Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| Dep | artment o | of the Treasury nue Service | | ter social security numbers on ww.irs.gov/Form990 for instru | | 3.50 | 3/2 | | Open to Inspe | Public | |
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| et comment | | | ndar year, or tax year b | 7. A. | | nd ending | Page 1 | b 0.4 | | Ction | |
| В | | f applicable: | Charles and the Charles of the Control of the Contr | | STATE OF THE PARTY | ind ending | Decem | English Reputed | , 20 18 er identification | a number | |
| | | change | | cky Mountain Gun Owners, In | C. | | | D Employ | | | |
| | | 3,000 | Doing business as | F Talaabaa | 84-1368137 | | | | | | |
| | | e change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone numb | | | | | | | | | |
| | (000) 07 + 0000 | | | | | | | | | | |
| ✓ | Final return/terminated City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | |
| | Amende | | Loveland, CO 80537-31 | | | - | THE RESERVE THE PERSON NAMED IN | G Gross re | OCCUPATION OF THE PROPERTY OF | 520935 | |
| | Applicat | | | cipal officer: Dudley Brown | | | 3250 | | subordinates? Y | | |
| - | | | | vd Lovelland, CO 80537-3150 | | | | | s included? LY | | |
| <u></u> | | mpt status: | | ✓ 501(c) (4) 4 (insert no.) | 4947(a)(1) or | 527 | 1 | | ı list. (see instruc | tions) | |
| J K | Website | | v.rmgo.org | | 1 2 12 | | H(c) Group 6 | Test | | | |
| The Real Property lies | Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1996 M State of legal domicile: CO Part I Summary | | | | | | | | | | |
| | 1 | - | | -1 | | | | | | | |
| ۵ | | | | n's mission or most significa | nt activities: | | | | | | |
| nc | | See Sche | dule O | | | | | | | | |
| Activities & Governance | 2 | Chook th | is boy Na if the ever | inglion diagonting of the con- | | | | 050/ (| | | |
| 90 | 3 | | | nization discontinued its ope | | | | 10000 | its net assets | | |
| G G | 4 | | | he governing body (Part VI, I | | | | 3 | | 3 | |
| es | 5 | | | members of the governing b | | | | 4 | | 0 | |
| Viti | 6 | | | oloyed in calendar year 2018 | | | | 5 | | 1 | |
| \cti | 7a | | | imate if necessary) | | | | 6 | | 0 | |
| 4 | b | | | ue from Part VIII, column (C), income from Form 990-T, lir | | | | 7a | | 0 | |
| ******* | D | Net unrei | ated business taxable | Prior Yea | 7b | C | 0 | | | | |
| Revenue | 8 | Contribut | ions and grants (Dort) | /III line 1b) | | | Prior rea | 188567 | Current | On Was not only | |
| | 9 | | | | | | | | | 455935 | |
| Ver | 10 | 소스 교육 ⁴⁰⁰ 는데 10-10 100 100 100 100 100 100 100 100 1 | | | | | | | | 0 | |
| Re | 11 | | enue (Part VIII, columr | | 0 | | 65000 | | | | |
| | 12 | | | | 48 | | 0 | | | | |
| _ | 13 | | | igh 11 (must equal Part VIII, c d (Part IX, column (A), lines 1 | | | | 188615 | | 520935 | |
| | 14 | | | s (Part IX, column (A), lines i | | | | 0 | - | 61840 0 | |
| | 15 | | | nployee benefits (Part IX, colur | | | -0 | 0 | | | |
| Expenses | 16a | | | | | | | 64586 | | | |
| oen | b | | | art IX, column (A), line 11e) t IX, column (D), line 25) ▶ | | | Erre Shelle Eure | 48438 | | 0 | |
| X | 17 | | | n (A), lines 11a-11d, 11f-24e | | 49584 | | | | | |
| | 18 | | | 7 (must equal Part IX, colum | | 137574 | | 250501 | | | |
| | 19 | Rovenue | less expenses Subtra | ct line 18 from line 12 | n (A), line 25 |) · | | 250598 | | 381317 | |
| 2 8 | | Heveride | iess expenses. Subtra | ctime to nomine 12 | S# S# S# C# | | inning of Cur | -61983 | End of | 139618 | |
| Net Assets or Fund Balances | 20 | Total ass | ets (Part X, line 16) | | | Deg | jiiiiiig oi oui | STANDARD MARY-POL | Life of | | |
| Asse | 21 | | ilities (Part X, line 26) | | 16 (N 16 18 | | | 51615 | | 186589 | |
| Net | 22 | | | ubtract line 21 from line 20 | 9 9 9 9 | | | 13783 | | 6469 | |
| Mannes | art II | | ure Block | abtract line 21 from line 20 | 3 3 3 3 | 3 34 | | 37832 | | 180120 | |
| 1000000 | 201 CTOY 21 2/15 | | | nined this return, including accompar | | T | | | and the same and the same | | |
| tru | e, correc | t, and comple | ete. Declaration of preparer (| other than officer) is based on all info | nying schedules ormation of whic | and stateme ch preparer ha | nts, and to the is any knowle | e best of n dae. | ny knowledge a | and belief, it is | |
| | | | | | | | | 7-0 | 9-1 | 019 | |
| Sig | ın | Signa | ature of officer | | 1 | | Date | | 0 - | - 1 | |
| He | | T | Judley K | WOULD FIRE | - itivo | 1).0 | 00 10 | _ | | | |
| 5.555 | T. (27) | Type | or print name and title | XEC | UTIVE | - JIV | CIO | | | | |
| _ | | | pe preparer's name | Preparer's signature | | Date | | 0= | T PTIN | | |
| Pa | | | # 646mnose 60 069500046 | | | | | Check self-emp | If | | |
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| US | e Onl | y | ddress > | | | | 1000 | s EIN ▶ | | | |
| Ma | v the IF | Colonia de la co | | renarer shown above? (see in | netructions) | 20 10 10 10 | Phon | е по. | ПУ | fon No | |

