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. 10 100 Open to Public

		artment of nal Reveni	the Treasury ue Service	► Go to	www.irs.gov/Fo	rm990 for i	nstructions a	and the la	atest,	Information.	141.0	Inspection	
	Α	For the	2019 ca	lendar year, or tax ye	ar beginning			, ,	and e	nding	•		
	В	Check if a	applicable.	C Name of organization	-Gopher Rifle	& Revolver				D Emp	loyer ident	tification number	
		Address (hange	Doing business as									
	\Box	Name ch	ange	Number and street (or	PO. box if mail is no	t delivered to	street address)	Rooms	suite	41-605			
	Ξ	Initial retu		P.O Box 18023 City or town		 .	State	ZIP cod		E leiel	hone numb	per	
	=			Minneapolis			MŇ	55418		651-46	2-4722		
	L	Final return	/terminated	Foreign country name	Foreign	province/stat		Foreign		code			
		Amended	rétum				<u>, </u>				s receipts \$	156	3,446
	\Box	Applicatio	n pending	F Name and address of	principal officer:				1	H(a) is this a group i	etum for subc	ordinates? Yes X	No.
		,,		Richard Williams PC	D Box 18023. Mi	nneapolis.	MN 55418	· 4	X	H(b) Are all subor		= =	No
		Tay ayan	npt status.	501(c)(3) X 50		(insert no)	4947(a)(()	527			e instruction's)	
			» N/A		(i) (/ /	(misent no)	4347(a)(1) or <u>D</u>	321		•		
					1		1		<u>_</u>	H(c) Group exem			
			organization		Trust Associ	ation (Other >		L Yea	r of formation: 1	946 M	State of legal domicile	MN
	. P	art I		mmary		· · · · · · · · · · · · · · · · · · ·							
		1	-	lescribe the organizat	-	-	ficant activiti	ės:	To pr	ovide recreation	n, educa	tion and	
	Ĕ		promotio	on of markmenship a	ctivities to memb	pers		·					
	Activities & Governance	}		·								-	
	Š	2		his box ▶ 🔲 if the								net assets.	
	() at	3		of voting members of							3	 	15
	Se	4		of independent votin							4	 	15
	=	5		mber of individuals e							5	 	0
-	ŧ	7-		mber of volunteers (e related business reve							6 7a	 	
2021	~	7a b		elated business taxab							7b		0
		 	Net dine	nateu business taxac	ne income nom	-00m	i, iiie 33 . .		-	Prior Ye		Current Year	
0 8		8	Contribu	itions and grants (Pa	rt VIII. line 1h)						78,261		,899
	ž	9		service revenue (Pa			-		. 1		53,285	·+···	0,118
JUN	Revenue		-	ent income (Part VIII,	•			·	· .		77		,429
	-			venue (Part VIII, colu				e)			0		0
Ю		12		enue—add lines 8 thro							131,623	156	,446
SCANNED				ind similar amounts p					$\overline{\cdot}$		700		500
Z		14		paid to or for member				:	.]	 	0)	0
8	8	15		other compensation, e				es 5–10) .	. ,		0		0
S	Expenses			onal fundraising fees						A LE TOPON SEE BANK SEE	0		0
	×			draising expenses (F					. <u></u> 0]			MARKET AND	
	753			rpenses (Part IX, coli				- 05)	.]		122,270		,244
		18 19	Povenue	penses. Add lines 13- less expenses. Sub	-17 (must equal	Panty	POWER	F 25)	·		122,970		744
	F 8	13	Revenue	iess expenses. Sub	CO	111110-12.		~끊	•	Beginning of Cu	8,653	End of Year	2,702
	Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		AUG	9 5 .2020		ŀ	Degining of oc	369,835	· · · · · · · · · · · · · · · · · · ·	,205
	ABS	21		pilities (Part X, line 26	1				· ·		62,722	·	,390
	žž.	22.		ets or fund balances.		from line 2	10EN 14T				307,113		,815
		rt II		nature Block	· (L						·		
	Unde	r penaltie		, I declare that I have exam								ge	
	and b	oeliel, it ıs	true, correc	ct, and complete. Declarate	on of preparer (other	than officer) is	s based on all inf	ormation o	f which	preparer has any i	nowledge		
	Sig	n		om	7	-K	 					1-30-20	2_
	Her			Signaturé of officer	Tom H	0.41.	1. /	1 _ 4 ·	10	easure:	ate [.]		
			 	Trans as a sint assess and 401		CINKIC	/-	tssE_	11:	easove:	<u> </u>		
				Type or print name and title Type preparer's name	ė	Preparer's si	nnature			Date	1	PTIN	
	Paid	d	1	Me highwish a triving		i reparer o o	31,01210			Date	Check		
		parer	<u> </u>				· · · · · ·			1	self-em	ployed	
		Only	Firm	s name						Firm's Ell	V		
			1	s address 🕨						Phone no	-		
	Mav	the IR	S discuss	s this return with the	preparer shown	above? (se	e instruction	ıs)				Yes	No
				iction Act Notice, see								Form 990 (
		. upciW	~:~ !\@UL	******* WOT 1405100' 306	, wie sevalaus (ii	gg 4040113.						1 01111 0 00 (4	

