Form **990**(Rev January 2020)
Department of the Treasury

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

2019

Open to Public Inspection

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|---------------------------|------------|------------------|--|---------------------------------|--|--------------|-------------------|--------------------|------------------------|--------------|--|
| | or the | 2019 calend | dar year, or tax year beginnir | ng November 1 | , 2019, and endi | ng | October 3 | 31 | , 20 20 | | |
| В | Check If | applicable | C Name of organization Forks R | Rifle Club | | | D | Employe | dentification nu | umber | |
| | Address | change | Doing business as | | | | | 4 | 15-6036621 | | |
| | Name ch | nange | Number and street (or PO box | of mail is not delivered to str | eet address) | Room/suite | e E | E Telephone number | | | |
| | nıtıal ret | urn | P.O. Box 14842 | | | | | 7 | 017750008 | | |
| □ F | inal retu | ım/terminated | City or town, state or province, | country, and ZIP or foreign p | ostal code | | | | | | |
| | Amende | d return | Grand Forks, ND, USA, 5820 | 08-4842 | | | G | Gross rec | eipts \$ | 5031 | |
| \Box | Applicati | on pending | F Name and address of principal | officer Dennis Coulter | | H(a) | ls this a group i | return for sub | ordinates? Yes | N | |
| | | | 4576 Belmont Road, Grand I | Forks, ND 58201 | | H(b) | Are all subo | rdinates ir | ncluded? 🔲 Yes | . . . | |
| 1 1 | ax-exer | mpt status | 501(c)(3) 501(c) (| 7) ◀ (insert no) | 4947(a)(1) or 527 | | if "No," atta | chalist (s | see instructions) | | |
| J 1 | Vebsite | : ▶ forksrifl | leclub.org | | | H(c) | Group exem | ption nun | nber ▶ | | |
| K F | orm of o | organization 🗸 | Corporation Trust Assoc | ciation Other > | L Year of form | nation 1 | 1993 M | State of le | egal domicile | ND | |
| Pa | rt I | Summa | ry | | | · | | | | | |
| П | 1 | | cribe the organization's mis | ssion or most significal | nt activities: Provid | ing recre | ational sh | ooting f | acilities and | | |
| <u> </u> | | = | or members. | | ••••• | ···· | | × | | | |
| ğ | | | | | | | | | | | |
| 티 | 2 | Check this | box ► ☐ if the organization | n discontinued its ope | rations or dispose | d of more | e than 25 | % of its | net assets. | | |
| Activities & Governance | 3 | | voting members of the gov | | • | 1 | i | 3 | | | |
| <u>ه</u> ا | 4 | | independent voting memb | | | · | ` | 4 | | | |
| 89 | 5 | | per of individuals employed | | | • | · | 5 | | | |
| Ξ | 6 | | per of volunteers (estimate | Υ | (· a. : ·)o _a, | • | · | 6 | | | |
| ğ | | | ated business revenue from | | line 12 | • | ` | 7a | | | |
| | b | | ted business taxable incom | | | | · · } | 7b | | | |
| -+ | | TYCE GITT CIG | ted business taxable incom | IRS - OSC | - 15 | Pı | nor Year | | Current Year | | |
| 1 | 8 | Contributio | ons and grants (Part VIII, lin | | | <u> </u> | | 4001 | Junear Tear | | |
| Revenue | 9 | | ervice revenue (Part VIII, lin | 11 11 1 4 | 2021 | - | | 4001 | | 265 | |
| ě | 10 | _ | t income (Part VIII, column | | | - | | 0490 | | 208 | |
| 윤 | 11 | | | | | ļ | | 0 | | | |
| | 12 | Total royan | nue (Part VIII, column (A), li iue—add lines 8 through 11 | must squal Part VIII. or | plump (Δ) line 12) | | | 1150 | ······ | 13: | |
| -+ | 13 | | d similar amounts paid (Parl | | | | 4: | 5641 | | 4870 | |
| | 14 | | | | -3) | | | 700 | | 8 | |
| | | - | aid to or for members (Part | | | | | 4413 | - | <u>5</u> 7 | |
| Expenses | 15 | | ther compensation, employed | • | | | | 0 | | | |
| Ë | 16a | | al fundraising fees (Part IX, | | | | | 0 | | | |
| 꿃 | _b | | raising expenses (Part IX, co | | | <u> </u> | | | | | |
| _ | 17 | | enses (Part IX, column (A), I | | | <u> </u> | | 7773 | | 362 | |
| | 18 | • | nses. Add lines 13-17 (mus | • | (A), line 25) . | | _ | 2886 | | 427 | |
| | 19 | Revenue le | ess expenses Subtract line | 18 from line 12 . | <u> </u> | | | 2755 | | <u>59</u> | |
| s or | | | | | | Beginning | of Current | Year | End of Year | | |
| sel | 20 | | ts (Part X, line 16) | | | | 50 | 2201 | | 5080 | |
| Net Assets Fund Balanc | 21 | | ties (Part X, line 26) | | | | | 196 | | | |
| | 22 | | or fund balances. Subtract | t line 21 from line 20 | <u></u> | <u> </u> | 50 | 2005 | | <u>5079</u> | |
| | rt II | | re Block | | | | | | | | |
| Und | er pena | Ities of perjury | , I declare that I have examined thi e Declaration of preparer (other thi | s return, including accompar | ying schedules and sta | itements, ar | nd to the be | st of my k | nowledge and be | elief, i | |
| ue | , correc | t, and complet | e Declaration of preparer (other this | an onicer) is based on all inic | | rer has any | Kilowieuge | | | | |
| c: | _ | del | Lowas C Kar | سس | | | 11/2 | 1/201 | 0 (7/7/2 | <u> 202</u> | |
| Sig | | !! — | ure of officer | | | | Date | | - | | |
| Hei | e | | OMAS C. REITER | U- SECRETA | RY-TREAS | CURE | R | | | | |
| | _ | Type o | r print name and title | - | <u></u> | | | | | | |
| Pai | ď | Print/Type | preparer's name | Preparer's signature | | Date | Cr | eck 🔲 | f PTIN | | |
| . aı | | r | | | | | se | f-employe | ed | | |
| Pro | Jaic | | ne ▶ | | · · · · · · · · · · · · · · · · · · · | | Firm's Ell | | | | |
| Pre | | Firm's nan | ne – | | | | Timin 5 Cil | V P | | | |
| | Onl | Firm's nan | | | | | Phone no | | | | |

