SCANNED OCT 2 5 2021

		00	חמ	Return o	f Organiza	ation Exem	pt From I	Inco	me Tax		OMB No 1545-0047 、		
	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)												
	(Rev	Januar	y 2020)										
			of the Treasury	ľ		ty numbers on this				ıan	Open to Public		
			nue Service	<u> </u>		n990 for instruction		<u>_</u>		1-110	Inspection		
				dar year, or tax year be		January 1,	, 2019, and end	ling	Decembe	*******	, 20 19		
	В	Check if applicable Address change Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Initial return City or town, state or province, country, and ZIP or foreign postal code D Employe E Telephon (8)											
	=												
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	=												
	=				ovince, country, ar	nd ZIP or foreign post	al code			C C	to ¢		
	Amended return Application pending F Name and address of principal officer Dudley Brown G Gross rec H(a) Is this a group return for su												
	Ш	Applicat	ion pending			-	_	<i>())</i>			subordinates? Yes No		
	_	Tay aya	mpt status	2300 W Eisenhower B 501(c)(3) 50			7(a)(1) or 527	+7	• •		(see instructions)		
					1(0)(4) (risert no.) 494	1(a)(1) 01	- 	H(c) Group ex				
	$\overline{}$		e: ► www.rn	Corporation Trust	Association [Other ►	L Year of for		<u> </u>		f legal domicile CO		
		art I	Summa			Other	L real of for	mation	1330	W State C	r legal dornicile CO		
		1		cribe the organization	'e mission or i	most significant	ctivities:						
	0					,							
	Activities & Governance		See Sched	uie O									
	Ē	•	Chook this	box ▶ ☐ If the orgai	nization discon	tinued its operat	one or dienoe	od of s	nore than 2	5% of r	te not accote		
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	Ö	3		f voting members of t	-	• •	-			4	4		
•	e e	4		f independent voting i						5	0		
•	Ĭį.	0		ber of individuals emp	-	-				6	1		
2	Ę	7-		ber of volunteers (esti					• .• •	-	0		
•	⋖	7a		lated business revenu						7a 7b	0		
1	_	b	Net unreia	ted business taxable	income ironi r	orm 990-1, line 3	9		Prior Year		Current Year		
J		0	Contributi	one and grants (Bart)	/III lino 1h)			-	`				
2	Revenue	8		ons and grants (Part \ ervice revenue (Part \						455935	306110		
ί	Ver	9	•	65000	0								
9	æ	10		t income (Part VIII, co nue (Part VIII, column						65000 0			
7		11 12		nue—add lines 8 throu	306110								
2		13		d similar amounts paid	300110								
3	İ	14		aid to or for members	•					61840 0	0		
		15	•	ther compensation, em	•	• • •		_					
	penses	16a		•			(A), iii les 5-10)	· -		6497 0			
	en		Total fund	nal fundraising fees (P raising expenses (Par				\vdash		<u> </u>			
	Exp	b 17	Other eve	enses (Part IX, colum	(A) lines 11s	777 777 27 AN		╌		250501	205296		
		18	Total expe	enses (Part IX, Cojuit)	Noustander	Port 4% conjumes (-		250501	295386		
		19;-	Povenue le	nses. Add lines 13–1. ess expenses. Subtra	Allino 18 from	10 20 20 CO	ty, iii le 23) .	-		381317 139618	364935 -58825		
	_ s	13,4	nevellue it	ess expenses. Subila	edine 18 hom	III 12 . (0).	<u>· · · · · · </u>	Begin	nning of Curre		End of Year		
	Net Assets or Fund Balances	20	Total acce	ts (Part X, line 16)	, QGDE	NIIT		Deg.		186589	158367		
	Asse Bala	21		ities (Part X, line 16)	. + + + -	14, 15		-	``	6469	36462		
	Vet/	22		s or fund balances. Su	 ibtract line 21 i					180120	121905		
		rt II		re Block	ibilact iiile 21		<u>· · · · ·</u>	!		100 120	12 1303		
	_				ined this return in	cluding accompanying	r echadulae and ei	tatemen	e and to the	hest of m	y knowledge and belief, it is		
				te Declaration of preparer (
				J-1/1						-10/	12/2020		
	Sig	ın	Signat	ure of officer	<u></u>				Date		· -/ 2020		
	He			Dudlow	Brow.	Λ Ͱ	-Xecus	L·w	2	in	ctor		
			Type o	or print name and type	- 1000.			4-5		,,,			
	_			preparer's name	Prenare	er's signature		Date		Check [] _{if} PTIN		
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		pare		me ▶					Firm's		<u> </u>		
	Us	e Onl	Firm's nar	<u> </u>					Phone				
	May	the IF		this return with the pr	eparer shown	above? (see instr	ructions)		1 110118		. Yes No		
	· via				.,		· · · · ·						