| Part | | | 9 10002 | 200 | | | | | |
|--|---|---|-----------------------------------|---------------|--|--|--|--|--|
| | Check if Schedule O contains a re | esponse or note to any line in this Pa | rt III | 🗸 | | | | | |
| 1 | Briefly describe the organization's mission | | | | | | | | |
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| | | | | | | | | | |
| 2 | Did the organization undertake any signi | ficant program services during the yea | ar which were not listed on the | | | | | | |
| | prior Form 990 or 990-EZ? | | | Yes ✓ No | | | | | |
| | If "Yes," describe these new services on | | | | | | | | |
| 3 | Did the organization cease conducting | , or make significant changes in ho | ow it conducts, any program | | | | | | |
| | services? | | | Yes 🗸 No | | | | | |
| | If "Yes," describe these changes on Sch | | | | | | | | |
| 4 | Describe the organization's program ser | vice accomplishments for each of its | three largest program services, a | s measured by | | | | | |
| 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. | | | | | | | | | |
| | the total expenses, and revenue, if any, i | or each program service reported. | | | | | | | |
| 4a | (Code:) (Expenses \$ | including grants of \$ |) (Povonuo ¢ | | | | | | |
| 10 | To Promote and defend the right to keep ar | and hear arms of every law abiding Colors |) (Nevertue \$ | / | | | | | |
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| 4b | (Code:) (Expenses \$ | including grants of ¢ |) (Payanua ¢ | | | | | | |
| | (Expenses \$\pi | | | | | | | | |
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| 4d | Other program services (Describe in Sch | adula O) | | | | | | | |
| 4u | (Expenses \$ including gr | | Λ. | | | | | | |
| 4e | Total program service expenses ► |) (nevertue \$ | J | | | | | | |

| Part | IV Checklist of Required Schedules | | | -9 |
|-----------|--|-----------|----------|-------------|
| | | | 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 | | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | 1 |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 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 | | ✓ |
| 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? <i>If</i> "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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | √ | 5.000000000 |
| 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 | | √ |
| 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 | | √ |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | √ √ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | √ |
| 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 | | √ |
| 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 | | √ |
| 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 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | √ |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | √ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | √ | |
| | | Forn | 990 | (2018) |

| Part | 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | √ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 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, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | 1 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| 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? If "Yes," complete Schedule M | | | , |
| 31 | conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | ✓ ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | · · |
| | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | √ |
| 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 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 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 | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | Na |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | 15003 | res | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 88428 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | |
|-----------|---|----------|-----------|----------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | Yes | No | | | | |
| Za | 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 | 90906 | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | | | | |
| 4a | | | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ✓ | | | | |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | | | | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | _ | | | | |
| 6a | 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 | Va | | | | | | |
| b | gifts were not tax deductible? | 6b | 1 | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD. | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | | |
| | and services provided to the payor? | 7a | | 1 | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | |
| 100 | required to file Form 8282? | 7c | | ✓ | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | 1.12 | | | | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | √ | | | | |
| g | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f | | ✓ | | | | |
| h | If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C? | 7g 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | 1 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 314 | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 1 | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | ✓ | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | | | | | |
| 11 a | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | | | | | |
| b | Gross income from members or shareholders | | | | | | | |
| D | 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 | | 1 | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| 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. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | |
| - | the organization is licensed to issue qualified health plans | | | | | | | |
| C 1/10 | Enter the amount of reserves on hand | | | | | | | |
| 14a b | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | √ | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | | | | | |
| .0 | excess parachute payment(s) during the year? | 15 | | 1 | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | .5 | A) Estato | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | 1 | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | for a | "No" |
|-------|--|-----------|----------|----------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | ee ins | tructi | ions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | V |
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | | | |
| 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, or trustees, or key employees to a management company or other person? | 3 | | ✓ |
| 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: | AUT (File | | |
| a | The governing body? | 8a | √ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| Socti | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | - 1 \ | √ |
| Secu | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 40- | Yes | No |
| | | 10a | | ✓ |
| 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 filling the form? | 11a | | 1 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | 1 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | 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 | | ✓ |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | 1 |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | Open a |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | 1 |
| b | 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 | | |
| - | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- | (Sec | tion 5 | 501(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 40 | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | oolicy | , and |
| 20 | financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re | cordo | | |
| | Dudley Brown 2300 Eisenhower Blvd Loveland, CO 80537 (888) 874-3006 | Joius | | |
| | | | | |

| Form | agn | (2018) | |
|------|-----|--------|--|
| OHIL | 220 | 120101 | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| Check this box if neither the organization no | r any related | d orga | aniz | atic | n c | ompe | nsa | ited any curren | t officer, director | r, or trustee. |
|--|-------------------------------|---|-----------------------|---------|----------------|------------------------------|------------|-----------------|-----------------------|-----------------------------|
| | | | | | C) | | | | | |
| (A) | (B) | Position | | | | (D) | (E) | (F) | | |
| Name and Title | Average | (do not check more than one box, unless person is both an | | | one | Reportable | Reportable | Estimated | | |
| | hours per | | | | | or/trust | | compensation | compensation from | amount of |
| | week (list any hours for | or or | Ins | 오 | X _e | em | Fo | from the | related organizations | other compensation |
| | related | livid | titut | Officer | y en | ploy | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | ual t | iona | | Key employee | t co | | (W-2/1099-MISC) | | organization and related |
| | line) | Individual trustee or director | l tru | | yee | mpe | | | | organizations |
| | | ee | Institutional trustee | | | Highest compensated employee | | | | |
| | | | | | | ed. | | | | |
| (1) Dudley Brown | 20 | | | | | | | | | |
| Executive Director | | | | 1 | | | | 60000.00 | 0 | |
| (2) Barry Walter | 5 | | | | | | | 00000.00 | 0 | |
| Chairman | | | | 1 | | | | 0 | 0 | |
| (3) Joel Garzoli | 1 | | | | | | | | | |
| Board Member | | | | 1 | | | | 0 | 0 | |
| (4) Jacob Leis | 4 | | | | | | | | | |
| Board Member | | | | ✓ | | | | 0 | 0 | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| | | | | | | | | | | |
| (9) | | | | | | | | | | |
| 500 Anni 4-4 marchi (1444-144) (1 | | | | 3 | | | | | | |
| (10) | | | | | | | | | | |
| 44 | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| | | | | | | | | | | |
| (13) | | | | | | | | | | |
| | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trus | tees, Key E | mploy | /ees | s, aı | nd H | lighe | st C | ompensated E | mployees (contin | ued) | 1 age C |
|--------------|--|--|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------------|--|---|-------------------------------|--|
| | (A) Name and title | (B) Position (do not check more than box, unless person is both officer and a director/trus week (list any | | | | | | n an | (D) Reportable compensation | (E) Reportable compensation from | (F) Estimated amount of | |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | comp from organ and | ther ensation m the nization related nizations |
| (15) | | | | | | | Δ. | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b c d | Sub-total | | | | | | | A A | 60000 | | | |
| 2 | Total number of individuals (including bu reportable compensation from the organ | t not limited | | | list | ed a | above | e) w | | ore than \$100,00 | 0 of | |
| 3 | Did the organization list any former or employee on line 1a? If "Yes," complete | ficer, direct | tor, o | r tri | uste | e, | key e | | | | | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations | e sum of rep greater tha | oortab an \$1 | ole c 50,0 | com | nper | satio | n a | nd other comp complete Sch | ensation from the | h | 1 |
| 5 | individual | or accrue co | mper | isat | ion | fror | n any | un | related organiz | | | |
| Section | on B. Independent Contractors | | | | | | | | | | 5 | √ |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | compensate port comper | ed ind nsatio | lepe n fo | ende or th | ent ne c | contralend | acto ar y | ors that receive rear ending wit | ed more than \$10 h or within the or | 0,000 of ganizatio | on's tax |
| | (A) Name and business add | iress | | | | | | | (B) Description of se | ervices | (C) Compens | ation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | th | ose listed abo | ove) who | | |