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| | 0 (2019) | Page 2 |
|--------|--|-----------------------|
| Part I | III. Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | 🗆 |
| 1. | Briefly describe the organization's mission: | <u> </u> |
| | Providing recreational shooting facilities and activities for 569 members, and providing junior marksmanship training by | |
| | certified instructors. | |
| | Did the organization undertake any significant program services during the year which were not listed on the | |
| • | prior Form 990 or 990-EZ? , | No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | ☑ No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. | sured by o others, |
| 4a | (Code) (Expenses \$ including grants of \$) (Revenue \$ | |
| | Provide a safe facility for members to engage in recreational shooting. | |
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| | | |
| | | |
| | · | |
| | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| | Conduct organized rifle and handgun matches and leagues and state and regional championships. | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$ | <u> </u> |
| | Providing junior marksmanship training by certified instructors. | . , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

) (Revenue \$

4d Other program services (Describe on Schedule O)

Total program service expenses ▶

including grants of \$

(Expenses \$

| art | IV. Checklist of Required Schedules | | | |
|-----------|--|-----------|----------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | √ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| С | 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 | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | 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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| 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 | ! | 1 |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 140 | | <u> </u> |
| _ | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| 20- | If "Yes," complete Schedule G, Part III | 19 20a | <u> </u> | 1 |
| 20a b | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i> | 20a | | 1 |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Bart IX column (A) line 12 if "Yes" complete Schedule I. Parts Land II. | 21 | | , |

Form **990** (2019)

| Part | V. Checklist of Required Schedules (continued) | | | |
|----------|--|------------|-----|---------------|
| | | | 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 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | _ |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 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 | | ✓ |
| 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 member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | \ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓_ |
| 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 | | ✓ |
| 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 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 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 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | | 1 |
| Part | 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 | | | |
| _ | E. H. W. | | Yes | No |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 | | |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| С | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |

| Part | 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 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | 1 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | 1 |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | Ė |
| 74 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 |
| b | If "Yes," enter the name of the foreign country ▶ | | | <u> </u> |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 7 |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | 1 |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | - | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | j |
| | and services provided to the payor? | 7a | | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | 1 |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| _ | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 1 |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ✓_ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | ✓_ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 1 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | ļ | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0 |] | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | 1 |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | 1 |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | } | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | ĺ | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | ĺ |
| | the organization is licensed to issue qualified health plans |] | | l |
| c | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 | | 1 |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ✓ |
| | If "Yes," complete Form 4720, Schedule O | | | i |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | See in | struc | tions. |
|-------|---|--------|----------|--|
| Secti | on A. Governing Body and Management | | | |
| 40 | Estar the number of victims manufacts of the sourcesing hadrent the and of the tay year. | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | - | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b 0 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | _ | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓ |
| 6 | Did the organization have members or stockholders? | 6 | √ | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | ✓ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | ✓ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | ✓ | |
| þ | Each committee with authority to act on behalf of the governing body? | 8b | | / |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | -do 1 | ✓_ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 110 |
| 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 | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | |
| þ | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? | 12b | | |
| ¢ | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | <u> </u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ļ | |] |
| a | The organization's CEO, Executive Director, or top management official | 15a | | <u> </u> |
| р | Other officers or key employees of the organization | 15b | _ | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 40- | | |
| L | with a taxable entity during the year? | 16a | | |
| Ь | 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 | | |
| Secti | on C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) | | | 501(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | inter | est p | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and recommon them. Thomas C. Reiten, 4620 Loamy Hills Pl, Grand Forks, ND 58201 7017750008 | ords | | |

| Part VII | Compensation of | Officers, Directors | Trustees, | Key Employees, | Highest | Compensated | Employees | , and |
|----------|------------------|---------------------|-----------|----------------|---------|-------------|------------------|-------|
| | Independent Cont | | | | | | | |

