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Form **99.0** 

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

20 15 For the 2015 calendar year, or tax year beginning January 1 C Name of organization Rocky Mountain Gun Owners, Inc D Employer identification number Check if applicable Doing business as 84-1368137 Address change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 888-874-3006 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 7 G Gross receipts \$ Amended return Windsor, CO 80550 H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer H(b) Are all subordinates included? Yes No P.O. Box 27 Windsor, CO 80550 If "No," attach a list (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or 501(c)(3) H(c) Group exemption number ▶ Website: ▶ www.RMGO.org Form of organization 🗹 Corporation 🔲 Trust ☐ Association ☐ Other ► L Year of formation 1996 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Activities & Governance 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) . . 6 0 Total unrelated business revenue from Part VIII, column (C) line 12 ---7a 0 Net unrelated business taxable income from Form 990 15 line 341 0 **Current Year** 9 )SO Contributions and grants (Part VIII, line 1h) . 4 857377 8 432682 -A⊍G-**0**-1 20:6-Program service revenue (Part VIII, line 2g) 9 0 Investment income (Part VIII, column (A), lines 3, 4; and 7d) 10 n 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 n 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 857377 432682 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 64500 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 75987 73408 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 65121 Other expenses (Part IX, column-(A), lines-1-1a-1-1d, 1-1f-24e) \_\_\_\_\_ 685961 428507 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 826543 514915 19 Revenue less expenses. Subtract line 18 from line 12 30834 82233 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 186000 102281 21 Total liabilities (Part X, line 26) . 16998 19153 22 Net assets or fund balances. Subtract line 21 from line 20 169002 83128 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compl eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If Paid self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Cat No 11282Y

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	🗹
1	Briefly describe the organization's mission:	
	See Schedule O	••••
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐Yes ☑No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services,	as measured hy
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.	ations to others,
4a	(Code: ) (Expenses \$ 374824 including grants of \$ 0) (Revenue \$	)
	To Promote and defend the right to keep and bear arms of every law abiding Colorado citizen.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
		•••••
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 374824	

ait	Offectilist of nequired Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	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? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> 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		✓
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		<b>✓</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>&gt;</b>
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		<b>√</b>
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	✓	
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		✓
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		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e	-	<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete _Schedule_D, Parts XI_and XII	-12a		- <b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
J	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		<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>✓</b>

Part I	Checklist of Required Schedules (continued)			
00	Did the average to a provide and average hospital facilities? If "Voc." complete Schodule H	20a	Yes	No ✓
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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		<b>✓</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d <b>25</b> a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		<b>√</b>
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		<b>*</b>
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		<b>√</b>
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		✓
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):	T A SAGA	, 3 - 4 - 4	16 gr
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule: M—	29		√ - √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance	_	_	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>,</b> -	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			Ι.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		├—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
<b>h</b>	If "Yes," enter the name of the foreign country:	40		<del>-</del>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-	,	
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	<b>✓</b>	<del> </del>
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			_
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>/</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	<u>8</u>		<b>-</b>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>✓</b>
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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		For	n <b>99</b> 0	(2015)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Section	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 . 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 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		<b>✓</b>
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<b>✓</b>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?	5		1
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		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a b	The governing body?	8a 8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 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?	- <del>1</del> 3=		<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<b>✓</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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	100		
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re  Dudley Brown 501 Main Street Windsor CO 80550 877-405-4570	cords	:▶	

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Form	990	201	5)
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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 relate	a orga	anız	atio	on c	ompe	nsa	ited any currer	it officer, airecto	r, or trustee.
		<u> </u>			C)					
(A)	(B)	<b>.</b>			ition			(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation from	compensation from related	amount of other
	week (list any hours for	악页	sul	앜	Z <sub>e</sub>	a E	Fo	the	organizations	compensation
	related	dra	1	Officer	e	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	당	on l		Key employee	è c	`	(W-2/1099-MISC)		organization and related
	line)	trus	al tr		yee	ğ				organizations
		Individual trustee or director	Institutional trustee			Highest compensated employee	İ			_
			rō			ited				
(1) Dudley Brown	20			<u> </u>						
Executive Director		<b>✓</b>	ļ	✓				55972	0	6000
(2) Barry Walter	5	ļ	]							
Chairman			_	✓	_		_	0	0	(
(3) Joel Garzoli	1				ļ					
Board Member			-	<b>✓</b>	<u> </u>			0	0	(
(4)		İ			l				ŀ	
(5)										
		1								
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(11)	_		┢	$\vdash$	$\vdash$		<del>-</del>			
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(12)										
(13)										
	<u> </u>	<u> </u>	$oxed{}$		_		$oxed{oxed}$	<u> </u>		
(14)	<b></b>				1					
								1	1	1