V., C

Part	V · Checklist of Required Schedules			
			Yes	No
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		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? If "Yes," complete Schedule C, Part II	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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures; or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		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	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		√
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	. ✓ !	1

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		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		\
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		✓
-	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

₽art	• Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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		✓
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		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	1	
7	gifts were not tax deductible?	00	V	
7				
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		<u></u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┢
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · ·		
С	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	· ·		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		√
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
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 . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
46	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		1
а	Is the organization licensed to issue qualified health plans in more than one state?	134		•
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			
С	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		_ ✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		\
	If "Yes " complete Form 4720. Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ır	struc	tions.
·	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>. Ц</u>
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 3	4]]
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . [1b]	1		
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		\ \ \ \
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓
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		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			\Box
	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,			<u> </u>
U	stockholders, or persons other than the governing body?	7b		1
	Did the organization contemporaneously document the meetings held or written actions undertaken during	· · ·		
8	the year by the following:			
_		8a	$\overline{\checkmark}$	
a	The governing body?	8b	V	├─
b	·	OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	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 filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		17
14	Did the organization have a written document retention and destruction policy?	14		7
15	Did the process for determining compensation of the following persons include a review and approval by	H		├ `
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	√
b	Other officers or key employees of the organization	15b	<u> </u>	✓,
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			li
16a			<u> </u>	ن_ ا
	with a taxable entity during the year?	16a		✓
b				
	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		<u></u>
Secti	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-	T (Sec	tion !	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f intei	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Dudley Brown 2300 W Eisenhower Blvd Lovelan, CO 80537 (888) 874-3006			

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Page	- 4

Part VII [®]	Compensation of Officers,	Directors,	Trustees,	Key Employees	s, 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any relate	d orga	anız	atic	n c	ompe	nsa	ited any current	officer, director,	or trustee.
(A)	(B)	(do n	ot ch	Pos	ition	than c	nne	(D)	(E)	(F)
Name and title	Average hours per week	box, unless person is both an officer and a director/trustee)					an ee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Dudley Brown Executive Director	20			/				64500	0	0
(2) Barry Walter Chairman	5			1				0		0
(3) Joel Garzolı Board Member	11			✓				0	0	0
(4) Jacob Leis Board Member	4			1				o	o	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)									-	