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

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

| ☐ Check this box if neither the organization no | r any relate | d org | anız | _ | | ompe | nsa | ited any current | officer, director, | or trustee. |
|---|--|--------------------------------|---|----------|--------------|------------------------------|----------|--|----------------------------------|------------------------------|
| | | | | (| C) | | | } | | |
| (A) | (B) | | | | ition | | | (D) | (E) | (F) |
| Name and title | Average | | (do not check more ti | | | | | Reportable | Reportable | Estimated amount |
| | hours | | box, unless person is both an officer and a director/trustee) | | | | | compensation | compensation | of other |
| | per week | | T | | _ | _ | | from the | from related | compensation |
| | (list any hours for | 호호 | State | Officer | , e | 豊康 | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and |
| | related | 5 E | 盲 | 약 | 뱱 | est o | 역 | (17 2 1000 111100) | (** 2) 1000 111100) | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Ğ . | ļ | ļ | ŀ | |
| | below dotted line) | ste | Ę | | 8 | Pen | | | | |
| | dolled line) | ď | tee | | | Highest compensated employee | ļ | | | |
| <u></u> | | | <u> </u> | <u> </u> | ├ | ä | | | | |
| (1) Dennis Coulter | 12 | - | ŀ | ١, | ļ | | | | | |
| President | - | - | | ✓ | <u> </u> | | <u> </u> | 0 | 0 | 0 |
| (2) Kevin Fire | 5 | ļ | İ | | | | | | | |
| Executive Officer | | | <u> </u> | 1 | <u> </u> | ļ | | 0 | | 0 |
| (3) Thomas C. Reiten | 30 | ł | | ١. | | | | | | |
| Secretary - Treasurer | | | ļ | ✓ | ↓_ | | | 0 | 0 | 0 |
| (4) Gordy Linnell | 5 | | | , | | | | | 1 | |
| Director | | ✓ | <u></u> | | <u></u> | | <u> </u> | 0 | 0 | 0 |
| (5) Alfredo Martinez | 10 | | | | | | | | | |
| Director | | ✓ | <u> </u> | | | | | | 0 | 0 |
| (6) Rick Kraft | 5 | | 1 | | ŀ | | | | | |
| Director | | ✓ | | | | | L | | <u> </u> | 0 |
| (7) Michael Knain | 30 | | | | | | l | | | |
| Range Officer | | | | | | | | 0 | | 0 |
| (8) Steven Martin | 20 | | | | | | | | | |
| Cheif Instructor | | | | | | | | | | 0 |
| (9) | | | Ţ | | | | | _ | | |
| | | | | | | | | | | l |
| (10) | | | | , | Ī | | | | | |
| | | | | | | | | | | |
| (11) | | | | | | | | | | |
| * | Ť | 1 | 1 | | | | | ļ | | |
| (12) | | | | | | | | | | |
| | † | 1 | | | | | | | | |
| (13) | | | <u>† </u> | | | | | | | |
| J | † | 1 | | | | | ľ | | | |
| (14) | | | | | † | | | | | |
| 3 | † | 1 | | Ì | | | | | | |
| | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, 7 | rustees, | Key I | Emj | plo | yee | s, an | <u>d F</u> | lighest Compe | nsated I | <u>Employ</u> | yees (c | ontinued) |
|----------|---|--------------------------|--------------------------------|--|--------------|---------------------|---------------------------|--------------|-----------------------|------------------------|------------------|-----------|-------------------|
| | | | | | (0 | C) | | | | | | | |
| • | (A) | (B) | (do n | ot ch | | ition | e than d | nna. | (D) | (E) | | | (F) |
| | Name and title | Average | | | | | is both | | Reportable | Report | | | ed amount |
| | | hours per week | | | dad | irect | or/trust | , | compensation from the | compens from rel | | | other ensation |
| | | (list any | Individual trustee or director | Inst | Officer | Ş. | em Hg | Former | organization | organiza | ations | | m the |