| Part VIII | | Statement of Revenue | | | | r age 3 | | |
|--|---------|--|----------------------|--|---|--|--|--|
| | | Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | |
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 | | |
| nts | 1a | Federated campaigns 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | | |
| | С | Fundraising events 1c | | | | | | |
| | d | Related organizations 1d | | | | | | |
| ns, Sim | e | Government grants (contributions) 1e | | | | | | |
| ributio Other (| f | | 935 | | | | | |
| nd Pr | g | Noncash contributions included in lines 1a–1f: \$ | | | | | | |
| | h | Total. Add lines 1a–1f | 455935 | | | | | |
| Program Service Revenue | 20 | Business Co | de | | | | | |
| Seve | 2a b | | | | | | | |
| Se | C | | | | | | | |
| eZ. | d | | | | | | | |
| S | e | | | | | | | |
| grai | f | All other program service revenue. | | | | | | |
| Pro | g | | > | grova strategica | | | | |
| - | 3 | Investment income (including dividends, intere | | | ************************************** | | | |
| | | and other similar amounts) | > | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | • | | | | | |
| | 5 | Royalties | > | | | | | |
| | | (i) Real (ii) Persona | | | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | > | | | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other | | | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis and sales expenses . | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | | > | | | | | |
| ane | 8a | Gross income from fundraising | | | | | | |
| Other Revenu | | events (not including \$ of contributions reported on line 1c). | | | | | | |
| er l | | See Part IV, line 18 a | | | | | | |
| 돧 | b | Less: direct expenses b | | | | | | |
| • | | | | | | | | |
| | 9a | Gross income from gaming activities. | | | | | | |
| | | See Part IV, line 19 a | | | | | | |
| | | Less: direct expenses b | | | | | | |
| | | , and a second s | > | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | | |
| | b | Less: cost of goods sold b | | | | | | |
| | С | | > | | | | | |
| | | Miscellaneous Revenue Business Con | de | | | | | |
| | 11a | Legal Fees Settlement | 65000 | | | | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a–11d | 65000 | | | | | |
| | 12 | Total revenue. See instructions | 520935 | | | | | |

Part IX Statement of Functional Expenses

| Tribit Two cabo | on 501(c)(3) and 501(c)(4) organizations must com | | | | | | | | | |
|-----------------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| | ot 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 | 61840 | 61840 | | | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 60000 | 30000 | 6000 | 24000 | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 8 | Other salaries and wages | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | 4797 | 2399 | 480 | 1919 | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | | | | | | | | | |
| С | Accounting | 1208 | | 1208 | | | | | | |
| d | Lobbying | | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | | | | | | |
| 12 | Advertising and promotion | 26151 | 19875 | 0 | 6276 | | | | | |
| 13 | Office expenses | 12993 | 3898 | 7796 | 1299 | | | | | |
| 14 | Information technology | 1243 | 373 | 870 | 0 | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | 6383 | 3830 | 1915 | 638 | | | | | |
| 17 | Travel | 17901 | 14321 | 1790 | 1790 | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings . | | | | | | | | | |
| 20 | Interest | 6 9070-000 | | | | | | | | |
| 21 | Payments to affiliates | 21472 | 21472 | | | | | | | |
| 22 | Depreciation, depletion, and amortization . | 4209 | 2104 | 842 | 1263 | | | | | |
| 23 | Insurance | 793 | 198 | 397 | 198 | | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If | | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | | | | | | |
| а | Mail Communications | 55595 | 50036 | 0 | 5560 | | | | | |
| b | RMGO Ind. Expend. Committee | 70872 | 70872 | 0 | 0 | | | | | |
| С | Internet Communications | 24616 | 22154 | 0 | 2462 | | | | | |
| d | Training | 3419 | 3419 | 0 | 0 | | | | | |
| е | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 381317 | | 21297 | | | | | | |
| 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) | | | | | | | | | |

| Part X | Balance | Sheet |
|--------|---------|-------|
|--------|---------|-------|