For Paperwork Reduction Act Notice, see the separate instructions.

rom	990 (2019)	Gopher Rifle & Revolver	41-6051511	Pagé Z
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 d	escribe the organization's mission.		
	To provi	de recreation, education and promotion of markmenship activities to members		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?describe these new services on Schedule O.	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	expense	the organization's program service accomplishments for each of its three largest program services, s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow expenses, and revenue, if any, for each program service reported.	as measured by cations to others,	1
4a	The orga) (Expenses \$ including grants of \$ 123,744) (Revenue inization provided recreation, education and promotion of markmenship activities to over		
	450 mer	nbers		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	,-,			
				·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
				· -
	,,			
			· 	
		·		
4d	Other pro	gram services (Describe on Schedule O.)		
	(Expense	· · · · · · · · · · · · · · · · · · ·	0)	
4e	Total prog	ram service expenses 0		

41-6051511

Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to. 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 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 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII. X 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. . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X. 11f 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

Pa	rt IV Checklist of Required Schedules (continued)	01011	<u>'</u>	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, keý employees, and highest compensated	1		
	employees? If "Yes;" complete Schedule J	23		x_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	Х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1	l	1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		ĺ	1
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	ALWAY DAG	2	W J: Ages
	If"Yes, " complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ,
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedulé M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b.	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		i I
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	.	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	Statements Regarding Other IRS Filings and Tax Compliance		:`	
	Check if Schedule O contains a response or note to any line in this Part V			\neg
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1437.15	103 13, 7%	-10 -127
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	けなてき		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	\$ + 15 × 2	dilame is
	g, and any to price minister.		990 (2010
		. 0.111	(~~ (J)

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)	31311		raye C
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	100 mg/200	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did'the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		1	1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	To Atd	X
b	If "Yes," enter the name of the foreign country			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		建設的	1820
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	├	X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X.
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	├—	
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6.5	ł	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	 	X.
-	gifts were not tax deductible?	6ь		l
7	Organizations that may receive deductible contributions under section 170(c).	58.00°	100	342344
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	逆流差	CALEN.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.2		
	required to file Form 8282?	7c		}
đ	If "Yes," indicate the number of Forms 8282 filed during the year		98	4.3
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	*******	Se aviaco
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
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	劉潔		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	数建		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	SHEWWAY.	.umzeni
а	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1 76.327 (0.14)		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] 37,559 Section 501(c)(12) organizations. Enter			78.7
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	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	CONT.	MENTAL
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1384		******
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	38. 32.0	AWINSIN.
	Note: See the instructions for additional information the organization must report on Schedule O.			期間
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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		Х
	If "Yes," see instructions and file Form 4720, Schedule N		974	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	******	⊊nαne. X
	If "Yes," complete Form 4720, Schedule Q		200	
		-21-4626-61	ACCUS.	er, meliti

6 ·X

Form 990 (2019) Gopher Rifle & Revolver Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 ĥ

Did the organization have members, stockholders, or other persons who had the power to elect or appoint

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during

Each committee with authority to act on behalf of the governing body?