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (co	ntinue	d)	
	(B) Average hours per week (list any	box, ι	unles	Pos eck s pe	rson	e than o is both or/trus	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F Estima rom amou		ated int of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comper from organi and re organiz	nsation i the zation elated
(15)							<u> </u>						
(16)													
(17)													
(18)													
(19)	····												
(20)													
(21)											-		
(22)					_								
(23)					-				-				
(24)							_						-
(25)													
1b c	Sub-total			•	•		· ·	<b>&gt;</b>	55972				6000
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organic	t not limited	d to th					e) w	ho received m		l ,000 c	of	6000
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	ficer, direc	tor, c					emp	oloyee, or high	est compens	ated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th										4	<b>/</b>
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	idual	5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax
	(A) Name and business add	lress							(B) Description of s	ervices	C	(C) ompensa	ition
		·						_				_	
								+					
2	Total number of independent contractor		_					o th	nose listed ab	ove) who			

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, G	С	Fundraising events   1c					
ar	d	Related organizations 1d		İ			1
ini,	е	Government grants (contributions) 1e		}		:	
i S	f	All other contributions, gifts, grants,					
혈美		and similar amounts not included above 1f					
اع ق	g		432682				
	<u>h</u>	Total. Add lines 1a-1f	•	432682			<del></del>
ᇤ	_	Busin	ess Code				-
eve	2a						
e e	b				<u> </u>		
چَ	C						
နို	d			-			
Iau	e f	All other program service revenue .					· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	g	Total. Add lines 2a–2f	•				
	3	Investment income (including dividends,					
	_	and other similar amounts)	▶				
	4	Income from investment of tax-exempt bond pro	ceeds ▶				
	5	Royalties	🕨				
			Personal		-		
	6a	Gross rents					
	ь	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	Net gain or (loss)	<u> ▶</u>				
a_							
	8a <u>-</u>	_Gross.income.from fundraising events (not including \$			· · · · · · · · · · · · · · · · · · ·		
ě		of contributions reported on line 1c).					
Other Reven		See Part IV, line 18 a					
the	ь	Less: direct expenses b					
0		Net income or (loss) from fundraising events	· •				
		Gross income from gaming activities.	· ·				
		See Part IV, line 19 a					
	ь	Less. direct expenses b					
	C	Net income or (loss) from gaming activities	▶			1	
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less. cost of goods sold b					
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue Busii	ness Code			ļ	Į
	11a						
	b						
	C						
	d	All other revenue					-
	12	<b>Total.</b> Add lines 11a–11d		432682		<del>                                     </del>	<del> </del>
		TOWN TOTOTION OOD INSTRUCTIONS		434084			L

### Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete col	umn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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	0			· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic individuals. See Part IV, line 22 .	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			1
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	68410	34205	6841	27364
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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4998	2499	500	1999
11	Fees for services (non-employees):				
а	Management	19000	13000	6000	
b	Legal	80013	60010	20003	
С	Accounting	2504		2504	
d	Lobbying	21000	21000		<u>.                                    </u>
e	Professional fundraising services. See Part IV, line 17	0			
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	82501	62701	0	19800
13	Office expenses	24521	7356	14713	2452
14	Information technology	6864	2059	4805	
15 16	Royalties	4754	2054	4405	475
16 17	Occupancy	4751 5979	2851	1425	475
_1 <i>1</i> 18	=Payments-of₌travel or-entertainment-expenses	59/9	4783	598	598
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2117	1270	635	212
20	Interest	404		404	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4625	2312	925	1388
23	Insurance	691	172	346	173
24	Other expenses. Itemize expenses not covered				·
	above (List miscellaneous expenses in line 24e. If		1		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				,
а	Mail Communications	77759	69983		7776
b	RMGO Ind. Expend. Committee	48629	48629		
C	Internet Communications	28835	25951		2884
d	Training	8583	8583		
e	All other expenses	22731	20458	2273	<del></del>
25	Joint costs. Complete this line only if the	514915	387822	61972	65121
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here life following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX <u>.</u> .	<u> </u>	<u> </u>
	_		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	158433	1	74238
	2	Savings and temporary cash investments	<del></del>	2	
	3	Pledges and grants receivable, net		3	·
	4	Accounts receivable, net		4	<u>-</u>
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges	2299	9	2299
	10a	Land, buildings, and equipment cost or			
	-	other basis. Complete Part VI of Schedule D 10a 34035			
	b	Less: accumulated depreciation 10b 8291	25268	10c	25744
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	••	12	<u> </u>
	13	investments—program-related. See Part IV, line 11	···	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	186000	16	102281
_	17	Accounts payable and accrued expenses	15850	17	15008
	18	Grants payable		18	
	19	Deferred revenue	···	19	
	20	Tax-exempt bond liabilities	<u></u>	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	<del>-</del>
Ŋ	22	Loans and other payables to current and former officers, directors,			
iţi		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			<del></del>
		_parties,_and_other_liabilities not.included.on lines_17-24)Complete Part-X			
		of Schedule D	1148	25	4145
	26	Total liabilities. Add lines 17 through 25	16998	26	19153
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and			
<u> </u>		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	165361	32	_ 83128
Set	33	Total net assets or fund balances	165361	33	83128
_	34	Total liabilities and net assets/fund balances	182359	34	102281

_	-4	٠,
Page	-1	í

orm 99	00 (2015)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4:	32682
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	14915
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	82233
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10	65361
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		- 1	<u>83128</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				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," exp	olaın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or			,
	reviewed on a separate basis, consolidated basis, or both:				
	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 audite	d 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 ov		1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	olain in			
_	Schedule O.				-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	ortn in			
	the Single Audit Act and OMB Circular A-133?		3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits are such as a supplier when the product of the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rgo tne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	iuits.			<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	idits.	3b	n <b>990</b>	(201

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Rocky Mountain Gun Owners, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . . . . . . Total acreage restricted by conservation easements . . . . . . 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . \$ Assets included in Form 990, Part X

Part	II Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	ther Similar <i>F</i>	Assets (con:	tinued)
3	Using the organization's acquisition, a	ccession, and ot	her recor	ds, chec	k any of th	e follov	wing that are a	significant u	se of its
	collection items (check all that apply):								
а	☐ Public exhibition		d	Loan	or exchang	je prog	rams		
b	☐ Scholarly research		e	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization	on's collections a	and expla	un how tl	hey further	the org	ganization's exi	empt purpos	e ın Part
	XIII.								
5	During the year, did the organization s	solicit or receive	donation	s of art,	historical tr	reasure	s, or other sim	nılar	
	assets to be sold to raise funds rather t	than to be mainta	ained as p	art of the	e organizati	on's co	ollection? .	· 🗌 Yes	☐ No
Part					-				
	Complete if the organization :	answered "Yes	" on For	m 990, f	Part IV, line	e 9, or	reported an a	amount on F	orm
	990, Part X, line 21.						•		
1a	Is the organization an agent, trustee,	custodian or oth	er interm	ediary fo	or contribut	tions of	r other assets	not	
	included on Form 990, Part X?							_	☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	able:				
		•		J				Amount	
С	Beginning balance					10	:	-	
d	Additions during the year					10	<del></del>		
e	Distributions during the year					16			
f	Ending balance					11	+		
2a	Did the organization include an amount	t on Form 990. P:	art X line	 21 for e	 scrow or ci			ıtv? ☐ <b>Yes</b>	□ No
	If "Yes," explain the arrangement in Pa								
Pari		TEXIII ONCOLUTION	0 11 1110 07	фіціпаліо	111140 00011	piovid	od on r dit rain	· · ·	
, ar	Complete if the organization	answered "Yes	" on For	m 990. F	Part IV. line	e 10.			
	Complete it the organization	(a) Current year	(b) Pric		(c) Two year		(d) Three years ba	ack (e) Four ye	ars back
1a	Beginning of year balance	(4, 5 2 , 5 2	(-,-	,	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		(1)	1,7,7	
b	Contributions		<u>.</u>						
C	Net investment earnings, gains, and								
·	losses								
	<del> -</del>	_							
d	Grants or scholarships Other expenditures for facilities and								
е	programs								
	<b>_</b>								
f	Administrative expenses	-			_				
g	End of year balance			- /l 1-		\\ bald			
2	Provide the estimated percentage of the			e (line 1g	, column (a	i)) neia	as.		
a	Board designated or quasi-endowmen		%						
b	Permanent endowment >	%				_			
C_	_Temporarily_restricted_endowment								
0-	The percentages on lines 2a, 2b, and 2						lancacatava al fav	th a	
3a	Are there endowment funds not in the	possession of tr	ie organii	zation tha	at are neio	and ad	iministered for		
	organization by:								es No
	(i) unrelated organizations							. 3a(i)	_
_	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related org							. <u>[3b]</u>	
4	Describe in Part XIII the intended uses	<del></del>	on's endo	wment to	unds			<u> </u>	
Part				000		4.4	0 5 60	0 D . V .:	40
	Complete if the organization								
	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book	/alue
	<del> </del>	(investm	iei it/	- (0	ther)		epreciation		
1a	Land	_				Ť	24,723 July 75		
b	Buildings								
C	Leasehold improvements								
d	Equipment								
<u>e</u>	Other				34035		_8291		25744
Total.	Add lines 1a through 1e. (Column (d) mi	ust equal Form 9	90, Part )	<, column	(B), line 10	Oc.) .	▶		25744