| | | hours for | l rec | Institutional trustee | <u>&</u> | Key employee | Highest compensatemployee | l de | (W-2/1099-MISC) | (W-2/1099 | i-MISC) | | zation and |
| | | related organizations | 호 호 | iona | | blo | 8 8 | | | | | related o | rganizations |
| | | below | l rust | ŧ | | yee | npe | | | | | | |
| | | dotted line) | l e | stee | | ŀ | nsat | | | | | | |
| | | | ļ | ļ | _ | <u> </u> | e e | <u> </u> | | | _ | | |
| (15) | | ļ | | | | | | | | | | | |
| | | | | ┝ | - | ├ | - | _ | | | | | |
| (16) | | ļ | 1 | | | | | | | | | | |
| (4.7) | · · · · · · · · · · · · · · · · · · · | | | \vdash | - | - | | <u> </u> | ļ | | | | |
| (17) | | ļ | - | | | | | | | | | | |
| (40) | | | | ┢ | - | ╁ | | - | | | | | |
| (18) | | | 1 | | | | | | | | | | |
| (19) | | | | | | ┢ | Ì | | | | | | _ |
| 1191 | | † | 1 | | | | | | | | , | | |
| (20) | | | 1 | <u> </u> | | <u> </u> | 1 | i | | | | | |
| <u> </u> | | † | 1 | | | | ļ | ļ | | | | | |
| (21) | | | - | | | | <u> </u> | 一 | | | | | • |
| 3=:3 | | | 1 | | | | 1 | | | | | | |
| (22) | | 1 | | | | | T | | | | | | • |
| 35 | | <u> </u> | 1 | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| | | | | | <u> </u> | _ | | | | | | | |
| (25) | | | | | 1 | | | | | | i | | |
| | | | <u> </u> | <u></u> | <u> </u> | | | <u>L</u> | | | | | |
| 1b | Subtotal | | ٠. | | | • | | • | 0 | | 0 | | 0 |
| C | Total from continuation sheets to Part | | | ٠ | • | • | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | _ | <u> </u> | 1, 0 | | 0 | <u> </u> | 0 |
| 2 | Total number of individuals (including bu | | d to th | nose | e lis | ted | above | e) w | tho received mor | e than \$1 | 00,000 | of | |
| | reportable compensation from the organ | ization > | | | | | | | | | | | Yes No |
| _ | | | | | | | | | | | | | 163 140 |
| 3 | Did the organization list any former employee on line 1a? <i>If</i> "Yes," <i>complete</i> | | | | | | | mp | loyee, or nignes | st compe | nsated | 3 | |
| | • • | | | | | | | | | nootion fr | · · | - | |
| 4 | For any individual listed on line 1a, is the organization and related organizations | arester th | porta | 150 | COL | 11pe 12 <i>ו</i> | nsauc f "Vo | nia e" | complete Schei | nsauon n dule .l fo | om me or such | | |
| | individual | greater tri | | | | | , ,c | | · · · · · · | | | 4 | — |
| 5 | Did any person listed on line 1a receive of | or accrue c | omne | nsa | tion | fro | m anv | un | related organiza | tion or inc | dividual | | |
| Ū | for services rendered to the organization | | | | | | | | | | | 5 | |
| Secti | on B. Independent Contractors | | | - | | | | | • | | | | |
| 1 | Complete this table for your five high | nest comp | ensat | ed | ınd | epe | ndent | CC | ontractors that i | received | more 1 | than \$1 | 00,000 of |
| _ | compensation from the organization. Rep | ort comper | isatio | n fo | r the | e ca | <u>len</u> da | r ye | ear ending with or | within th | e organ | nzation' | s tax year. |
| | (A) | | | | | | | | (B) | | | (C) | _ |
| | Name and business add | fress | | | | | | $oxed{oxed}$ | Description of ser | vices | <u> </u> | Compens | ation |
| | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | | <u> </u> | | |
| | | | | | | | | _ | | | | | |
| | | | | | | | | \bot | | | <u> </u> | . <u></u> | |
| 2 | Total number of independent contractor | | | | | | | o th | nose listed abov | e) who | 1 | | |
| | received more than \$100,000 of compens | ation from | the o | rgan | ıızat | tion | P | | | | <u> </u> | | |