List the states with which a copy of this Form 990 is required to be filed ▶

Another's website

PO Box 18026, Minneapolis, MN 55418

and financial statements available to the public during the tax year.

the year by the following: a The governing body? . . .

Own website

19

20

Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	野鄉		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C'	Se remaining the remaining the remaining the remaining from the bound.			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by	数数		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	ŀ
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		20	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records

X Upon request

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Other (explain on Schedule O)

Form 990 (2019)	Gopher Rifle & Revolver	41-6051511	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	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. See instructions for the order in which to list the persons above.

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 (ilst any hours for related organizations below dotted line)	box,	unle: ér an	Pos heck ss.pe	rson	m by the Highest compensated in the employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated emount of other compensation from the organization and related organizations
(1) Steve Naumann	3.00									
President	0.00	Х		Х						
(2) Eric Shetney	3.00									
Vice President	0.00	Х		X						
(3) Kım Frick	4.00		Π							
Secretary	0.00	X-		X ⁻						
(4) Tom Heinrich	4.00									
Treasurer	0.00	X		Х						
(5) Rick Loye	1.00									
Range Sefety	0.00	X		,						
(6) Andy Mager	1.00									
Chief Instructor	0.00	Х								
(7) Mike Tveit	1.00	_								
Director	0.00	Х		Ĺ.,						
(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	Х								
(11) Steve Petschel	1 00									
Director	0.00	Х								
(12) Andy Carlson	1.00					-				
Director	0.00	Х								
(13) Derek Green	1.00									
Director	0.00	Х								
(14) David Newell	1.00									
Director	0.00	X		ليا						

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

0

Form 990 (2019) Statement of Revenue

		Check if Schédule O contains a r	esponse or	note to any line i	in this Part VIII			🔲
	,		- 1		(A) Total revenue	(B) Related or exempt function revenue.	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
B g	1a	Federated campaigns	1a	C		With the	X 1444 (144)	
an	b	Membership dues	1b	80,899			ar Corra Distre	
Contributions, Gifts; Grants and Other Similar Amounts	C	Fundraising events	1c	C	7			
\$ 4	d	Related organizations		C				
<u>ত</u> 🖺	e	Government grants (contributions) .		7.0				
SE SE	f	All other contributions, gifts, grants,						
왕		similar amounts not included above						
듚	g	Na a a second	· ·	<u> </u>	4			
d d	"	lines 1a-1f	. 1g					
ပြည်	h		. [19	<u> </u>	80,899			
	 "	Touri Not mics (a-1)	````	Business Code	60,099	AND CONTRACTOR OF THE PERSON O		
ø,	2a	Discipline income		900099	55,831	55,831	Programme and the second states	
Program Service Revenue	١.	lucios enetion coffic		900099	6,369	6,369		
gram Sen Revenué	C	Miscellaneous		900099				
ΕĒ	d	Randuet			3,200		* 	
83	٦	Association Renewals		900099	1,179	1,179		
5	2			900099	318	318		
屲	'	All other program service revenue		<u> </u>	3,221	3,221	Harting and the state of the st	Mary 2 of the second and the second of the second of
	3	Total. Add lines 2a-2f			70,118	45.44 E.44 E.45 E.45 E.45 E.45 E.45 E.45		And the second
	,	Investment income (including divider		•				
					5,429	5,429		
	4	Income from investment of tax-exem	bt poug bid	iceeds >	0			
	5	Royalties	(2) E2+I	· · · · · · · · · · · · · · · · · · ·	O CARONINAL AS LANGUAGE ASSAULT	TATE OF THE PARTY	Charles Torrestala, rel 12000	- Park William Brown Brown A. Van Janes
	0-		(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	C	Rental income or (loss) 6c	0	. 0				
	d	Net rental income or (loss)			0			
	7a	1 11 1 1111) Securities	(il) Other				
		sales of assets						
_	_	other than inventory . 7a	0	0				
ž	b	Less: cost or other basis						
ě		and sales expenses	0	0				
8	C	Gain or (loss)	0	0			title Shriver	
her Revenue	d	Net gain or (loss)		<u></u>	0			
ᅙ	8a	Gross income from fundraising						
~		events (not including \$	0					
		of contributions reported on line 1c).						
		See Part IV, line 18		0				
ı	Þ	Less: direct expenses	8b	0				
- 1	C	Net income or (loss) from fundraising		<u> "</u> . ▶	0			
i	9a	Gross income from gaming activities.						
- 1		See Part IV, line 19	. 9a	. 0				
- 1	b	Less ^r direct expenses	. <u>9b</u>	0				
- }		Net income or (loss) from gaming acti	ivities	<u></u> ▶	0			
1	10a	Gross sales of Inventory, less						
- 1		returns and allowances	. 10a	0				
	þ	Less: cost of goods sold	10b	0				
	,C	Net income or (loss) from sales of inv	entory	>	0			
9			1	Business Code	Et Eller et al		學是是這種	THE THE STATE OF T
2 9	11a	Miscellaneous and reimbursements			0		1	
	b				0			
Revenue	C				0			
	d	All other-revenue	[. 0			
		Total. Add lines 11a-11d			0	产制作2015年	数分为。	13% 13% 18% 不是
	12	Total revenue. See instructions.	,	_	156 446	75.547	0	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must come