| Cash—non-interest-bearing 35596 1 17477 | | | Check if Schedule O contains a response or note to any line in this Par | t X | | 🗆 |
|---|-------|------------|--|-------|---------|----------------------------------|
| 2 Savings and temporary cash investments 2 3 | | | | (A) | | (B) |
| 2 Savings and temporary cash investments | | 1 | Cash—non-interest-bearing | 35596 | 1 | 174778 |
| A Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 | | 2 | Savings and temporary cash investments | | 2 | |
| Section Complete | | 3 | Pledges and grants receivable, net | | 3 | |
| trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Complete Part II of Schedule L Lans and other receivables from other disqualified persons (as defined under section 4956)(f(II), persons described in section 4956)(s(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees in beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventrories for sale or use 9 Prepaid expenses and deforred charges 9 Prepaid expenses and deforred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 14675 17 459 18 Grarts payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Captal stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 32 Permanently restricted net assets Organizations t | | 4 | Accounts receivable, net | | 4 | |
| Complete Part II of Schedule L 5 | | 5 | | | | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(g)(8), and contributing employers and sponsoring organizations of section 501(c)(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L | | | | | | |
| 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 5016(6) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | Complete Part II of Schedule L | | 5 | |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 10b 22224 16019 10c 1181 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 114 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 151615 16 16658 17 Accounts payable and accrued expenses 14675 17 459 18 Grants payable 1 18 19 Deferred revenue 199 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 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 389 25 187 27 Total liabilities. Add lines 17 through 25 13783 26 6466 28 Temporarily restricted net assets 29 Permanently restricted net assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipm | ts | 6 | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | 6 | |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 10b 22224 16019 10c 1181 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 114 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 151615 16 16658 17 Accounts payable and accrued expenses 14675 17 459 18 Grants payable 1 18 19 Deferred revenue 199 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 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 389 25 187 27 Total liabilities. Add lines 17 through 25 13783 26 6466 28 Temporarily restricted net assets 29 Permanently restricted net assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipm | SSe | 7 | Notes and loans receivable, net | | 7 | |
| 10a | Ä | 8 | | | 8 | |
| ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 22224 16019 10c 1181 11 Investments — publicly traded securities 11 1 12 172 12 Investments — other securities. See Part IV, line 11 12 172 13 Investments — program-related. See Part IV, line 11 1 13 174 14 Intangible assets | | 9 | | 0 | 9 | |
| b Less: accumulated depreciation 10b 22224 16019 10c 1181 | | 10a | | | | |
| 11 Investments — publicly traded securities 11 12 Investments — other securities. See Part IV, line 11 12 13 14 Intangible assets 14 14 15 15 15 15 15 15 | | | 34033 | | | |
| 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 16 16 16 16 16 | | b | | 16019 | 10c | 11811 |
| 13 | | | | | 11 | |
| 14 | | | | | | |
| 15 Other assets. See Part IV, line 11 15 15 16 16 18658 17 Accounts payable and accrued expenses 14675 17 459 18 Grants payable 18 19 Deferred revenue 19 19 20 21 22 21 22 21 22 22 | | 0467170517 | | | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 00000000 | | | | |
| 17 | | 150000000 | | | | |
| 18 Grants payable 18 19 Deferred revenue 19 19 20 20 21 20 21 22 21 22 23 24 22 23 24 23 24 24 | | | Accounts people and account even as | | | 186589 |
| 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 20 21 22 21 22 22 | | 00000000 | | 14675 | 2000 | 4590 |
| Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 13783 26 6466 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 29 Permanently restricted net assets 29 29 Permanently restricted net assets 29 29 Permanently restricted net assets 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 37832 32 18012 33 Total net assets or fund balances 37832 33 18012 | | 0.0000 | | | 1000000 | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | | | |
| Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | | | |
| trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | S | 33543 | | | 21 | |
| Unsecured notes and loans payable to unrelated third parties | iţie | 22 | | | 1000 | |
| Unsecured notes and loans payable to unrelated third parties | lpil | | | | 22 | |
| 24 Unsecured notes and loans payable to unrelated third parties | Ë | 23 | | | | |
| 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 26 Total liabilities. Add lines 17 through 25 | | 100000000 | | | | |
| parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 36 6469 27 27 27 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29 | | 25 | | | | |
| 26 Total liabilities. Add lines 17 through 25 | | | | | | |
| Total liabilities. Add lines 17 through 25 | | | of Schedule D | -892 | 25 | 1879 |
| Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | 26 | Total liabilities. Add lines 17 through 25 | | | 6469 |
| | seo | | | | | |
| | lan | 27 | Unrestricted net assets | | 27 | |
| | Ba | 28 | | | 28 | |
| | pu | 29 | | | 29 | |
| | or Fu | | | | | |
| | sts | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | SSE | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | t A | | | 37832 | 32 | 180120 |
| 34 Total liabilities and net assets/fund balances | Ne | 33 | | 37832 | 33 | 180120 |
| | | 34 | Total liabilities and net assets/fund balances | 51615 | 34 | 186589 Form 990 (2018) |

| COIIII | 990 | (2018) | 1 |
|--------|-----|--------|---|

| Form 99 | 90 (2018) | | | Pa | ge 12 |
|----------|--|---------------------|----|-----|----------|
| Parl | XI Reconciliation of Net Assets | | | | - |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5: | 20935 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 81317 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 39618 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 37832 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | (|
| 6 | Donated services and use of facilities | 6 | | | (|
| 7 | Investment expenses | 7 | | | (|
| 8 | Prior period adjustments | 8 | | | 2670 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | (|
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 18 | 80120 |
| Part | XII Financial Statements and Reporting | | | | 6000 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plain in | | | |
| 0- | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | √ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | piled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| L | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 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 audit | ed on a | | | |
| | separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| | | *** | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account | versight ıntant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | plain in | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133? | forth in | 3a | | 1 |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2018)