| Part | VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | | | | |
|--|----------------|---|---------|---------------|------------|------------------|----------------------|--|--------------------------------------|--|--|--|--|--|--|
| | | Check if Schedule | Осо | ntains a re | spor | se or note to an | y line in this Pa | rt VIII | · · · · · | <u> </u> | | | | | |
| • | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | | | | |
| ts | 1a | Federated campaig | ns . | | 1a | 0 | | | | | | | | | |
| F 등 | b | Membership dues | | | 1b | 25820 | | , | - | | | | | | |
| S, Ĕ | С | Fundraising events | | | 1c | 0 | | | | | | | | | |
| まる | d | Related organization | | | 1d | 0 | | | | | | | | | |
| S, E | е | Government grants | | - | 1e | 0 | | | | | | | | | |
| ē is | f | All other contribution | | . • | 46 | | | | | ` | | | | | |
| 를 를 | _ | and similar amounts no Noncash contribution | | | 1f | 700 | | | | ļ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | lines 1a-1f. | | | 1g | \$ 0 | | | | | | | | | |
| 3 8 | h | Total. Add lines 1a- | | | | , , , | 26520 | | | - | | | | | |
| | | 70-4117.000 | | <u> </u> | | Business Code | 20020 | ··· | | | | | | | |
| <u>8</u> | 2a | Rifle Matches | | | | | 7991 | 7991 | 0 | 7991 | | | | | |
| e S | b | Leagues | | | | | 6335 | 6335 | 0 | 6335 | | | | | |
| S | С | Shooting House | | | | | 3360 | 3360 | 0 | 3360 | | | | | |
| gram Ser Revenue | d | Program Income | | ••••• | | | 3175 | 3175 | 0 | 3175 | | | | | |
| Program Service Revenue | е | *************************************** | | | | | | | | | | | | | |
| م ا | f | All other program se | | | | L | | | | | | | | | |
| | <u>g</u> | Total. Add lines 2a- | | | | | 20861 | | | | | | | | |
| | 3 | Investment income other similar amoun | • | - | | | • | | | | | | | | |
| | 4 | Income from investr | - | | | nd proceeds | 0 | 0 | 0 | 0 | | | | | |
| | 5 | Royalties | | | | | 0 | 0 | 0 | 0 | | | | | |
| - 1 | | rioyanioo | Ė | (i) Rea | | (ii) Personal | | | | 1 | | | | | |
| | 6a | Gross rents . | 6a | | | 0 | | | | | | | | | |
| | b | Less; rental exponços | 6b | | 0 | 0 | | | | | | | | | |
| | С | Rental income or (loss) | | | 0 | 0 | <u> </u> | , | | • | | | | | |
| | d | Net rental income o | r (los: | s) <u>.</u> . | | ▶ | 0 | 0 | 0 | 0 | | | | | |
| | 7a | Gross amount from | | (i) Securit | ties | (II) Other | | | | | | | | | |
| | | sales of assets | _ | | | | 4 | | • | | | | | | |
| | | other than inventory | 7a | <u> </u> | 0 | 0 | | | | | | | | | |
| 76 | h | l ess cost or other basis and sales expenses | 7b | | | | | | | | | | | | |
| Revente | С | Gain or (loss) | 7c | | 0 | | | | | | | | | | |
| æ | d | Net gain or (loss) | | l | | > | 0 | 0 | 0 | | | | | | |
| Other | 8a | Gross income from | | | | | | | | | | | | | |
| õ | | events (not including | | 0 | | | | | | 1 | | | | | |
| | | of contributions rej | | d on line | | | | | | | | | | | |
| | | 1c). See Part IV, line | 18 | | 8a | 0 | • | | | | | | | | |
| Ì | b | Less direct expens | | | 8b | 0 | | | | | | | | | |
| | С | Net income or (loss) | | | g eve | nts > | 0 | | 0 | <u>0</u> | | | | | |
| ĺ | 9a | Gross income f | | | 0- | | ! | | | · | | | | | |
| | b | activities See Part I Less: direct expens | | e 19 . | 9a 9b | 2545 | | | | Ì | | | | | |
| | | Net income or (loss) | | | | 1500 | 1045 | 1045 | | 1045 | | | | | |
| | | Gross sales of in | | | | <u> </u> | 1043 | 1043 | | 1043 | | | | | |
| | . 4023 | returns and allowan | | | 10a | 217 | | | + | '. . | | | | | |
| | b | Less: cost of goods | | | 10b | | | | | į | | | | | |
| | С | Net income or (loss) | from | sales of in | vento | ory ▶ | 110 | 110 | 0 | 110 | | | | | |
| Si | | | | | | Business Code | | | | | | | | | |
| e e | 11a | Sale of scrap brass | | | - - | | 142 | 142 | 0 | 142 | | | | | |
| lan en | b | Locker leases | | | | | 30 | 30 | 0 | 30 | | | | | |
| scellaneo Revenue | C | A II | | | | ļ | | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | L | | | | | | | | | |
| لــــــــــــــــــــــــــــــــــــــ | <u>е</u> 12 | Total. Add lines 11a Total revenue. See | | | | | 172 | | | 22400 | | | | | |
| | | . Juli Levellue. 366 | 1113111 | 40110113 | | <u> P</u> | 48708 | 22188 | | 22188 | | | | | |