13 Office expenses	Sect	Check if Schedule O contains a response or note			опрев сошти (A	/:
2 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16: 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16: 4 Benefits pad to or for members 9: 5 Compensation of current officers, directors, trustees, and key employees 6: 6 Compensation individuals of the seed of the s				Program service expenses	Management and general expenses	Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16: 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16: 4 Benefits pad to or for members 9: 5 Compensation of current officers, directors, trustees, and key employees 6: 6 Compensation individuals of the seed of the s	1	_				G PANTAGE .
3 Grants and other assistance to forsign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits part to or for members Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation individual above to disqualified persons (as defined under section 4958(c)(3)(B). O the salanes and wages. O Compensation individual and contributions (include section 4958(c)(3)(B). O Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). O Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). O Payroll taxes. O D Services (nonemployees): a Management. D Legal. C Accounting. I Lobbyring. Portissional fundraising services. See Part IV, line 17. Investment management fees. 1,399 1			500	500	A STATE OF THE SA	ALCALINE I
3 Grants and other assistance to forsign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits part to or for members Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation individual above to disqualified persons (as defined under section 4958(c)(3)(B). O the salanes and wages. O Compensation individual and contributions (include section 4958(c)(3)(B). O Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). O Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). O Payroll taxes. O D Services (nonemployees): a Management. D Legal. C Accounting. I Lobbyring. Portissional fundraising services. See Part IV, line 17. Investment management fees. 1,399 1	2		}	j	Design Street	William St. St.
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Benefits paid to or for members 0 0 0 0	3					R. Same
Benefits paid to or for members 0 0 0 0			{			To grant and the same of the same
Benefits paid to or for members 0 0 0 0			0		Lacino Fil De astroli	The same of the sa
tustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8). Other salaries and wages Pension plan accruals and contributions (include section 401k) and 403(b) employer contributions Other employee benefits Other employees Ot	4		0	ļ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	"我知识"。 流程,所
6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(8). 7 Other salaries and wages. 9 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions). 10 Payroll taxes. 10 Payroll taxes. 10 Payroll taxes. 2 142 2.142 1 Legal. Accounting. 1 Lobbying. 1 Avoid in 19 payroll services. See Part IV, line 17. 1 Investment management fees. 1 1,399 1.399 9 Other (fill in 19 gamount exceeds 10% of line 25, column (A) amount, list line 19 expenses on Schedule O.) 13 Office expenses. 1475 475 15 Information technology. 1 1,219 1,219 1 1,219 1,219 1 1,719 1,719 1 Travel. 1 Payments of travel or entertainment expenses for any federal, state, or local public officials. 1 Payments to affiliates. 1 Depreciation, depletion, and amortization. 1 Depreciation, depletion, and amortization. 2 Depreciation, depletion, and amortization. 3 Schedule Attached. 4 All other expenses. 4 All other expenses. 4 All other expenses. 5 Other full cartes. 5 O O O O O O O O O O O O O O O O O O	5					
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7 Other salanes and wages 0					j	
Pension plan accusals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 0 0 0 0 0		persons described in section 4958(c)(3)(B)	0			İ
section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 1 Fees for services (nonemployees): a Management b Legal C Accounting O	7	Other salaries and wages	0			
9 Other employee benefits 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8	Pension plan accruals and contributions (include				
9 Other employee benefits 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		section 401(k) and 403(b) employer contributions).	0			
10 Payroll (axes. 0 0 1 1 1 1 1 1 1 1 1	9	Other employee benefits	0			
a Management. b Legal. c Accounting. d Lobbyring. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Oliher, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion. 186. 1399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,21	10	Payroll taxes	0			