Part	VII Section A. Officers, Directors, 1	rustees,	s, Key Employees, an						lighest Compe	nsated Em	Employees (continued		
					(0	C)							
•	(A) (B)					ition			(D)	(E)			(F)
	Name and title	Average					e than o		Reportable	Reportable		Estima	ed amount
		hours	office	er and			or/trus		compensation	compensatio from related			other
		per week (list any	익	П	Q	6	en F	Б	from the organization	organization	- 1		ensation om the
		hours for	함	喜	Officer	y eı	탕	Former	(W-2/1099-MISC)	(W-2/1099-MIS			zation and
		related	[중 교	ğ	``	Key employee	8 2	1			re	elated c	rganizations
		organizations below	֓֞֓֓֓֓֓֟֝֟ <u>֚֟</u>	2 ☆		ye	ă						
		dotted line)	Individual trustee or director	Institutional trustee		"	ens						
				ě			Highest compensated employee						
(15)								H					
X::27		·	i										
(16)				t							-		•
3			i					1					
(17)					\vdash	\vdash		\vdash			\dashv		
7		 	1										
(18)						1			 		-+		
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(25)			-					l					
-41:	0.14-4-1	<u> </u>	l	L	1			_			_		·····
1b	Subtotal	 		•	•	•			64500		0		
C	Total from continuation sheets to Part			•	•	•			0		0		
d	Total (add lines 1b and 1c)							<u>-</u>	64500		0		
2	Total number of individuals (including but		to tr	1056	lis1	ted	above	e) w	tho received more	e than \$100,0	100 o	Ť	
	reportable compensation from the organi	zation >											N/ N
											. 1		Yes No
3	Did the organization list any former of							mp	loyee, or highes	t compensa	ted		
	employee on line 1a? If "Yes," complete s											3	
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	an \$	150,	000)? [f "Ye	s,"	complete Sched	dule J for s	ıch		— - <u>-</u>
	ındıvıdual			•	•	•	•	•				4	
5	Did any person listed on line 1a receive of									ion or individ	lual		_
	for services rendered to the organization	? If "Yes," c	comp	ete	Sch	nedi	ule J 1	or s	such person .		·	5	✓
Secti	on B. Independent Contractors												
1	Complete this table for your five high												
	compensation from the organization. Rep	ort compen	satio	n toi	the	e ca	ienda	r ye	ear ending with or	within the or	ganız	ation	s tax year.
	(A)								(B)		^ -	(C)	-4
	Name and business add	ress						_	Description of serv	rices		mpens	ation
								\vdash					
								<u> </u>	·				
								_					
	· · · · · · · · · · · · · · · · · · ·							<u> </u>					
2	Total number of independent contractor							th	nose listed above	e) who			
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	<u> </u>						
												_	QQA (2010

Part	Will.	Ctatament of Day												
Part	VIIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
•		CHECK II GCHEGGIE	<u> </u>	illanis a re	зроп	20 of fiote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
g g	1a	Federated campaigi	ns .		1a									
ant I	Ь	Membership dues			1b									
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c									
E E	d	Related organization			1d									
<u>a</u>	е	Government grants			1e									
S E	f	All other contribution												
흥심		and similar amounts no			1f	306110		•						
혈美	a	Noncash contribution	ons in	cluded in										
벌	•	lines 1a-1f			1g	\$								
ತ್ರ ಕ	h	Total. Add lines 1a-	-1f .			▶	306110							
						Business Code								
e e	2a													
اه چ	ь													
S	С													
gram Ser Revenue	d						-							
Program Service Revenue	е													
<u>۲</u>	f	All other program se												
	g	Total. Add lines 2a-	-2f .	<u>.</u>										
	3	Investment income												
		other similar amoun	its) .			🕨								
	4	Income from investr	nent d	of tax-exen	npt bo	ond proceeds ►								
	5	Royalties				🕨								
				(i) Rea	ıl	(II) Personal			1					
	6a	Gross rents	6a											
	b	Less rental expenses	6b							İ				
	С	Rental income or (loss)	6c											
	d	Net rental income o	r (los:	s)		•								
	7a	Gross amount from		(i) Securi	ties	(II) Other								
		sales of assets						_						
		other than inventory	7a											
e	b	Less: cost or other basis												
Revenue		and sales expenses .	7b											
lev	С	Gain or (loss)	7c											
	d	Net gain or (loss)				<u>.</u> . ▶								
Other	8a	Gross income from												
Ó		events (not including	\$											
		of contributions rep												
		1c). See Part IV, line	e 18		8a									
	b	Less: direct expens			_8b									
	С	Net income or (loss)) from	ı fundraisin	g eve	nts . ►								
	9a	Gross income 1												
		activities. See Part I			9a									
		Less: direct expens			9b									
		Net income or (loss)			ctivitie	es >								
	10a	Gross sales of ir		•	1									
		returns and allowan			10a									
	b	Less. cost of goods			10b	<u> </u>				<u> </u>				
	С	Net income or (loss)) from	sales of ir	rvento	1								
Sn						Business Code								
eo re	11a													
Miscellaneous Revenue	b									ļ				
cel.	С									ļ				
Ais.	d	All other revenue				<u> </u>								
	е	Total. Add lines 11a												
	12	Total revenue. See	ınstr	uctions		▶	306110	_						