Part IX Statement of Functional Expenses

| Section 501(c)(| 3) and 501(c)(4 |) organizations must c | omplete all columns. | All other organizations | must complete column (A). |
|------------------|-----------------------|-------------------------|----------------------|---------------------------|---------------------------|
| 1001100110011001 | ٠, ١,٠٠٠ ٥٥٠ ١,١٠/١ ، | , organizations indet o | ompioto an oblamino. | in ourier organizationic. | |

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | |
|---|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|--|--|--|
| | t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | |
| | and domestic governments. See Part IV, line 21 | 880 | 800 | | | | | |
| 2 | Grants and other assistance to domestic | | | | ļ | | | |
| | individuals. See Part IV, line 22 | 0 | 0 | | | | | |
| 3 | Grants and other assistance to foreign | [| | 1 | [| | | |
| | organizations, foreign governments, and | | | | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | | | | |
| 4 | Benefits paid to or for members | 5776 | 5776 | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | 0 | 0 | 0 | | | |
| 6 | Compensation not included above to disqualified | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 | | | |
| 7 | Other salaries and wages | 0 | 0 | 0 | 0 | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 | | | |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 | | | |
| 10 | Payroll taxes | 0 | 0 | 0 | 0 | | | |
| 11 | Fees for services (nonemployees): | | | | | | | |
| a | Management | 0 | 0 | 0 | 0 | | | |
| b | Legal | 0 | 0 | 0 | 0 | | | |
| c | Accounting | 0 | 0 | 0 | 0 | | | |
| đ | Lobbying | 0 | 0 | 0 | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | 0 | | | |
| T | Investment management fees | 0 | 0 | 0 | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | | | | |
| 12 | Advertising and promotion | 0 | U | 0 | | | | |
| 13 | Office expenses | 3223 | 2222 | 0 | | | | |
| 14 | Information technology | 687 | 3223 687 | | 0 | | | |
| 15 | Royalties | 087 | 0 | 0 | | | | |
| 16 | Occupancy | 19123 | 19123 | | | | | |
| 17 | Travel | 13123 | 19123 | | <u> </u> | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | |
| - • | for any federal, state, or local public officials | o | O | ٥ | 0 | | | |
| 19 | Conferences, conventions, and meetings | n | n | | <u>_</u> | | | |
| 20 | Interest | 0 | 0 | | | | | |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 5400 | 5400 | 0 | 0 | | | |
| 23 | Insurance | 7785 | 7785 | 0 | 0 | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | ł | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | j | | | |
| а | | 0 | 0 | 0 | 0 | | | |
| b | | 0 | 0 | 0 | 0 | | | |
| С | | 0 | 0 | 0 | 0 | | | |
| d | | 0 | 0 | 0 | 0 | | | |
| е | All other expenses | 0 | 0 | 0 | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 42794 | 42794 | 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 following SOP 98-2 (ASC 958-720) | | | | | | | |

32 33

Total liabilities and net assets/fund balances

| Ρ | art X | Balance Sheet Check if Schedule O contains a response or note to any line in this Pal | + X | | |
|------------------------|-------|---|-----------------------|--|--------------------|
| • | | Check it Schedule O contains a response of note to any line in this Fal | (A) Beginning of year | | (B) End of year |
| _ | 1 | Cash – non-interest-bearing | 40424 | 1 | 28302 |
| | 2 | Savings and temporary cash investments | 0 | | 0 |
| | 3 | Pledges and grants receivable, net | 0 | | 0 |
| | 4 | Accounts receivable, net | 0 | 4 | 0 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | .' | ١٠ ، ، |
| | | controlled entity or family member of any of these persons | 0 | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | <u> </u> | |
| | 0 | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | |
| (n | 7 | Notes and loans receivable, net | 0 | | |
| Assets | 8 | Inventories for sale or use | 0 | | |
| Ass | 9 | Prepaid expenses and deferred charges | 0 | | |
| • | 1 - | Land, buildings, and equipment: cost or other | | | ···· |
| | ь | basis. Complete Part VI of Schedule D 10a 485197 Less: accumulated depreciation 10b 5400 | 461777 | | 479797 |
| | 11 | Investments—publicly traded securities | 401777 | 1 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | | - | |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 1 | |
| | 14 | Intangible assets | 0 | | |
| | 15 | Other assets. See Part IV, line 11 | 0 | | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 502201 | - | 508099 |
| | 17 | Accounts payable and accrued expenses | 196 | | 180 |
| | 18 | Grants payable | 0 | | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, | • • • | | م |
| Ħ | | trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| įį | | • | 0 | | 0 |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties | . 0 | | |
| | 24 | · • | | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | 0 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 196 | 26 | 180 |
| ces | | Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33. | | | |
| 듈 | 27 | Net assets without donor restrictions | 0 | 27 | |
| ä | 28 | Net assets with donor restrictions | 0 | 28 | C |
| ssets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | 40228 | 29 | 28302 |
| sts | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 461777 | | 479797 |
| SSE | 31 | Retained earnings endowment accumulated income or other funds | | 31 | |

507919

508099

502005 32

501201 33

| Page | 1 | 2 |
|------|---|---|
| | | |

| | | | | <u> </u> |
|------|---|----------|------------|---------------|
| Part | XI Reconciliation of Net Assets | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | · · | | <u> </u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | <u>48708</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | <u> 42794</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | <u>5914</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | 5(| 02005 |
| 5 | Net unrealized gains (losses) on investments | | | 0 |
| 6 | Donated services and use of facilities | | | 0 |
| 7 | Investment expenses . *. : | | | 0 |
| 8 | Prior period adjustments | | | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| _ | 32, column (B)) | | <u>5</u> (| 0791 <u>9</u> |
| Part | XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | |
| | | Tr. | Yes | No |
| 1 | Accounting method used to prepare the Form 990 🗸 Cash 🔲 Accrual 🔲 Other | 1,, | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | , |
| | Schedule O. | | | لبہ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | لــِـــ |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | ✓, |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | لـــــا |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | 0- | | , |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? . | 2c | | - |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | |
| | Schedule O. | | | لـــــــ |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | 2- | | , |
| _ | Single Audit Act and OMB Circular A-133? | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | 3b | | , |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | 1 | | <u> </u> |
| | | For | n yyu | (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.