a Management. b Legal. c Accounting. d Lobbyring. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Oliher, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion. 186. 1399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,399 1,21	11	Fees for services (nonemployees):				
b Legal	а		2,142	2,142	ļ	
d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion. 13 Office expenses. 14 Information technology. 15 Royalties. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3 Schedule Attached 4 Interest. 5 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses on combined educational campaign and fundraising solicitation. Check here (□) if	b		0			
Professional fundraising services. See Part IV, line 17 f Investment management fees	C	Accounting	0			
Professional fundraising services. See Part IV, line 17 f Investment management fees	d	Lobbying	0			
g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion	е		0	E LONG TO THE LONG TO THE PARTY OF THE PARTY	HINLE ALM	
(A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Depreciation, depletion, and amortization 10 Insurance 11 Insurance 12 Depreciation, depletion, and amortization 13 Insurance 14	f	Investment management fees	1,399	1,399		
(A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Depreciation, depletion, and amortization 10 Insurance 11 Insurance 12 Depreciation, depletion, and amortization 13 Insurance 14	g					
Advertising and promotion	_		0		o	
13 Office expenses	12		185	185		
Information technology 1,219 1	13	Office expenses				
Royalties 0 0 Cocupancy 0 0 1 17 Travel 0 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14		1,219	1,219		
Occupancy Travel Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Schedule Attached Schedule Attached Insurance I	15					
Travel. Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings. Interest. 0 Payments to affillates. 0 Depreciation, depletion, and amortization. 0 Insurance. 4,240 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Schedule Attached 113,584 Depreciation, depletion, and amortization. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16		0			
Payments of travel or entertainment expenses for any federal, state, or local public officials . Conferences, conventions, and meetings . 0	17		0			
for any federal, state, or local public officials	18					
19 Conferences, conventions, and meetings 0 Interest 0 Depreciation, depletion, and amortization 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0			
Payments to affiliates 0 Depreciation, depletion, and amortization 0 Depreciation, depletion, and depletion of 0 Depreciation, depletion, and depletion, depletion of 0 Depreciation, depletion, depletion, depletion of 0 Depreciation depletion, depletion of 0 Depreciation depletion of 0 Depreciation depletion of 0 Depreciation depletion of 0 Depreciation depletion depletion of 0 Depreciation depletion depletion of 0 Depreciation depletion depletion depletion of 0 Depreciation depletion deple	19	· · · · · · · · · · · · · · · · · · ·				
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Depreciation, depletion, and amortization 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21					
Insurance 4,240 4,240 4,240 24 4,240 24 4,240 24 4,240 24 4,240 24 4,240 24 4,240 24 4,240 25 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 26 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 27 28 4,240 28 28 4,240 28 28 28 28 28 28 28 2	22	•	0	0	0	0
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Schedule Attached 113,584	23		4.240			
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Schedule Attached 113,584 113,	24		"文化"的第一次 · 1000	14.13. SEPTEMBER (A) 14	FYREZZE SISK.	Mary State of the
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Schedule Attached		· · · · · · · · · · · · · · · · · · ·				
(A) amount, list line 24e expenses on Schedule O.) a Schedule Attached b			Section of the second		A. Ministry	
a Schedule Attached b						
b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	а	Cabadula Attached	113.584	113.584		
c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
d 0 0 e All other expenses 0 123,744 123,744 0 0 0 25 Total functional expenses. Add lines 1 through 24e . 123,744 123,744 0 0 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						
e All other expenses 75 Total functional expenses. Add lines 1 through 24e	_					
25 Total functional expenses. Add lines 1 through 24e		All other expenses				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			-	123 744	n	0
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	26		1	120,7		
from a combined educational campaign and fundraising solicitation. Check here if			}			
fundraising solicitation. Check here ▶ ☐ if		- · · · · · · · · · · · · · · · · · · ·]			
]			

