### Form 990-EZ

**Short Form Return of Organization Exempt From Income Tax**

**Department of the Treasury**
**Internal Revenue Service**

**For the 2016 calendar year, or tax year beginning 01-01-2016**, and ending 12-31-2016

**C Name of organization**

**OHIO GUN OWNERS**

<table>
<thead>
<tr>
<th>Number and street (or P.O. box, if mail is not delivered to street address)</th>
<th>Room/suite</th>
</tr>
</thead>
<tbody>
<tr>
<td>3195 DAYTON XENIA ROAD 173 306</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City or town, state or province, country, and ZIP or foreign postal code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEAVERCREEK, OH 45434</td>
</tr>
</tbody>
</table>

**D Employer identification number**

47-5056180

**E Telephone number**

**F Group Exemption Number**

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**G Accounting Method**

- [ ] Cash
- [ ] Accrual
- [ ] Other (specify) ▶

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**H Check ▶**

- [ ] If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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**I Website:**

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**J Tax-exempt status (check one only) ▶**

- [ ] 501(c)(3)
- [ ] 501(c)(4) (insert no.)
- □ 4947(a)(1) or □ 527

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**K Form of organization**

- [ ] Corporation
- [ ] Trust
- [ ] Association
- [ ] Other

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**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts**

If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ. ▶ □ § 112,923

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### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ▶ □

#### 1 Contributions, gifts, grants, and similar amounts received ▶ □

2 Program service revenue including membership fees and contracts ▶ □

3 Membership dues and assessments ▶ □

4 Investment income ▶ □

5 Gross amount from sale of assets other than inventory ▶ □

- b Less cost or other basis and sales expenses ▶ □

- c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ▶ □

6 Gaming and fundraising events ▶ □

- a Gross income from gaming (attach Schedule G if greater than $15,000) ▶ □

- b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) ▶ □

- c Less direct expenses from gaming and fundraising events ▶ □

- d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ▶ □

7 Gross sales of inventory, less returns and allowances ▶ □

- b Less cost of goods sold ▶ □

- c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ▶ □

8 Other revenue (describe in Schedule O) ▶ □

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ □

10 Grants and similar amounts paid (list in Schedule O) ▶ □

11 Benefits paid to or for members ▶ □

12 Salaries, other compensation, and employee benefits ▶ □

13 Professional fees and other payments to independent contractors ▶ □

14 Occupancy, rent, utilities, and maintenance ▶ □

15 Printing, publications, postage, and shipping ▶ □

16 Other expenses (describe in Schedule O) ▶ □

17 Total expenses. Add lines 10 through 16 ▶ □

18 Excess or (deficit) for the year (Subtract line 17 from line 9) ▶ □

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return) ▶ □

19 4,356

20 Other changes in net assets or fund balances (explain in Schedule O) ▶ □

21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ □

Cat No 106421

For Paperwork Reduction Act Notice, see the separate instructions.
### Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>4,356</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>4,356</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>4,356</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III.

**What is the organization’s primary exempt purpose?**

ADVOCATE FOR SECOND AMENDMENT RIGHTS

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28 See Additional Data Table**

(Grants $ )

If this amount includes foreign grants, check here □

28a

(Grants $ )

If this amount includes foreign grants, check here □

29a

(Grants $ )

If this amount includes foreign grants, check here □

30a

(Grants $ )

If this amount includes foreign grants, check here □

31a

(Grants $ )

If this amount includes foreign grants, check here □

32 Total program service expenses (add lines 28a through 31a)

32

### Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated — see the instructions for Part IV.

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICHARD KNODEL</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARC CLAUSON</td>
<td>00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>00</td>
<td>0</td>
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</tr>
<tr>
<td>CAL HENDERSON</td>
<td>00</td>
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<tr>
<td>TREASURER</td>
<td></td>
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</tr>
<tr>
<td>CHRISTOPHER DORR</td>
<td>400</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
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</tbody>
</table>
Part V Other Information  (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).

34

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

37b Did the organization file Form 1120-POL for this year?

37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a

39 Section 501(c)(7) organizations Enter

39

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

40a

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b

40c Did the organization manage or disqualified persons during the year under sections 4912, 4955, and 4958

40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization

40e

41 List the states with which a copy of this return is filed

41

42a The organization's books are in care of CHRISTOPHER DORR Telephone no (614) 427-3323

42a

Located at 3195 DAYTON XENIA ROAD 173 306 BEAVERCREEK, OH ZIP 45434

42b 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)?

42b

If "Yes," enter the name of the foreign country

42c At any time during the calendar year, did the organization maintain an office outside the U.S.

42c

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b

44c Did the organization receive any payments for indoor tanning services during the year?

44c

44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b
46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

47. 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.

48. Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.

49. Did the organization make any transfers to an exempt non-charitable related organization?

50. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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</thead>
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<tr>
<td>Total number of other employees paid over $100,000</td>
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</tbody>
</table>

51. Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

52. Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A.

Yes ☑ No □

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 complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
CHRISTOPHER DORR, EXECUTIVE DIRECTOR
Type or print name and title
Date 2017-11-13

Paid Preparer Use Only
Print/Type preparer's name
STANLEY G LAVERMAN
Preparer's signature
Date 2017-11-13
Check ☑ if self-employed
PTIN 000006538

Firm's name ➤ STANLEY G LAVERMAN CPA
Firm's EIN ➤ 39-1888010
Firm's address ➤ 827 BROAD ST
Grinnell, IA 50112-0943
Phone no (641) 236-5568

Yes ☑ No □

May the IRS discuss this return with the preparer shown above? See instructions.
Additional Data

Software ID:  
Software Version:  
EIN: 47-5056180  
Name: OHIO GUN OWNERS

Form 990EZ, Part III - Statement of Program Service Accomplishments

<table>
<thead>
<tr>
<th>Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 TO ADVOCATE FOR THE SECOND AMENDMENT RIGHTS OF ALL LAW ABIDING CITIZENS OF OHIO (Grants $ )</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here  .  .  .  ►  □</td>
</tr>
<tr>
<td>Return Reference</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Description of other expenses Part I line 16</td>
</tr>
</tbody>
</table>