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV lin	ne 11b. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial			
	neld equity interests	·	
(A)			
(B)		···· <del> </del>	
(C)			
(D)			
(E)			
(F) (G)			
(H)			<del></del>
	b) must equal Form 990, Part X, col (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
T GITC VIII	Complete if the organization answered "Yes" on	Form 990. Part IV. lir	ne 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col (B) line 13 ) ►		
Part IX	Other Assets.	F 000 P+ IV I	444 O F 000 B+ V B 45
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, III	(b) Book value
	(a) Description		(b) book value
(1)		<del></del>	
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability (b) Book va	lue	
(1) Federal ır	ncome taxes		
(2)			
(3)			
(4)			
(5)	_		
(6)			
(7)			
(8)			
(9)	(h) must a must form 000. Dark V and (D) to a 05 h	———	
	(b) must equal Form 990, Part X, col (B) line 25 ) ▶	and a de la la la la la la la la la la la la la	and a financial statements that are asta the
	r uncertain tax positions. In Part XIII, provide the text of the find its liability for uncertain tax positions under FIN 48 (ASC 740).		

Par			Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1	
C	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII.)	<del></del>	1	
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
	XII Reconciliation of Expenses per Audited Financial Statem			urn
rait	Complete if the organization answered "Yes" on Form 990, I			uiii.
	Total expenses and losses per audited financial statements	art IV, iiie 12a.	1	
1			<del></del>	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l o- l		
а	Donated services and use of facilities	2a	- 1	
b	Prior year adjustments	2b	- 1	
C	Other losses	2c	- 1	
d	Other (Describe in Part XIII )	2d	4 _ 1	
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIII.)	4b	. ↓	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>9 18.) .                                    </u>	5	
	XIII Supplemental Information.			
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional if	iiormai	iion.
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15 Page <b>5</b>	Schedule D (For
emental Information (continued)	Part XIII
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#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

**Employer identification number** 

Rocky Mountain Gun Owners, Inc.	84-1368137
Form 990 - Part III - Line 1: As an Advocacy group, the Rocky Mountain Gun Owner's (RMGO) purpose	ıs 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 review Form 990: No review was or will be cor	ducted.
Form 990 - Part VI - Line19 - Governing Documents Disclosure explanation: No documents available to	the public.
Form 990 - Part VII - Section A - Line 1a - Row (1) - Column (F) - Estimated amount of other compensation	on from the organization and related
organizations: The amount shown here is health insurance premiums for 2015	
Revision July 2016: Part 1, Line 16a and Part IX, Lines 11(a)(A&B), 11(e)(A), and Line 25(A) &25(B)	
Political Consulting Fees incorrectly listed as Professional Fundraising Fees now corrected.	