Part X Balance Sheet

		Check if Schedule O contains a response of note to any line in this Part	<u>X</u>		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	75,192	1	74,905
	2	Savings and temporary cash investments	215,356	2	240,895
	3	Pledges and grants receivable, net	Ó	3	0
	4	Accounts receivable, net	0	4	2,528
	5	Loans and other receivables from any current or former officer, director,		200	75. PROVINCE TO SERVE
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	l	controlled entity or family member of any of these persons	0	5.	
	6	Loans and other receivables from other disqualified persons (as defined		型数	
rn.		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0		
Assets	7	Notes and loans receivable, net	0	7	0
ğ	8	Inventories for sale or use	0		
•	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
=		other basis. Complete Part VI of Schedule D 10a 75,30	THE REPORT OF THE PROPERTY OF		
	þ	· .	0 73,407		75,308
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11.	0		0,
	13	Investments—program-related. See Part IV, line 11			0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	·		9,569
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	369,835		. 403,205
	18	Accounts payable and accrued expenses	296	 	295
	19	Grants payable	0		·
	20	Tax-exempt bond liabilities	0		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		
ø	22	Loans and other payables to any current or former officer, director,		33.03.3	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
졅		controlled entity or family member of any of these persons	O CONTRACTOR OF THE PROPERTY O	22	Handard of Arthur Brazellinian
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	_	0
- 1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete			
Ì		Part X of Schedule D	62,426	25	63,095
	26	Total liabilities. Add lines 17 through 25	62,722		63,390
Se		Organizations that follow FASB ASC 958, check here ► X			
힏		and complete lines 27, 28, 32, and 33.			
e e	2 7	Net assets without donor restrictions	307,113	27	339,815
<u>m</u>	28	Net assets with donor restrictions	0	28	
Ĕ		Organizations that do not follow FASB ASC 958, check here		新	
<u>.</u>		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	· 0	29	
g	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
8	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
ᇹᆝ	32	Total net assets or fund balances	307,113		339,815
_	33	Total liabilities and net assets/fund balances	369,835	33	403,205

Form 9	990 (2019) Gopher Rifle & Revolver	41-6051511	Page 12
Pari	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	156,446
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,744
3	Revenue less expenses. Subtract line 2 from line 1	3	32,702
4	Net assets or fund balances at beginning of year (must equal Part X', line 32, column (A))	4	<u>307,113</u>
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	10	339,815
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<i>.</i>	<u></u>
1.	Accounting method used to prepare the Form 990: Cash Accrual X Other Hybrid the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	id	Yes No
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	<u>2a</u>	X
	Separate basis Donsolidated basis Both consolidated and separate basis		
Þ	Were the organization's financial statements audited by an independent accountant?	<u>2b</u>	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	,	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	
		Form	990 (2019)