3a

3b

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| 1368137 S. and other accounts | ls or Acco | | | | | | Name |
|-------------------------------------|---|--|--|--|--|---|----------|
| S. | ds or Acco | | | | tain Gun Owners, Inc. | ky Mount | Rocky |
| and other accounts | | | | | Organizations Mainta | art I | Pa |
| and other accounts | | rm 990, Part IV, line 6. | "Yes | tion answered | Complete if the organize | | |
| | (b) Fur | Oonor advised funds | | | | | |
| | | | | | number at end of year . | Total | 1 |
| | | | | to (during year) | egate value of contribution | Aggre | 2 |
| | | | | | egate value of grants from | | 3 |
| | | | | | egate value at end of year | | 4 |
| | | | | | the organization inform all | | 5 |
| | | | | | s are the organization's pro | | |
| | | | | | he organization inform all | | 6 |
| | | | | | for charitable purposes an | | |
| · 🗌 Yes 🗌 No |) v) v) v) | | | | erring impermissible private | | |
| | | | | | Conservation Easeme | art II | Pai |
| | | | | | Complete if the organize | | |
| | | | | | ose(s) of conservation ease | | 1 |
| | | | ation o | use (e.g., recrea | reservation of land for pub | | |
| ic structure | a certified hi | Preservation of | | | rotection of natural habitat | W | |
| | | | | | reservation of open space | | 8 |
| a conservation | a in the form | conservation contribution | neld a | ne organization he | plete lines 2a through 2d if | Comp | 2 |
| at the End of the Tax Year | | | | 1.00 | ment on the last day of the | | |
| | | K E K E E E E E | | | number of conservation ea | | а |
| | | | | | acreage restricted by con- | | b |
| | | | | | ber of conservation easem | | C |
| | 1 000 00 1 | | | | ber of conservation easer | | d |
| | | | | | ric structure listed in the Na | | • |
| ganization during the | inated by the | sed, extinguished, or tern | nsterre | its modified, trans | ber of conservation easem | tax ye | 3 |
| | | ant is leasted | anvatio | subject to conso | ber of states where proper | | 4 |
| a of | ootion bon | | | | the organization have a | | 5 |
| · Yes No | | lds? | aseme | e conservation ea | tions, and enforcement of t | violat | J |
| sements during the year | conservation | of violations, and enforcing | ecting, | monitoring, inspe | and volunteer hours devoted | Staff a | 6 |
| ments during the year | onservation (| violations and enforcing | na ha | nitorina inspectin | unt of expenses incurred in r | Amou | 7 |
| anonts during the year | Onsol vation o | violations, and emoreing t | 119, 110 | micomig, mopodim | and an angentoes in earlies in t | ▶\$ | |
| (B)(i) | section 170(ł | atisfy the requirements of | e 2(d) | t reported on line | each conservation easeme | Does | 8 |
| · Yes No | | | | | | | |
| | and expense | easements in its revenue | cons | anization reports o | rt XIII, describe how the or | In Par | 9 |
| s that describes the | ancial statem | to the organization's fin | of the | licable, the text o | nce sheet, and include, if a | balan | |
| | | | | | nization's accounting for co | | |
| Assets. | Other Simi | torical Treasures, or | ns of | ing Collection | Organizations Mainta | art III | Par |
| | | | | | | | |
| ent and balance sheet | revenue stat | 958), not to report in its | FAS 1 | rmitted under SF. | organization elected, as p | a If the | 1a |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | b |
| arch in furtherance of | ucation, or r | | | | | | |
| | | | | | | | |
| | > | | •8 | 0, Part VIII, line 1 | evenue included on Form 9 | (i) Re | |
| | | | | Part X | anota included in Form 000 | (iii) Ac | |
| S | > | | | uit / | ssets included in Form 990 | (ii) As | |
| S | assets for fi | easures, or other similar | t, hist | eld works of art, | e organization received or | If the | 2 |
| S Sincial gain, provide the | assets for fi ems: | easures, or other similar C 958) relating to these it | t, hist SFAS | eld works of art, reported under S | e organization received or wing amounts required to b nue included on Form 990 | follow | 2 |
| As ent arc | and expense ancial statem Other Simi revenue state ucation, or redescribes the evenue state ucation, or redescribes, or redescribes, or redescriben, or redescriben, or redescriben, or redescriben, or redescribent. | easements in its revenue to the organization's finatorical Treasures, or m 990, Part IV, line 8. 958), not to report in its for public exhibition, ed financial statements that C 958), to report in its for public exhibition, edems: | consolor con | anization reports of servation easemention answered frmitted under SF, or other similar I, the text of the fermitted under SF, or other similar I, and other similar I amounts relations | Organizations Mainta Complete if the organization elected, as part of art, historical treasured service, provide, in Part of the organization elected, as sof art, historical treasured service, provide the follows: | and s In Par balan organ art III a If the works public b If the works public | 9 Par |