	Statement of Functional Expenses	alaha all anti All	-46		- (4)
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
•	Check if Schedule O contains a response				
	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 .				
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	Benefits paid to or for members				Ī
5	Compensation of current officers, directors, trustees, and key employees	64500	32250	6450	25800
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	5049	2524	505	2020
11	Fees for services (nonemployees)				
а	Management	14519	10163	4356	
b	Legal	2575	1287	1288	
С	Accounting	5208		5208	
d	Lobbying	3100	3100		
e	Professional fundraising services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees	· - 1			
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	15852	12048		3804
13	Office expenses	31350	9405	18810	3135
14	Information technology	4372	1312	3060	
15	Royalties				
16	Occupancy	5846	3508	1754	584
17	Travel	17350	13880	1735	1735
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,,,,,,			
19	Conferences, conventions, and meetings .	<u> </u>			
20	Interest				····
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3470	1735	694	1041
23	Insurance	300	75	150	75
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Mail Communications	115368	103831		11537
b	RMGO Ind. Expend. Committee				11337
C	Internet Communications	41541	41541 27775		2006
ď	Training	30861 3675	3675		3086
e	A II k I	30/5	30/5		
	Total functional expenses. Add lines 1 through 24e	204025	20100	44010	F2017
25 26	Joint costs. Complete this line only if the	364935	268109	44010	52817
	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)				•

					
Р	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ Y		
	•	Check if Scriedule O contains a response of note to any line in this f ar	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	174778	1	150026
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	*
æ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	·	9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 34035			
	Ь	Less: accumulated depreciation 10b 25694	11811	10c	8341
	11	Investments—publicly traded securities	1011	11	0341
	12	Investments—other securities. See Part IV, line 11		12	
	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 33)	186589	16	158367
_	17	Accounts payable and accrued expenses	4590	-	34401
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	1879		2061
	26	Total liabilities. Add lines 17 through 25	6469	26	36462
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
18	28	Net assets with donor restrictions	!	28	
Fun		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	•		
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	180120	-	121905
ž A	32	Total net assets or fund balances	180120		121905
ž	33	Total liabilities and net assets/fund balances	186589		158367

D	_	4	•
Pag	ы		

•

rorm 95	0 (2019)				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			3	06110
2	Total expenses (must equal Part IX, column (A), line 25)	2			3	64935
3	Revenue less expenses. Subtract line 2 from line 1	3_				58825
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			11	B0120
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				610
9.	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			1:	<u> 21905</u>
Part	XII Financial Statements and Reporting					
	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					1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı ın			
	Schedule O.					
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 con	npiled	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 aud	ted o	n a			İ
	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					
	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, e	xplaın	on			
	Schedule O.		.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?		.	За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	udits	╌	3b		
				For	1 990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury

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

201**9** Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 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) . 3 Aggregate value of grants from (during year) . . 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 5 ☐ Yes ☐ No 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 ☐ Yes ☐ No 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 (for example, recreation or education) ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 2 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 **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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: 2 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 FASB ASC 958 relating to these items:

