| 2017 Federal Exempt Organization Tax Summary (EZ) | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|--|--|
| Siuslaw Rod & Gun Club | | | | | | |
| , | | | | | | |
| FORM 990-EZ REVENUE | 2017 | 2016 | Diff | | | |
| Program service revenue | 3,033 58,695 2 | 4,594 74,567 29 | -1,561 -15,872 -27 | | | |
| Total revenue | 61,730 | 79,190 | -17,460 | | | |
| EXPENSES Occupancy/rent/utilities/maintenance Printing, publications, and postage Other expenses | 12,535 1,440 19,078 | 12,805 2,185 19,648 | -270 -745 -570 | | | |
| Total expenses | 33,053 | 34,638 | -1,585 | | | |
| NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Net assets/fund bal. at end of year | 28,677 154,279 182,956 | 44,552 109,727 154,279 | -15,875 44,552 28,677 | | | |

| 2017 | General Ir | nformation | | Page 1 |
|------------------------------|-------------|--------------|--|------------|
| | Siuslaw Roc | l & Gun Club | | 93-6031546 |
| Forms needed for this return | | | | |
| Federal: 990-EZ | | | | |
| | | | | |
| | | | | |
| Commence to 2019 | | | | |
| Carryovers to 2018 None | | | | |
| Notice | | | | |
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12/31/17

2017 Federal Book Depreciation Schedule

Page 1

Siuslaw Rod & Gun Club

93-6031546

| No. | Description | Date Acquired | Date Sold | Cost/ Bus. Basis Pct. | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Depr. | Method | Life | Rate | Current Depr. |
|-----|-------------------------------|------------------|--------------|-----------------------|---------------------|----------------------------|--------------------------------------|-----------------------------|------------------------------|----------------|----------------|----------|------|--------|------------------|
| orm | 990/990-PF | | | | | | | | | | | | | | |
| Fur | rniture and Fixtures | | | | | | | | | | | | | | |
| 3 | Pre-2015 Furn/Equip | 12/31/14 | | 5,760 | | | | | | 5,760 | 5,760 | S/L | 7 | | |
| | 2015 Furn/Fix | 12/31/15 | | 1,964 | | | | | | 1,964 | 611 | 200DB MQ | 7 | .19680 | |
| 9 | 2017 Furn/Fix | 4/03/17 | | 460 | | | | _ | | 460 | | 200DB HY | 7 | .14290 | |
| | Total Furniture and Fixtures | | | 8,184 | 0 | 0 | | 0 | 0 0 | 8,184 | 6,371 | | | | |
| lmį | provements | | | | | | | | | | | | | | |
| 2 | Pre-2015 Land Improvement | 12/31/14 | | 374,098 | | | | | | 374,098 | 374,098 | S/L | 15 | | |
| 6 | 2015 Land Improvement | 4/29/15 | | 4,379 | | | | | | 4,379 | 685 | 150DB MQ | 15 | .08440 | |
| 7 | 2016 Land Improvement | 10/22/16 | | 4,663 | | | | | | 4,663 | 58 | 150DB MQ | 15 | .09880 | |
| 8 | 2017 Land Improvement | 2/15/17 | | 1,031 | | | | | | 1,031 | | 150DB HY | 15 | .05000 | |
| | Total Improvements | | | 384,171 | 0 | 0 | | 0 | 0 0 | 384,171 | 374,841 | | | | |
| Lar | nd | | | | | | | | | | | | | | |
| 1 | 87227 Munsel Lake Rd | 12/31/14 | | 51,299 | | | | | | 51,299 | | | | | |
| | Total Land | | | 51,299 | 0 | 0 | | 0 | 0 0 | 51,299 | 0 | | | | |
| Ma | achinery and Equipment | | | | | | | | | | | | | | |
| 5 | 2015 Equip | 12/31/15 | | 16,245 | | | | | | 16,245 | 6,985 | 200DB MQ | 5 | .22800 | |
| 10 | Kubota Tractor | 2/21/17 | | 5,960 | | | | | | 5,960 | | 200DB HY | 5 | .20000 | |
| 11 | Cub LT Mower | 5/07/17 | | 1,499 | | | | _ | | 1,499 | | 200DB HY | 5 | .20000 | |
| | Total Machinery and Equipment | | | 23,704 | 0 | 0 | | 0 | 0 0 | 23,704 | 6,985 | | | | |