-

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 2019

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Gop	opher Rifle & Revolver 41-6051511						
Pa	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.				
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2.	Aggregate value of contributions to (during year) .						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and don	or advisors in writing that the assets held in	n donor advised				
	funds are the organization's property, subject t						
6	Did the organization inform all grantees, donor						
•	only for charitable purposes and not for the be						
	conferring impermissible private benefit?.		Yes No				
·Pai	III. Conservation Easements.						
	termina in the second s	ed "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by						
•		ole, recreation or education) Preservation	or of a historically important land area				
	=	· 					
	Protection of natural habitat	Preservation	n of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution					
	easement on the last day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
b	Total acreage restricted by conservation easer						
C	Number of conservation easements on a certif		2c				
d	Number of conservation easements included in						
_	historic structure listed in the National Register						
3							
	the tax year						
4	Number of states where property subject to co		L - APC f				
5	Does the organization have a written policy reg		· · · · · · · · · · · · · · · · · · ·				
c	violations, and enforcement of the conservation						
6	Staff and volunteer hours devoted to monitoring, in	specting, nandling of violations, and enforcing o	conservation éasements during the year				
7	Amount of amount in accept in acceptant on the second	Alan translitant of statestans and sufferities assess					
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing conse	ervation easements during the year				
8	Does each conservation easement reported or	o line 2/d) shows setisfy the requirements o	of analism 470/hV/4V/DV()				
0	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization repo						
•	balance sheet, and include, if applicable, the te		•				
	organization's accounting for conservation eas		riciai statements tratiqescribes the				
Par	III Organizations Maintaining Collect		Other Similar Assets				
~.		ed "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under		statement and balance sheet				
	works of art, historical treasures, or other similar	• , • • • • • • • • • • • • • • • • • •	•				
	public service, provide in Part XIII the text of th	•					
b	If the organization elected, as permitted under						
	works of art, historical treasures; or other similar						
	public service, provide the following amounts re		*				
	(i) Revenue included on Form 990, Part VIII, li	ine 1	▶ .\$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of ar		ts for financial gain, provide the				
	following amounts required to be reported under	· ·					
а			≻ \$				
	Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X		▶ \$				

Sched	dule D (Form 990) 2019 Gopher Rifle &	Revolver						41-605	511		Page 2
Par	t III Organizations Maintainii)
3	Using the organization's acquisition		on, and other	records,	check any	of the follow	ing tha	t make significant	use of i	ts	
	collection items (check all that app	ly):		-	7			-			
а	Public exhibition			d	Loan or	exchange p	rogram				
þ	Scholarly research			e	Other					. 	
C	Preservation for future genera	tions								}	
4	Provide a description of the organi XIII.	zation's co	llections and	èxplain t	ow they fo	urther the org	janizati	on's exempt purpo	se in Pa	art	
5	During the year, did the organization assets to be sold to raise funds rate							•		es 🗌	No
Pari	t IV Escrow and Custodial A Complete if the organization 990, Part X, line 21.			n Form	990, Part	IV, line 9, o	or repo	orted an amount	on Fo	uùu	
1a	Is the organization an agent, truste	e, custodia	an or other in	ntermedia	ry for cont	пbutions or c	ther as	sets not			
b ,	included on Form 990, Part X? If "Yes," explain the arrangement in								☐ Y	es 🗌] No
						•		A	mount		
C	Beginning balance ,						. 1	С			0
ď	Additions during the year						1	d			
е	Distribution's during the year							e			
f,	Ending balance						1	f ·			0
2a	Did the organization include an am	ount on Fo	orm 990, Par	t X, line 2	1, for escr	ow or custod	ial acc	ount liability?	<u></u>	es X	No
b	If "Yes," explain the arrangement in	Párt XIII.	Check here	if the exp	lanation h	as been prov	ided or	Part XIII		L_	<u> </u>
Part											
	Complete if the organization								, 		
_		(a) (Current year	(b) Pn	or year-	(c) Two years		(d) Three years back		our years	
1a	Beginning of year balance	·	0	ļ	.0		0		<u> </u>		0
b c	Contributions	<u> </u>							+		
•	and losses	Ì									
d	Grants or scholarships		- 						 -		
8	Other expenditures for facilities								1		
	and programs	. L									
f	Administrative expenses						, ,	,			
g	End of year balance	· [. 0	l <u></u>	0		0		<u> </u>		0
2	Provide the estimated percentage		ent year end		line 1g, co	ılumn (a)) he	ld as:				
а	Board designated or quasi-endown	nent 🚬		<u>%</u>							
b C	Permanent endowment Permanent Perman	%	<u>%</u>								
L	The percentages on lines 2a, 2b, a		uld annal 100	10%							
3a	Are there endowment funds not in		•		n thát áre	held and ad	ministe	red for the			
•	organization by	ino pobboc		ac.i	ni iliai aro	nois ans se		100 101 010		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	d organiza	tions listed a	s required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended u		organization	's endowr	nent funds	S					
Part	VI Land, Buildings, and Equ Complete if the organization	-	red "Yes" o	n Form 9	90, Part	IV, line 11a	. See	Form 990, Part	X, line	10.	
	Description of property		(a) Cost or ot	her basis	(b) Cost o	or other basis	(c)	.Accumulated		ook valu	e
			(investm		- (0	other)		depreciation			
1a	Land			0			NAME OF TAXABLE PARTY.	200000000000000000000000000000000000000	 .	4	12,600
b	Buildings ,			0		0	ļ	0			0
ر 2	Leasehold improvements	r		0		22.709		0			0
d e	Equipment					32,708		0		3	32,708
	Add lines 1a through 1e. (Column (ual Form 99		column (E	3), <i>line 10c.</i>)		•		7	75,308