Part	Ш	Organizations Maintaining	Collections of	Art, His	torical 1	reasures, o	or Ot	ther Similar As	sets (continued)
3.		the organization's acquisition, ction items (check all that apply):		her reco	ords, chec	k any of the	follov	ving that make s	ignificant use of its
а		ublic exhibition		d	☐ Loan	or exchange	proq	ram	
b		cholarly research				_	_		
С		eservation for future generations	5						
4	Provi	de a description of the organiza	tion's collections	and expl	ain how t	hey further th	ne org	ganization's exem	npt purpose in Part
5		g the year, did the organization ts to be sold to raise funds rathe							
Part	_	Escrow and Custodial Arra			·				
		Complete if the organization 990, Part X, line 21.	n answered "Yes	" on Fo	rm 990, I	Part IV, line	9, or	reported an am	nount on Form
1a	inclu	e organization an agent, trustee ded on Form 990, Part X?							ot 🗌 Yes 🗌 No
b	If "Ye	es," explain the arrangement in P	art XIII and comple	ete the f	ollowing to	able:			
							ļ	Aı	mount
C	-	nning balance					10		
d		tions during the year					10		
е		butions during the year					16		
f		ng balance							0 C V C V .
2a h		he organization include an amou es," explain the arrangement in P							
	t V	Endowment Funds.	art Alli. Check her	e ii tile e	хріапапо	ir nas been p	TOVIG	ed on Fart Alli .	· · · ·
rai	. v	Complete if the organization	answered "Yes	" on Fo	rm 990 i	Part IV line	10		
		Complete if the organization	(a) Current year	r	or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beau	nning of year balance	(4) 30 (4)	(-,-	,	(0, 1112) 121		(-,, ,	,-,,
b	-	ributions							
c	Net ii	nvestment earnings, gains, and				· · · · ·			
d		ts or scholarships							
e		r expenditures for facilities and							
		rams							
f	Adm	inistrative expenses							
g	End o	of year balance							
2		de the estimated percentage of			ce (line 1g	, column (a))	held	as [.]	
а	Boar	d designated or quasi-endowme	nt >	%					
b		nanent endowment	 %						
С		endowment ►%							
		percentages on lines 2a, 2b, and							
3a		here endowment funds not in th	e possession of the	ne organ	ization the	at are held ar	nd ad	lministered for th	e Yes No
	_	nization by:							
		Inrelated organizations					•		3a(i) 3a(ii)
b		es" on line 3a(ii), are the related o	· · · · · · · · · · · · · · · · · · ·	 Las recui	red on So		•		3b
4		ribe in Part XIII the intended use	•	•			•		00
Par		Land, Buildings, and Equip							
		Complete if the organization		" on Fo	rm 990, f	Part IV. line	11a.	See Form 990,	Part X, line 10.
		Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book value
		·	(investm	ent)		ther)	d	epreciation	
1a					ļ				
b		ings			ļ				
С		ehold improvements	•		<u> </u>				
d	_ : :	oment			<u> </u>				
Total	Othe	r	nust soud Farr	3403:		(P) line 10-	1	25694	8341
111124	ALICI II	ues la unough 18. C <i>ommun (n) (</i>	oost Boodl EUDH 9	au. cari	A. LEHIH (11)	cum. mic 1110:			

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For			
.	(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1) Financial				
	neld equity interests			
(3) Other			·	
(A)				
(B)				
			· ·	
(F)				
(G) (H)				<u></u>
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.			
T GIT VIII	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form 9	990. Part X. line 13.
	(a) Description of investment	(b) Book value		od of valuation
	(a) Bookington of through the	(2, 200 10.00		f-year market value
(1)				
(2)				·-····
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 9	
	(a) Description			(b) Book value
(1)				
(2)			-	
(3)		–		
(4)				
(5)				
(6)				
(7)				
(8)				
Total (Colu	mn (b) must equal Form 990, Part X, col (B) line 15.)			
Part X	Other Liabilities.	· · · · · · · · ·		
Ture A	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11e or 11f. See	Form 990. Part X.
	line 25.	555,		
1.	(a) Description of liability			(b) Book value
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25.)			
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footne	ote to the organization	n's financial statemen	ts that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part			Return.
	Complete if the organization answered "Yes" on Form 990, f	Part IV, line 12a.	
<u>+</u>	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]
C	Recoveries of prior year grants	2c	<u> </u>
d	Other (Describe in Part XIII.)	2d	<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	」
b	Other (Describe in Part XIII.)	4b	4
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total or posterior and total part and total an		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	4 1
C	Other losses	2c	4 1
d	Other (Describe in Part XIII.)	2d	 _
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
	Other (Describe in Part XIII.)	4b	ll
b	,		1 4-
С	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line aformation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line aformation.
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Page 5 Part XIII Supplemental Information (continued)						
Part XIII	Supplemental Information	(continued)				
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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 is to	educate Colorado gun owners and
gun rights supporters on firearm issues at the local, state, and federal levels.	
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Form 990 - Part VI - Line 11b - Organization's process to reveiw Form 990 No review was or will be conduc	ted.
Form 990 - Part VI - Line 19 - Governing Documents Disclosure explanation No documents available to the	public.

Schedule O (Form 990 or 990-EZ) (2019)	Page Z
Name of the organization	Employer identification number
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