12/31/17

2017 Federal Book Depreciation Schedule

Page 2

Siuslaw Rod & Gun Club

93-6031546

| _No | Description | Date <u>Acquired</u> | Date Sold | Cost/ Basis | Bus. Pct. | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis _Reductn | Depr. Basis | Prior Depr. | Method | <u>Life</u> <u>Rate</u> | Current Depr. |
|-----|-------------------------|-------------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|-----------------------------|-------------------------------|----------------|----------------|--------|-------------------------|------------------|
| τ | otal Depreciation | | | 467,358 | | 0 | 0 | 0 | 0 | 0 | 467,358 | 388,197 | | | 6,532 |
| G | rand Total Depreciation | | | 467,358 | | 0 | 0 | 0 | 0 | 00 | 467,358 | 388,197 | | | 6,532 |

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2017)

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information

| Α | | the 2017 calendar year, or tax year beginning , 2017, and ending | | , |
|----------|---|---|-----------------|-----------------------|
| 뭐 | Check | if applicable: C | mployer | identification number |
| \vdash | | ss change Siuslaw Rod & Gun Club | 93-60 | 31546 |
| \vdash | Initial | 87227 Munsel Lake Rd | elephone | |
| \vdash | | IF100000 OP 07/20 | 541-9 | 02-7708 |
| X | | | | |
| H | 10.000000000000000000000000000000000000 | F C | | xemption |
| G | | | | organization is not |
| | | | | Schedule B |
| | | xempt status (check only one) $ \square$ 501(c)(3) \square 501(c) (7) \triangleleft (insert no.) \square 4947(a)(1) or \square 527 (Form 990) | | Z, or 990-PF). |
| | | of organization: X Corporation Trust Association Other | _ | |
| L | Add asse | lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | al ►\$ | 62,515. |
| Pa | ırt l | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc | | |
| | | Check if the organization used Schedule O to respond to any question in this Part I | | X |
| | 1 | Contributions, gifts, grants, and similar amounts received | | |
| | 2 | Program service revenue including government fees and contracts | | 3,033. |
| | 3 | Membership dues and assessments | . 3 | 58,695. |
| | 4 | Investment income | 4 | |
| | 5 a | Gross amount from sale of assets other than inventory | | |
| | b | Less: cost or other basis and sales expenses | | |
| | | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5 c | |
| ь | 6 | Gaming and fundraising events | | |
| E | 1 | Gross income from gaming (attach Schedule G if greater than \$15,000) 6a | - | |
| Ĕ | b | Gross income from fundraising events (not including \$ of contributions | | |
| REVEZUE | | from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | |
| | С | Less: direct expenses from gaming and fundraising events 6 c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6 d | , |
| | 7 a | Gross sales of inventory, less returns and allowances | 1555 | 1 |
| | | Less: cost of goods sold | | |
| | 5500 | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7 c | 2. |
| | 8 | Other revenue (describe in Schedule O). | 8 | ۷, |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 61,730. |
| | 10 | Grants and similar amounts paid (list in Schedule O). | 10 | 01,730. |
| | 11 | Benefits paid to or for members | | |
| Е | 12 | Salaries, other compensation, and employee benefits | 12 | |
| XPEZSES | 13 | Professional fees and other payments to independent contractors | | |
| E | 14 | Occupancy, rent, utilities, and maintenance | | 12,535. |
| S | 15 | Printing, publications, postage, and shipping | 15 | 1,440. |
| S | 16 | Other expenses (describe in Schedule O) See Schedule O | 16 | 19,078. |
| | 17 | Total expenses. Add lines 10 through 16 | | 33,053. |
| _ | 18 | Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 28,677. |
| A | | | Santana Santana | 20,011. |
| ASSETS | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 154,279. |
| Ť | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 104,210. |
| 5 | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20. | | 182,956. |
| | | The accord of faile balances at one of Joan Combine lines to allege Earth Thirth Thirth | 1 1 | ±04, JJ0. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