| Sugnetion (acceptance) acquisition, accession, and other records, check any of the following that are a significant use of its colocitor items (check all that apply): a Public exhibition d Loan or exchange programs c Preservation for future generations d Loan or exchange programs c Preservation for future generations d Control or exchange programs e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ▼es No Part IV Escrowand Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XX, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part XX. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part XX. line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d Additions during the year 1d 1d | Par | t III Organizations Maintaining | Collections of | Art, His | torical | Freasures | , or O | ther Similar A | ssets (continued | 1) |
|--|-----------------------|---|--------------------------|----------------|------------------|------------------|------------------|---------------------------------------|--|------|
| b Scholarly research e Other | 3 | Using the organization's acquisition, | accession, and ot | her reco | rds, ched | ck any of th | ne follo | wing that are a | significant use of | ts |
| b Scholarly research e Other | а | ☐ Public exhibition | | d | Loan | or exchang | ge prog | rams | | |
| c | b | ☐ Scholarly research | | | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | С | | | | | | | | | |
| XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | and expl | ain how t | hev further | the or | ranization's eve | mnt nurnose in Pa | art |
| During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | and oxpi | ani novi t | ing farther | the org | garnzation 3 CAC | inpr purpose in re | AI L |
| assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | 5 | During the year did the organization | solicit or receive | donation | ne of art | historical to | roacuro | e or other cimi | lor | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodiary and the grant of the contributions during the year | | assets to be sold to raise funds rather | than to be mainta | ined as | nart of th | e organizati | ion's co | ollection? | the same of the sa | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | Par | | | iniou us | part of th | c organizati | 1011 3 00 | nection: | ☐ Yes ☐ N | 0 |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance | ı dı | Complete if the organization | | " on For | m 990, I | Part IV, line | e 9, or | reported an ar | mount on Form | |
| Beginning balance . 1d | 1a | Is the organization an agent, trustee, | custodian or oth | er intern | nediary fo | or contribut | tions o | other assets n | ot | |
| Beginning balance | | included on Form 990, Part X? | | | | | | | ☐ Yes ☐ N | 0 |
| C Beginning balance . 1d | b | | | | | | | | | |
| d Additions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | | A 2 1533 | | | | | T A | Amount | - |
| d Additions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | С | Beginning balance | | | | | 10 | | | |
| Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | d | | | | | | | | | |
| f Ending balance . | | Distributions during the year | | | | | | /// / / / / / / / / / / / / / / / / / | | - |
| Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | 820 | Ending balance | | | | | | | | _ |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) B | | Did the organization include an amoun | nt on Form 990 Pr | ort V line | | | | | √2 □ Vaa □ N | _ |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance | | | | | | | | | | 0 |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A | Dar | t V Endowment Funds | art Alli. Check here | e ii the e | xpianatio | n nas been | provid | ed on Part XIII . | | _ |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | rai | | | , | 000 1 | D + N/ !! | 40 | | | |
| Beginning of year balance | 100 | Complete if the organization | | | | | | | . 1 | |
| b Contributions c Net investment earnings, gains, and losses . d Grants or scholarships . e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance . 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\bigcirc \) % b Permanent endowment \(\bigcirc \) % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . (ii) related organizations . 3a(ii) 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3a(ii) 5 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (cother) (c) Accumulated depreciation (d) Book value depreciation (other) (d) Equipment (d) E | | | (a) Current year | (b) Pri | or year | (c) Two year | rs back | (d) Three years bac | k (e) Four years back | < |
| c Net investment earnings, gains, and losses | 8000 | | | | | | | | | |
| d Grants or scholarships | b | | | | | | | | | |
| d Grants or scholarships | C | | | | | | | | | |
| e Other expenditures for facilities and programs | | L | | | | | | | | |
| f Administrative expenses | d | | | | | | | | | |
| f Administrative expenses | е | Other expenditures for facilities and | | | | | | | | |
| g End of year balance | | programs | | | | | | | | |
| g End of year balance | f | Administrative expenses | | | | | | | | |
| a Board designated or quasi-endowment b Permanent endowment 6 | g | | | | | | | | | |
| a Board designated or quasi-endowment b Permanent endowment 6 | 2 | Provide the estimated percentage of the | he current vear en | d balanc | e (line 1c | ı. column (a |)) held | as: | | |
| b Permanent endowment | а | | | % | , | ,, | .,, | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other Other Other Other Other Table Add lines 1a brever h 1e (Calver of the part of the pa | b | | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | С | Temporarily restricted endowment ▶ | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | | | 20% | | | | | | |
| organization by: (i) unrelated organizations | 3a | | | | zation th | at are held | and ad | ministered for the | 10 | |
| (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations | | | , p. 3.3.3.3.1. 3. 1. 1. | o organi | Lation tin | at allo fiola | and ad | ministered for ti | | _ |
| (ii) related organizations | | 10 To | | | | | | | | _ |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | (ii) related organizations | | | | | 0.53 (0.53 (0.53 | | | |
| Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (nother) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) B | h | | | | | | | | | |
| Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 1a Land 1b See Form 990, Part X, line 10. 1a Land 1a Land 1b See Form 990, Part X, line 10. 1a Land 1b See Form 990, Part X, line 10. 1a Land 1b See Form 990, Part X, line 10. 1a Land 1b See Form 990, Part X, line 10. 1a Land 1b See Form 990, Part X, line 10. 1a Land 1b See Form 990, Part X, line 10. 1a Land 1a Land 1a Land 1b See Form 990, Part X, line 10. 1a Land | | Describe in Part VIII the intended uses | of the organization | as requi | red on 50 | chequie R? | | | 30 | _ |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Table Add lines 1a through 1a (Cokura (d) must be see 15 mm 990, Part X, line 10. (d) Book value (d) Book value 22225 11810 | Paragraph of the last | | | n s endo | wittent ii | urias. | | | **** | _ |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Book value (h) Cost or other basis (other) (oth | rail | , | | , | 000 [| 5 - 4 N / P | a a | 0 5 000 | D 11/1 10 | |
| (investment) (other) depreciation 1a Land | - | | | | 99/1977 (01% 700 | 9-100 UV | TOWAY S | | | |
| b Buildings | | Description of property | | | | | | | (d) Book value | |
| c Leasehold improvements d Equipment e Other Total Add lines 1a through 1a (Column (d) most and Exercise) | 1a | | | | | | | | | mee |
| c Leasehold improvements d Equipment e Other Total Add lines 1a through 1a (Column (d) most and Exercise) | b | Buildings | 8 | | | | | | | |
| e Other | С | | R | | | | | | | |
| e Other | d | Equipment | | | | | | | | _ |
| Total Add lines to through to (Column (d) mont and Fam. 200 Part V. J. (D) II. 40 | е | Other | | | | 34035 | | 22225 | 118 | 10 |
| | Total. | Add lines 1a through 1e. (Column (d) m | oust equal Form 99 | 90, Part) | X, columr | | | | | |

| Part VII | Investments - Other Securities | | | | |
|---|---|---|---|---|--|
| | Complete if the organization and | swered "Yes" on For | m 990, Part IV, Iir | e 11b. See Form | n 990, Part X, line 12. |
| | (a) Description of security or catego (including name of security) | pry | (b) Book value | | thod of valuation: I-of-year market value |
| (1) Financia | l derivatives | | | | |
| • | held equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) (D) | | | | | |
| (E) | | | / | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | |
| Part VIII | Investments - Program Relate | | | | |
| | Complete if the organization and | | m 990, Part IV, lin | e 11c. See Form | 990. Part X. line 13. |
| | (a) Description of investment | | (b) Book value | 100000000000000000000000000000000000000 | thod of valuation: |
| | | | | | l-of-year market value |
| (1) | | | | | |
| (2) | | | | , | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | - the same of the | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. | | | | |
| Turenx | Complete if the organization ans | swered "Yes" on For | m 990 Part IV lin | e 11d See Form | 000 Part V line 15 |
| | | (a) Description | 11 550, 1 411 17, 111 | ie 11d. See 1 Oili | (b) Book value |
| (1) | 0 | A.V. To. 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | | | (,, |
| (2) | | | | | |
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| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | yman /h) may at a gy al Fayra 000 Part V | L (D) E 45) | | | |
| Part X | mn (b) must equal Form 990, Part X, o Other Liabilities. | coi. (B) line 15.) | | | |
| raitA | | awarad "Vaa" on Far | ~ 000 Dort IV II | - 11 11f C- | - F 000 D+ V |
| | Complete if the organization and line 25. | swered res on Fon | n 990, Part IV, IIn | ie Tie or Tit. Se | e Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | | |
| | ncome taxes | (b) Book value | 1460 | | |
| (2) CO Incor | | | 368 | | |
| (3) FUTA | Tukes | | 42 | | |
| (4) | | | 72 | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | 1879 | | |
| 2. Liability fo | r uncertain tax positions. In Part XIII, prov | vide the text of the footno | te to the organizatio | n's financial stateme | ents that reports the |
| organization' | s liability for uncertain tax positions unde | er FIN 48 (ASC 740). Ched | ck here if the text of t | he footnote has bee | en provided in Part XIII |