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

| Name o | f the organization | | Employer identification number |
|---------|--|--|---|
| Forks I | Rifle Club | | 45-6036621 |
| Par | | ised Funds or Other Similar Fund | |
| | Complete if the organization answered " | | |
| | | (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 donor | advisors in writing that the assets he | ld in donor advised |
| | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | | |
| | only for charitable purposes and not for the benef | | |
| | conferring impermissible private benefit? | | · · · · · <u>· </u> |
| Par | Conservation Easements. | | |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the | organization (check all that apply). | |
| | Preservation of land for public use (for example, recre | ation or education) Preservation o | f a historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation o | f a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | ld a qualified conservation contribution | n in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | . _2a |
| b | Total acreage restricted by conservation easement | s | . 2b |
| C | Number of conservation easements on a certified h | istoric structure included in (a) | . 2c |
| d | Number of conservation easements included in | (c) acquired after 7/25/06, and not c | on a |
| | historic structure listed in the National Register . | | . 2d |
| 3 | Number of conservation easements modified, trans | sferred, released, extinguished, or tern | ninated by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conser | | |
| 5 | Does the organization have a written policy requipolations, and enforcement of the conservation ear | sements it holds? | 🔲 Yes 🗌 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | cting, handling of violations, and enforcing | conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting | g, handling of violations, and enforcing | conservation easements during the year |
| | ▶\$ | | |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | section 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports of | conservation easements in its revenue | and expense statement and |
| | balance sheet, and include, if applicable, the text of | f the footnote to the organization's fina | ancial statements that describes the |
| | organization's accounting for conservation easeme | | |
| Part | | | Other Similar Assets. |
| | Complete if the organization answered ' | Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FAS | | |
| | of art, historical treasures, or other similar assets | | |
| | service, provide in Part XIII the text of the footnote | | |
| b | If the organization elected, as permitted under FAS | SB ASC 958, to report in its revenue s | statement and balance sheet works of |
| | art, historical treasures, or other similar assets held | | search in furtherance of public service, |
| | provide the following amounts relating to these iter | | . . |
| | (i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X | | • \$ |
| | (iii) Assets included in Form 990, Part X | | \$ |
| 2 | If the organization received or held works of art, following amounts required to be reported under Fa | | assets for financial gain, provide the |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | > \$ |

| 0 | 9 |
|------|---|
| Page | ~ |

| Part | III Organizations Maintaining | Collections of | Art, His | torical T | reasures, | or Ot | her Similar As | sets (cor | itinued) |
|----------|---|-----------------------|-------------|-------------|----------------|----------|---------------------------------------|--|---------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | | her reco | ds, chec | k any of the | e follow | ving that make s | ignificant i | use of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchange | e progr | am | | |
| b | Scholarly research | | | | | | | | |
| С | ☐ Preservation for future generations | 3 | | | | | | | |
| 4 | Provide a description of the organiza XIII | ition's collections a | and expla | ain how ti | hey further | the org | janization's exen | npt purpos | e in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rathe | | | | | | | | □ No |
| Part | | | | | | | | | |
| | Complete if the organization | n answered "Yes | " on For | m 990, F | Part IV, line | 9, or | reported an an | nount on I | Form |
| | 990, Part X, line 21. | _ | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 1a | Is the organization an agent, trustee | e, custodian or oth | er intern | nediary fo | or contribut | ions or | other assets no | | |
| h | included on Form 990, Part X? If "Yes," explain the arrangement in F | | | | | | | ☐ Yes | i ∐ No |
| b | ir res, explain the arrangement in r | rant Am and comple | ste the io | illowing to | abie. | | A | mount | |
| С | Beginning balance | | | | | 10 | | - III | |
| d | | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amou | int on Form 990, Pa | art X, line | 21, for e | scrow or cu | ıstodia | account liability | ? 🗌 Yes | □ No |
| <u>b</u> | If "Yes," explain the arrangement in F | art XIII. Check here | e if the ex | kplanatioi | n has been | provide | ed on Part XIII . | <u> </u> | |
| Par | V Endowment Funds. | | | | | | | | |
| | Complete if the organization | | | | | | | | |
| | | (a) Current year | (b) Pn | or year | (c) Two year | s back | (d) Three years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | <u> </u> | | - |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | |
| ď | Crants or scholarships | | | | | _ | | + | |
| | Grants or scholarships Other expenditures for facilities and | | | | | | · | + | |
| е | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of | the current year en | d balanc | e (line 1g | , column (a) |) held | as: | | |
| а | Board designated or quasi-endowme | | % | | | | | | |
| b | Permanent endowment ▶ | <u></u> % | • | | | | | | |
| С | Term endowment ▶% | 6 | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 1 | 00% | | | | | | |
| 3a | Are there endowment funds not in the | e possession of th | ie organi | zation tha | at are held a | and ad | ministered for th | | |
| | organization by | | | | | | | | es No |
| | (i) Unrelated organizations | | | • | | • | | 3a(i) | $-\!\!\!+\!\!\!\!-$ |
| b | (ii) Related organizations | · · · · · · · · | | | | • | | 3a(ii) 3b | |
| 4 | Describe in Part XIII the intended use | • | | | | • • | | 30 | |
| Pari | | | on o chac | | undo. | | | | |
| | Complete if the organization | | on For | m 990. F | Part IV. line | 11a. | See Form 990. | Part X. lir | ne 10. |
| | Description of property | (a) Cost or ot | | | or other basis | | Accumulated | (d) Book | |
| | | (investm | | (0 | ther) | de | epreciation | | |
| 1a | Land | | 0 | | 29000 | | | | 29000 |
| b | Buildings | , | 0 | | 301509 | | 0 | | 301509 |
| С | Leasehold improvements | | 0 | | 0 | | 0 | | 0 |
| d | Equipment | | 0 | | 149288 | | 0 | | 149288 |
| <u>e</u> | Other | <u> </u> | 0 | | 0 | | 0 | | 0 |
| Total. | Add lines 1a through 1e. (Column (d) i | must equal Form 9: | 90, Part) | <, column | ı (B), lıne 10 | c.) | ▶ | | 479797 |