| rai | Check if the organization used Sche | edule O to respond to any gu | estion in this Part II | | | X |
|-------|---|------------------------------|--|---------------------------------------|----------|---|
| | Officer in the organization dead some | auto o to toop onto | | (A) Beginning of | | (B) End of year |
| 22 | Cash, savings, and investments | | | 47,27 | | |
| 23 | | | | 59,59 | | |
| 24 | Land and buildings | See Schedule | e 0 | 47,40 | | |
| 25 | Total assets | | | 154,27 | | |
| 26 | Total liabilities (describe in Schedule O) | | | 134,41 | 0.2 | |
| 27 | Net assets or fund balances (line 27 of | | | 154,27 | • • | |
| | | | | | 9.12 | Expenses |
| Par | t III Statement of Program Service Ac Check if the organization used Sc | bodule O to respond to any | question in this Part | ш [2 | रा। | |
| Whati | is the organization's primary exempt purpose? See | | question in this rait | | =1 (176 | equired for section 501 (3) and 501(c)(4) |
| Dosc | ribe the organization's primary exempt purpose: 566 | ccomplishments for each of | its three largest pro | oram services as | | anizations; optional |
| meas | ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e | e manner, describe the servi | ces provided, the nu | imber of persons | | others.) |
| | fited, and other relevant information for e | each program title. | | | | |
| 28 | Siuslaw Rod & Gun Club is | | | | -4 | |
| | variety of shooting event | s and range facili | <u>ities to its</u> | members. | | |
| | | | | | 4 | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | | 28 | a 31,105. |
| 29 | | | | | .] | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | | 29 | а |
| 30 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | | 30 | a |
| 31 | Other program services (describe in Sch | iedule 0) | | | | |
| | | is amount includes foreign g | | | | a |
| 32 | Total program service expenses (add lin | nes 28a through 31a) | | | ▶ 32 | 31,105. |
| Par | t IV List of Officers, Directors, | Trustees, and Key Emp | loyees (list each one | even if not compensated - | - see th | e instructions for Part IV) |
| | Check if the organization used Sci | hedule O to respond to any | question in this Part | IV | | |
| | | (b) Average hours per | (c) Reportable compensa | d) Health bend contributions to en | efits, | (a) Estimated amount of |
| | (a) Name and title | week devoted to position | (c) Reportable compensa (Forms W-2/1099-MISO (if not paid, enter -0- | benefit plans, and | deferred | (e) Estimated amount of other compensation |
| | | position | (II Hot pala, eliter -o- | compensation | n | |
| | ry Harpole | * | | | | |
| | esident | 15 | | 0. | 0 | . 0. |
| Mar | shall Gunderson | | | | | |
| Vic | e President | 5 | | 0. | 0 | . 0. |
| Bru | ce Mower | | | | | |
| Sec | retary | 5 | | 0. | 0 | . 0. |
| Dia | ne Harpole | | | | | |
| Tre | asurer | 10 | | 0. | 0 | . 0. |
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| BAA | | TEEA0812L (| N8/22/17 | | | Form 990-EZ (2017) |
| DAA | | ILL/10012L | · · · · · · · · · · · · · · · · · · · | | | (2017) |

