oi	Trait Aili	• • •	· L	<u> </u>
rail	Complete if the organization ans	swered "Ves" o	n Form	000 Part	- IV line 10					
	Complete ii the organization ans	(a) Current year		lor year	(c) Two years		(d) Three years bac	k (e) F	our years	s hack
1a	Beginning of year balance	0		0	(e) two yours	0	(a) Three years but	0	our your.	0
b	Contributions			<u>-</u>				-		<u>_</u>
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0	<u></u>	0		0		0		0
2	Provide the estimated percentage of the o	current year end	balance ((line 1g, co	lumn (a)) he	ld as				
a	Board designated or quasi-endowment	•	<u>%</u>							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	%								
3a	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the pos	-			الممال مسل مط		and for the			
Ja	organization by.	ssession or the o	rganizali	on mat are	neia ana aa	ministe	rea for the		Yes	No
	(i) unrelated organizations							3a(i)	res	NO
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(II), are the related organ							3b		
4	Describe in Part XIII the intended uses of									L
Part										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or ot			or other basis) Accumulated		ook valu	e
		(investm	ent)	(0	other)		depreciation			
1a	Land		0		42,600	•			4	2,600
	Buildings		0	 	0		0			0
	Leasehold improvements		0		0		0			0
	Equipment		0		21,144		0		3	0,807
	Other		0		0 2) //no 100 l	L	0			0

S	.			
Schedule D (Fo	Copher Time a mercirer			41-6051511 Page 3
Part VII	Investments—Other Securities.	1 113 4 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
	derivatives 🚈	O .		
(2) Closely-h	neld equity interests	C		
(A)				
(B)				
(C)				
(D) (E)				
(F)	***************************************	<u> </u>		
, (G)				·
(H)				
Total. (Column	(b) must equal/Romi 990, Part X, col (B) line 12)	0	Haran Market Company	
	Investments—Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11c. See Form	990, Part X, line 13.
	;(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	valuation
(1)				are as
<u>(2)</u>				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				<u>-</u>
(5)				
<u>(6)</u> (7)				
(8)				
_(9)				
	(b) must equal Form 990; Part-X, col (B) line 13)	0		
	Other Assets.		Linear menterstands each 120 avenue 120 aven	PROPERTY OF THE PARTY OF THE PERSON OF THE P
	Complete if the organization answere	d "Yes" on Form 990.	Part IV. line 11d. See Form	990 Part X line 15
		escription	- 0	(b) Boôk value
. (1)			•	
, (2)				1
<u>(3)</u>			~	
(4)				
(5)				
(6)				
(7)		<u> </u>		
(8)		<u> </u>		
	n (b) must equal Form 990, Part X, col. (B) line	o 15.)		
	Other Liabilities.		<u> </u>	0
	Complete if the organization answere	d "Yes":on Form 990	Part IV line 11ë or 11f. Séé	Form 990 Part X
	ine 25.		. 4.(10, 11, 10 01 1, 11, 000	rommood, ratex,
1	(a) Description of liability,	(b) Book value		
(1) Federal i	ncome taxes	0		
(2) Prepaid		59,506		
(3) Sales ta		2,920		
(4) Palma B				
	Campground			
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)	× 25			
(9)	(b) must sound form 000 Dad V and (D) to a not be	00.400		
TOTAL (COLUMN)	(b) must equal Form 990, Part X, col. (B) line 25) ▶	62,426		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	uie D (Form 990) 2018 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	<u> </u>	
a	Net unrealized gains (losses) on investments	· `	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	<u> </u>	_
е 3	Add lines 2a through 2d	. <u>2e</u>	0
4	Subtract line 2e from line 1	. 3	0
a		-	
b	Other (Describe in Part XIII.)		
	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			<u>_</u>
يبحد	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ci itetuiii.	
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	7 7	
a	Donated services and use of facilities	1	
b	Prior year adjustments		
C	Other losses		
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 IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	```\	
b	Other (Describe in Part XIII.)		
	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
	XIII Supplemental Information.	5	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		K, line
- , , a	to, interest and to, and that An, interest and to. Also complete this part to provide any additional lind	mation.	

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

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

Employer Identification number

Gopher Rifle & Revolver	41-6051511
Form 990, Part XI, Line 11b: The organization's 990 is reviewed by the Treasurer and the	
President before filing	