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on For | m 990. Part IV. lin | e 11b. See Form | 990. Part X. line 12. |
|-----------------------|---|--------------------------|---------------------|---|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Met | hod of valuation -of-year market value |
| (1) Financial | derivatives | | | |
| (2) Closely h | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| | | | | |
| | | | - | |
| | | - | _ | |
| (E) (F) | | | | · · · · · · · · · · · · · · · · · · · |
| <u>\'</u> ./ (G) | | | | |
| (/ (H) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨 | | | |
| Part VIII | Investments – Program Related. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, Iir | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | | thod of valuation i-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | <u> </u> | | |
| (4) | | - | | |
| (5) (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on For | rm 990, Part IV, lir | ie 11d. See Form | |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (3) | ······································ | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | <u>-</u> | |
| (9) | | | | |
| | | <u> </u> | <u></u> . | <u></u> |
| Part X | Other Liabilities. Complete if the organization answered "Yes" on Follow 25. | rm 990, Part IV, lir | ne 11e or 11f. Se | e Form 990, Part X, |
| 1. | (a) Description of liability | | <u> </u> | (b) Book value |
| (1) Federal ır | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | · <u>·</u> | |
| (5) | | | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | mp (h) must aqual Form 000. Part V cal. (D) line 05.) | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) runcertain tax positions In Part XIII, provide the text of the footn | ote to the organization | | ents that reports the |
| organization' | s liability for uncertain tax positions under FASB ASC 740 Chec | k here if the text of th | e footnote has been | provided in Part XIII |

| Part | | of Revenue per Audited Financial S | | nue per Return. | |
|----------|---|---|------------------------------|---|--------------|
| | | organization answered "Yes" on Form | | | |
| 1 | | d other support per audited financial state | | 1 | |
| 2 | | ne 1 but not on Form 990, Part VIII, line 12 | 1 1 | , | |
| а | _ · | sses) on investments | | | |
| b | Donated services and us | | 2b | | |
| C | | grants | | | |
| ď | | XIII) | | | |
| e | | | | <u>2e</u> | |
| 3 | Subtract line 2e from lin | | | 3 | |
| 4 | | orm 990, Part VIII, line 12, but not on line 1 | 1 . 1 | · | |
| а | • | ot included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part) | • | <u> 4b </u> | | |
| - | Add lines 4a and 4b . | | | | |
| 5 00% | | 3 and 4c. (This must equal Form 990, Par | | | |
| Part | | of Expenses per Audited Financial | | | |
| | | organization answered "Yes" on Form | | | |
| 1 | • | ses per audited financial statements | | • | |
| 2 | Donated services and us | ne 1 but not on Form 990, Part IX, line 25: | 100 | | |
| a | | | . 2a | | |
| b | Prior year adjustments | | | | |
| C | | | 2c | | |
| d | Other (Describe in Part) Add lines 2a through 2d | · · · · · · · · · · · · · · · · · · · | \ | 2e | |
| е 3 | • | | | 3 | <u> </u> |
| 4 | | orm 990, Part IX, line 25, but not on line 1: | · · · · · · · · · | 3 | |
| a | | ot included on Form 990, Part VIII, line 7b | 1 1 | | |
| b | | XIII.) | | | |
| | • | | | 4c | |
| 5 | | es 3 and 4c. (This must equal Form 990, P | | · · · · · · · · · · · · · · · · · · · | |
| | XIII Supplemental | | ure 1, 11110 7019 1 1 1 | | |
| | | ed for Part II, lines 3, 5, and 9; Part III, lines | s 1a and 4: Part IV, lines 1 | b and 2b; Part V, line 4; | Part X, line |
| | | Part XII, lines 2d and 4b. Also complete the | | | , |
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| Schedule D (Fo | rm 990) 2019 | Page 5 |
|----------------|---------------------------------------|---------------|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

45-6036621 Forks Rifle Club Part VI, Sec. C #19: No requests were received for governing documents, conflict of interest policy or finacial records during the year. Part VII, Sec. A. The Forks Rifle Club has no employees. All officers and directors are elected from the membership by a vote of the membership. No officer, director or othe elected or appointed member of the club receives compensation for their time spent performing their duties Part VI, Sec. A # 6: The organization had 569 members at the end of the tax year. Part VI, Sec. A #7a: All annual members with 5 consecutive years of membership and all life members have the power to elect member of the governing body. Part VI, Sec. A #7b. Amendments to the by-laws of the corporation are subject to approval by voting members.