Part VII	Investments—Other Securities. Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11b. See Form 9	990. Part X. line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of ve Cost or end-of-year	aluation:
(1) Financia	al derivatives	Ó		
(2) Closely	held equity interests	Ö		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(F) (G)				· · · · · · · · · · · · · · · · · · ·
(H)				<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	ın (b) must equal Form 990, Part X, col. (B) line 12) . ▶	. 0		
Part VIII		<u> </u>	Designation of the state of the	ALMANDER OF STANDING CARAGES CO.
	Complete if the organization answered "	'Yes'" on Form 990.	Part IV. line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	aluation
(1)				
(2)			, , , , , , , , , , , , , , , , , , ,	
(3)				
_(4)		3		
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
				
(8)				
Total (Column	n (h) must equal Form 990, l'art X, col. (ti) une 13) . •			OTTERNIO AT LEVEL DE LE CATALI
Part IX	Other Assets.		下了。这位于"一种"的。"中央一块"几个新的。"几位为你是对他的人,因此,他们不是是	
· GIGIN	Complete if the organization answered "	Yes" on Form 990	Part IV line 11d See Form 9	90 Part X. line 15
	(a) Descrip		1 41.11, 11.000 1 0.111 0	(b) Bóok value
(1)				
(2)				
(3)			X*	
_{4}				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8) (9)				· · · · · · · · · · · · · · · · · · ·
	mn (b) must equal Form 990, Part X, col. (B) lir	ne 15)		0
Part X	Other Liabilities. Complete if the organization answered "			
1.	line 25. (a) Description	on of fiability		(b) Book value
	Income taxes			0
(2) Prepaid		· · · · · · · · · · · · · · · · · · ·		60,141
(3) Sales ta	ax payable			2,954
(4)		···		
(5)				
(6) (7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		63,095
	uncertain tax positions. In Part XIII, provide the tex		<u> </u>	
	liability for uncertain tax positions under FASB ASC			

Par	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part I			
		iv, mie iza.	· · · · · · · · · · · · · · · · · · ·	
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:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		9/338	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			THE SE	0
_				0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			0
Part	XII Reconciliation of Expenses per Audited Financial Statement		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I		······································	
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:			
ą	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		-
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0
	Subtract line 2e from line 1		3	0
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	500 E 245	
3 ·4		1 1	13553555555	
·4		40		
·4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
·4 a b	Investment expenses not included on Form 990, Part VIII, line 7b	4b		
·4 a b c	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	4b	. 4c	0
4 a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	4b	. 5	0
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	art IV, lines 1b and 2	, 5 2b; Part V, line 4; Par nformátion.	0 t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	art IV, lines 1b and 2	, 5 2b; Part V, line 4; Par nformátion.	0 t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	art IV, lines 1b and 2	, 5 2b; Part V, line 4; Par nformátion.	0 t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	art IV, lines 1b and 2	, 5 2b; Part V, line 4; Par nformátion.	0 t X, line
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	art IV, lines 1b and 2	, 5 2b; Part V, line 4; Par nformátion.	0 t X, line
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.)	art IV, lines 1b and 2	, 5 2b; Part V, line 4; Par nformátion.	0 t X, line

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

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					
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