| Part | | | Return. |
|--------|--|-------------------------------|---------------------------------|
| | Complete if the organization answered "Yes" on Form 990, | | Τ.Ι |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | Taul | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е 3 | Add lines 2a through 2d | | 2e |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 3 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 40 | |
| b | Other (Describe in Part XIII.) | 4a 4b | |
| c | Add lines 4a and 4b | 40 | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12) | 5 |
| Part | | | |
| | Complete if the organization answered "Yes" on Form 990, | Part IV. line 12a. | or riotain. |
| 1 | The state of the s | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | , | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ne 18.) | 5 |
| Part | XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10 an | -14.0-10/154110 | |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | t to provide any additional i | of Part V, line 4; Part X, line |
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| Schedule D (For | n 990) 2018 Page | 5 |
|-----------------|--------------------------------------|-----|
| Part XIII | Supplemental Information (continued) | _ |
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

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OMB No. 1545-0047

Open to Public

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. No (h) Purpose of grant or assistance Employer identification number National 2A Efforts 0 □ Yes 84-1368137 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) • Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 61840 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 54-2015951 (p) EIN 2300 Eisenhower Blvd Loveland, CO 8 (1) National Assoc. for Gun Rights, 1 (a) Name and address of organization Rocky Mountain Gun Owners, Inc Name of the organization Part Part II (3) 4 9 0 (10) (11) 2 2 6 (12)8

Schedule I (Form 990) (2018)

Cat. No. 50055P

Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

| (f) Description of noncash assistance | | | | | | | | ional information. | | | | | |
|---|---|---|---|---|----|---|---|---|--|--|--|--|--|
| (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | | (b); and any other addit | | | | | |
| (d) Amount of noncash assistance | | | | | | | | e 2; Part III, columr | | | | | |
| (c) Amount of cash grant | | | | | | | | equired in Part I, lir | | | | | |
| (b) Number of recipients | | | | | | | | the information r | | | | | |
| (a) Type of grant or assistance | | | | | | | | Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | |
| | - | 2 | က | 4 | IJ | 9 | 7 | Pal | | | | | |

Schedule I (Form 990) (2018)

Page 3

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

enacted after the schedule was published, go nformation about developments related to Schedule I (Form 990), such as legislation Future developments. For the latest to www.irs.gov/Form990.

Glossary of the Instructions for Form 990. Note. Terms in bold are defined in the

Purpose of Schedule

made by the filing organization during the tax information on grants and other assistance year to domestic organizations, domestic organization that files Form 990 to provide governments, and domestic individuals. organization directly. Also, report activities conducted by the organization indirectly through a disregarded entity or a joint Schedule I (Form 990) is used by an Report activities conducted by the venture treated as a partnership.

scholarships, fellowships, research grants, and similar payments and distributions made by the organization during the tax year. For purposes of Schedule I, grants and other awards, prizes, contributions, noncash Grants and other assistance include assistance, cash allocations, stipends, assistance don't include:

- payments is to serve the direct and immediate needs of the organization (such as legal, employees, or payments to independent contractors if the primary purpose of such Salaries or other compensation to accounting, or fundraising services).
- organization or contributing employer, if such payment is made under the terms of the VEBA trust and in compliance with section beneficiary association The payment of any benefit by a 501(c)(9) voluntary employees' beneficiary asso (VEBA) to employees of a sponsoring
 - Grants to affiliates that aren't organized as organization, or payments made to branch organization located in the United States. offices, accounts, or employees of the legal entities separate from the filing
- persons in **U.S. possessions**) have the authority to control all substantial decisions of possession. A trust is a domestic organization corporation or partnership created or organized in the United States or under the law of the United States or of any state or f a court within the United States or a U.S. possession is able to exercise primary supervision over the administration of the A domestic organization includes a trust, and one or more U.S. persons (or

possession, a political subdivision of a state or U.S. possession, the United States, or the District of Columbia. A grant to a U.S. A domestic government is a state, a U.S. government agency must be included on this schedule regardless of where the agency is ocated or operated.

possession) and not outside of the United

States (or a U.S. possession).

ncluding a foreign citizen, who lives or esides in the United States (or a U.S.

A domestic individual is a person,

Parts II and III of this schedule may be duplicated to list additional grantees (Part II) or types of grants/assistance (Part III) that don't fit on the first page of these parts. Number each page of each part. Don't report on this schedule foreign grants foreign organization, foreign government, or foreign individual. Instead, report them on or assistance, including grants or assistance provided to domestic organizations, grants or other assistance to a designated individuals for the purpose of providing domestic governments, or domestic Schedule F (Form 990), Statement of Activities Outside the United States.

Who Must File

Form 990, Part IV, Checklist of Required Schedules, line 21 or 22, must complete Part I and either Part II or Part III of this schedule An organization that answered "Yes" on and attach it to Form 990.

If an organization isn't required to file Form information requested, including the required 990 but chooses to do so, it must file a complete return and provide all of the

Specific Instructions

Part I. General Information on Grants and Assistance

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21

organization monitors its grants to ensure that such grants are used for proper purposes and describe the periodic reports required or field investigations conducted. Use Part IV for the "No" regarding whether the organization maintains records to substantiate amounts, aren't otherwise diverted from the intended Lines 1 and 2. On line 1, indicate "Yes" or grants. In general terms, describe how the organization's narrative response to line 2. eligibility, and selection criteria used for use. For example, the organization can

Organizations and Domestic Part II. Grants and Other Assistance to Domestic Governments

than \$5,000 aggregate of grants or assistance from the organization during the tax year. A "Yes" response means that the organization Line 1. Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. reported more than \$5,000 on Form 990, Part IX, line 1, column (A). Enter information only for each recipient domestic organization or domestic government that received more

organizations or entities on duplicate copies of Part II. Use as many duplicate copies as needed, and number each page. Use Part IV if entity on a separate line of Part II. If there are more organizations or entities to report in Part additional space is needed for descriptions of Il than space available, report the additional Enter the details of each organization or particular column entries.

nailing address of each recipient organization Column (a). Enter the full legal name and or government entity.