| 33 Did the organization engage in any significant activity in Stready Convotes dealaried description of seat activity in Scready Co. | Pa | art V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any guestion in this Part V | | | |
|--|----|--|------------|------------|-----|
| 33 X X X X X X X X X | | | | | |
| a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions). 3a bid the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? (Such as those reported on lines 2, 6a, and 7a, among others)? (Such as those reported on lines 2, 6a, and 7a, among others)? (Such as those reported on lines 2, 6a, and 7a, among others)? (Such as those reported on lines 2, 6a, and 7a, among others)? (Such the organization a section 501c(0/f), 501c(0/f), 501c(0/f) organization subject to section 6033(e) notice, resporting, and proxy tax requirements during the year? If Yes, complete Schedule (C, Part III). 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a | | If 'Yes,' provide a detailed description of each activity in Schedule O | 33 | 103 | |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others? | 34 | | 34 | | x |
| bit Yes, 10 line 35a, has the organization filed a Form 990-T for the year? If No. 'provide an explanation in Schodule 0. C Was the organization as design of 10 (c)(6), or 501 (c)(6), or 501 (c)(6) organization subject to section 633(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III. 35 | 35 | a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities | | | |
| c Was the organization a section 501(c)(d), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a | | | | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition on let assets during the year? If "Yes," complete papilicable parts of Schedule N | | | 33 D | | |
| disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. *37a 0 0. b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for Street, and the file of | 36 | | 35 c | | X |
| b Did the organization file Form 1120-POL for this year? 37 b X X 38 a Did the organization for year form of the any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a X X X X X X X X X | | disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | Х |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter: 30 Initiation fees and capital contributions included on line 9. 30 B Gross receipts, included on line 9, for public use of club facilities. 30 B Gross receipts, included on line 9, for public use of club facilities. 30 B Gross receipts, included on line 9, for public use of club facilities. 30 B D D D D D D D D D D D D D D D D D D | 37 | | 271 | | |
| b If "Yes,' complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a 0. 40 a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: N/A section 4911 * N/A; section 4955 * N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I. 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 b Les Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 5 excline 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax microsed and prior year that has not been reported on any of its prior Forms 990 or 90-EZ7 If "Yes," complete Schedule L, Part I. 40 b Lat the states with which a copy of this return is filled * None 42 a The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T. 42 a The organizations? 42 a The organizations and any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account)? 42 a The organization have any interest in or a signature or other authority over a financial account)? 5 ex the instructions for | 38 | | 3/ D | | X |
| a mount involved. 3 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 0 0, 39 0 0 | | | 38 a | | X |
| a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 0. 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 * N/A; section 4912 * N/A; section 4955 * N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction any of its prior Forms 990 or 990-EZ? If Yes; complete Schedule L, Part I. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4938. O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 88851. 40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 88851. 41 List the states with which a copy of this return is filed * None 42 a The organizations* books are in care of * Randall J. Pilcher Telephone no. * 541-991-2987 28 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; * See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If Yes, enter the name of the foreign country; * See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an offic | | amount involved | | | |
| b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 * N/A; section 4912 * N/A; section 4955 * N/A besction 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I. 60 | 39 | and the first of t | | | |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 * N/A; section 4912 * N/A; section 4915 * N/A has section 4911 * N/A; section 4912 * N/A; section 49 | | | | | |
| section 4911 * N/A; section 4912 * N/A; section 4912 * N/A; section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part 1. Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958. O. d Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8885-T. List the states with which a copy of this return is filed * None 42a The organizations books are in care of * Randall J. Pilcher | 10 | | | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior prior and that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L. Part I. 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8585-1. 41 List the states with which a copy of this return is filed by None 42a The organization's books are in care of books a | 40 | | | . 20 | |
| reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | | | | | |
| c Section 501 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization anangers or disqualified persons during the year under sections 4912, 4955, and 4958 | | benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes.' complete Schedule L. Part I | 40 b | | ŧ |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed * None 42 a The organization's books are in care of * Randall J. Pilcher | | | | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T | | d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed | | | |
| 42 a The organization's books are in care of Pandall J. Pilcher Located at P87842 Sandrift St. Florence OR Located At P97439 Located At P97439 | | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax | | | v |
| 42 a The organization's books are in care of | 41 | | 40 e | | Λ |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? ff 'No,' provide an explanation in Schedule O. 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 45a X | 42 | books are in care of ► Randall J. Pilcher Telephone no. ► 541-99 Located at ► 87842 Sandrift St Florence OR ZIP + 4 ► 97439 | | | No |
| c At any time during the calendar year, did the organization maintain an office outside the United States? | | | 42 b | days as a | X |
| c At any time during the calendar year, did the organization maintain an office outside the United States? | | | | | |
| c At any time during the calendar year, did the organization maintain an office outside the United States? | | | | | |
| c At any time during the calendar year, did the organization maintain an office outside the United States? | | See the instructions for exceptions and filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44a Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44b X 45a Did the organization receive any payments for indoor tanning services during the year? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | 42 c | | X |
| and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44a X 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 5 Did the organization receive any payments for indoor tanning services during the year? 44b X 44c X 45 a Did the organization receive any payments for indoor tanning services during the year? 44c X 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X | | If 'Yes,' enter the name of the foreign country:► | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44a X b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 43 N/A Yes No Yes No 44a X 44b X 44b X 44b X 44b X 44c X 44c X 44d 44d | | | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44a X b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44b X c Did the organization receive any payments for indoor tanning services during the year? 44b X d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 47c If 'No,' provide an explanation in Schedule O. 48a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 48a X | | · · · · · · · · · · · · · · · · · · · | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44a X 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 5 Did the organization receive any payments for indoor tanning services during the year? 44b X 44c X 45 a Did the organization receive any payments for indoor tanning services during the year? 44c X 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X | 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | ► □ | N/A |
| 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | | | N/A |
| of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X | | Did the association maintain any dense advised funds during the year? If IVes I Form 900 must be completed instead | estations. | Yes | No |
| instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X | 44 | of Form 990-EZ | 44 a | | X |
| c Did the organization receive any payments for indoor tanning services during the year?. d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 45a X | | b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | 44 b | | X |
| If 'No,' provide an explanation in Schedule O. 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X | | | | | |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? | 444 | | |
| b 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,' Form 990 and Schedule R may need to be completed instead of Form 990.F7 (see instructions) | 45 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | X |
| | | b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45 b | | X |