Column (b). Enter the employer identification number (EIN) of the grant

described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave exempt, if applicable (for example, a school organization receiving the assistance is tax Internal Revenue Code under which the Column (c). Enter the section of the column (c) blank. Column (d). Enter the total dollar amount of and other charges against funds on deposit at cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, Columns (e) and (f). Enter the fair market money order, electronic fund or wire transfer a financial institution.

example, market quotations for securities) at its fair market value. For marketable securities value of noncash property. Describe the method of valuation. Report property with a on the date the property is distributed to the between the bona fide bid and asked prices. securities exchange, measure market value lowest quoted selling prices or the average determined, use an appraised or estimated grantee by the average of the highest and When fair market value can't be readily readily determinable market value (for registered and listed on a recognized

or equipment, pharmaceuticals, blankets, and assistance, enter a description of the property or assistance. List all that apply. Examples of noncash assistance include medical supplies Column (g). For noncash property or books or other educational supplies.

type of assistance, such as medical, dental, or general support, payments for nursing services, or laboratory construction. Enter the description of the disaster and the assistance charitable, educational, religious, or scientific. assistance. Don't use general terms, such as free care for indigent hospital patients. In the victims of Colorado wildfires"). Use Part IV if additional space is needed for descriptions. provided (for example, "Food, shelter, and clothing for Organization A's assistance to Use more specific descriptions, such as Column (h). Describe the purpose or ultimate use of the grant funds or other assistance, include a case of disaster



government, it should report the grant's present value in Part II, line 1, column (d) or (e), and report any accruals of present value "Accrual" on Form 990, Part XII, line 1; follows SFAS 116 (ASC 990, Part IX); and makes a grant during the 958) (see instructions for Form tax year to be paid in future years to a If the organization checks domestic organization or domestic increments in future years.

organizations listed on Schedule I (Form 990), Part II, line 1, that (a) have been recognized by conventions or association of churches; or (d) are domestic governments. Enter the total. the Internal Revenue Service as exempt from synagogues, temples, and mosques; (c) are federal income tax as described in section 501(c)(3); (b) are churches, including integrated auxiliaries of churches and Line 2. Add the number of recipient Line 3. Add the number of recipient

organizations listed on Schedule I (Form 990), Part II, line 1, that aren't described on line 2. organizations that aren't tax-exempt and organizations that are tax-exempt under section 501(c) but not section 501(c)(3). This number should include both

Part III. Grants and Other Assistance to Domestic Individuals

Complete Part III if the organization answered "Yes" on Form 990, Part IV, line 22. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 2, column (A).

report a contribution to a hospital designated to provide some service to the general public or to unspecified domestic charity patients in benefit of one or more specific domestic individuals. Instead, complete Part II, earlier. For example, report a payment to a hospital assistance made to or for the benefit of individual recipients. Don't complete Part III designated to cover the medical expenses of particular domestic individuals in Part III and individuals through another organization or entity, unless the grant or assistance is earmarked by the filing organization for the Enter information for grants and other for grants or assistance provided to

to individuals on a separate line of Part III. If there are more types of assistance than space duplicate copies of Part III. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column Enter the details of each type of assistance available, report the types of assistance on entries.

Column (a). Specify type(s) of assistance provided, or describe the purpose or use of provided, or describe the purpose or use of armst funds. Don't use peneral terms, such as charitable, educational, religious, or scientific. shelter for indigents, or direct cash assistance to indigents; etc. In the case of specific scholarships for students attending a particular school; provision of books or other educational supplies; food, clothing, and disaster assistance, include a description of the type of assistance provided and identify the disaster (for example, "Food, shelter, and cothing for immediate relief for victims of Colorado wildfires"). Use more specific descriptions, such as

Column (b). Enter the number of recipients for each type of assistance. If the organization is unable to determine the actual number, provide an estimate of the number. Explain in Part IV how the organization arrived at the estimate.

Column (c). Enter the aggregate dollar amount of cash grants for each type of grant or assistance. Cash grants include grants and allocations paid by cash, check, money order electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

example, market quotations for securities) at value of noncash property. Describe the method of valuation. Report property with a readily determinable market value (for Columns (d) and (e). Enter the fair market

its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices or the average between the bona fide bid and asked prices, on the date determined, use an appraised or estimated the property is distributed to the grantee. When fair market value can't be readily value.

Column (f). For noncash grants or assistance, enter descriptions of property. List all that apply. Examples of noncash assistance pharmaceuticals, blankets, and books or other educational supplies. include medical supplies or equipment,



tax year to be paid in future years to a domestic individual, it should report the grant's present value in Part III, column (c) or (d), and report any accruals of present value increments in future years. "Accrual" on Form 990, Part XII, line 1; follows SFAS 116 (ASC 990, Part IX); and makes a grant during the 958) (see instructions for Form If the organization checks

required in Part I, line 2, regarding monitoring of funds, and in Part III, column (b), regarding how the organization estimated the number of Part IV. Supplemental Information assistance. Also use Part IV to provide other narrative explanations and descriptions, as needed. Identify the specific part and line(s) that the response supports. Part IV can be duplicated if more space is needed. Use Part IV to provide narrative information recipients for each type of grant or

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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.

Rocky Mountain Gun Owners, Inc. 84-1368137 Form 990 - Part III - Line1: As an advocacy group, the Rocky Mountain Gun Owner's (RMGO) purpose is to educate Colorado gun owners and gun rights supporters on firearms issues at the local, state, and federal levels. Form 990 - Part VI - Line 11b - Organization's process to reveiw Form 990: No reveiw was or will be conducted. Form 990 - Part VI - Line 19 - Governing Documents Disclosure explanation: No documents available to the public.

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
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