Page 4

| 46 Did | the organization engage, directly or indire didates for public office? If 'Yes,' complete | ctly, in political campa Schedule C, Part I | ign activities on behalf o | of or in opposition to | 46 | X |
|----------------|---|--|--|--|--------------------------------|----------|
| Part VI | Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51. | | uestions 47-49b an | d 52, and complete | e the tables | |
| | Check if the organization used Schedu | le O to respond to any | question in this Part VI. | | | П |
| | | | | | Ye | |
| | the organization engage in lobbying activities plete Schedule C, Part II | | | | 47 | |
| 48 Is th | ne organization a school as described in s | ection 170(b)(1)(A)(ii)? | If 'Yes,' complete Sche | dule E | 48 | |
| 49 a Did | the organization make any transfers to an | exempt non-charitable | e related organization? | | 49а | |
| b If 'Y | es,' was the related organization a section | n 527 organization? | | | 49b | |
| | plete this table for the organization's five hig loyees) who each received more than \$100,0 | | | | tey | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated am other compens | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | - | |
| | | | | | | |
| | | | | | | |
| 51 Com | I number of other employees paid over \$ plete this table for the organization's five high | nest compensated indep | endent contractors who ea | ach received more than \$ | \$100,000 of | |
| com | pensation from the organization. If there i (a) Name and business address of each independent of | | (b) Type | of service | (c) Compensa | ation |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| d Tota | I number of other independent contractors | s each receiving over \$ | 5100,000 | | | |
| | the organization complete Schedule A? No pleted Schedule A | | | | ► _Yes | No |
| Under penalti | es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office | including accompanying sche | edules and statements, and to the | e best of my knowledge and be | elief, it is | |
| tide, correct, | and complete. Decidation of property (early dish office | n, is seed on an information | | | | |
| Sign | Signature of officer | | | Date | | |
| Sign Here | Randall Pilcher | | | Treasurer - 20 | 23 | |
| | Type or print name and title | | | | 7701 | |
| | Print/Type preparer's name | Preparer's signature | Date | Check L if | PTIN | |
| Paid | Wendy Esgate | Wendy Esgate | | self-employed] | P02161053 | |
| Preparer | Firm's name ► TAX TYME | 37 | | | 46 104010 | 2 |
| Use Only | Firm's address ► 2090 HIGHWAY 99 | | | Firm's EIN Phone no. 541 | <u>46-194918</u> L-607-3383 | 4 |
| | EUGENE, OR 9740 | | | | | 7 |
| May the IF | RS discuss this return with the preparer st | nown above? See instr | uctions | | ► X Yes | No |
| | | | | | Form 990-E2 | Z (2017) |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Siuslaw Rod & Gun Club

Employer identification number

93-6031546

Form 990-EZ - Explanation of Amended Return

During tax year 2022, the organization discovered misappropriation of funds dating back to 2015.

As a result of this discovery, the organization has corrected its books and records for tax years 2015 - 2021. Per discussion with the IRS, the organization is amending its Form 990-EZ return of organization exempt from income tax for tax years 2015 - 2021 to reflect its corrected financials. This amendment effects parts I, II, III, V and related schedules.

Form 990-EZ, Part I, Line 16 Other Expenses

| Advertising and Promotion | \$ | 200. |
|--|----|---------|
| Bank Fees | | 15. |
| Conferences, Conventions, and Meetings | | 1,860. |
| Depreciation | | 6,532. |
| Equipment Rental | | 52. |
| Equipment Rental Events | | 1,289. |
| Fees, Dues, & Subscriptions | | 170. |
| Insurance | | 2,278. |
| Interest | | 323. |
| Repairs & Maintenance | | 964. |
| Supplies | | 5.395. |
| Total | Ś | 19 078 |
| 10002 | 7 | 13,010. |

Form 990-EZ, Part II, Line 24 Other Assets

| | _Be | ginning | _ | Ending |
|--|-----|--|----|---|
| Furniture and Fixtures Inventories Machinery and Equipment Receivables-Officers, Directors, Etc. | | 1,353. 17,343. 9,260. 19,450. | | 1,360. 31,604. 11,523. 51,982. |
| Total | | 47,406. | \$ | 96,469. |

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To provide shooting events and range facilities for club members