Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A		the 2014 calendar year, or tax year beginning $_{ extstyle extst$	_	, 2014	
₽_		c if applicable ass change	D Employ	er identification number	
-	1	change Alliance for Gun Responsibility	47-2	2512998	
X	Initial	Number and street (or P.O. box, if mail is not delivered to street address) Poom/suite	E Telephone number		
Ë	4	atum/terminated PO Box 21712	(20)	5) 382-5552	
-	•	City or town, state or province, country, and ZIP or foreign postal code	•	•	
X	4	ded return		Exemption	
<u>_</u>					
G				ne organization is not h Schedule B	
١.				n Schedule B EZ, or 990-PF).	
<u>J</u>	Tax-€	Seempt status (Check Chir) Chief Control of	330, 330-	LZ, 01 990-F1 <i>j</i> .	
K		n of organization: X Corporation Trust Association Other		· · · · · · · · · · · · · · · · · · ·	
<u>L</u>	asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	 ≻	\$95,000.	
Pi	art 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		95,000.	
	2	Program service revenue including government fees and contracts		 	
	3	Membership dues and assessments		 	
0	4	Investment income	· · · 4		
Č	11	a Gross amount from sale of assets other than inventory			
		b Less: cost or other basis and sales expenses		_	
2		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5	c	
Š	6	Gaming and fundraising events			
E	* **	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a			
E.	1	b Gross income from fundraising events (not including \$ of contributions			
Ü	∓	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b			
	1	c Less: direct expenses from gaming and fundraising events 6 c			
	4				
	1 ,	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6	d	
0	**	a Gross sales of inventory, less returns and allowances	· · ·	<u> </u>	
رو		b Less: cost of goods sold			
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7		
		Other revenue (describe in Schodule O)	8		
	8	Other revenue (describe in Schedule O)	-		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. > 9	95,000.	
	10				
_	11	Benefits paid to or for members	11	· ·	
X	12		12		
P	13		13		
XPEXSES	14	Occupancy, rent, utilities, and maintenance.	14		
E	15	Printing, publications, postage, and shipping	15	_	
3	16	· · · · · · · · · · · · · · · · · · ·			
	17				
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	95,000.	
ASSETTS	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	_	
	20			-	
	20	Net assets or fund balances at end of year. Combine lines 18 through 20		 	
	21	ivel assets of fund parances at end of year. Combine lines 18 through 20	. ► 21	95,000.	

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

Form 990-EZ (2014)



Form	1990-EZ (2014) Alliance for Gu	n Responsibility		47-	·25129	98 Page 2
<u>Irz</u> ai	Check if the organization used Sched	ule O to respond to any questi	on in this Part It			
	One of garmagarer and of or the	are o to respond to any questi		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0.		95,000.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O)			0.	24	0.
25	Total assets			<u> </u>	25	95,000.
26	Total liabilities (describe in Schedule O).			0.	26	93,000.
27	Net assets or fund balances (line 27 of c			<u></u>	27	95,000.
Dar	Statement of Program Service A					Expenses
al zen	Check if the organization used Sche	edule O to respond to any que	stion in this Part III			
What	is the organization's primary exempt purpose?	Occasiontion's Deman From	- Duman			d for section 501 d 501(c)(4)
Desc	ribe the organization's program service acc	omplishments for each of its th	ree largest program se	rvices as		tions; optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	nanner, describe the services	provided, the number of	f persons 1	for others	
28	Organization was formed i	<u>n_late_2014No_r</u>	rogram			
	activities to date		- 			
					- 1	
	(Grants \$ 0.) If thi	s amount includes foreign gran	nts, check here		28 a	0.
29					l	
]	İ	
					1	
	(Grants \$) If the	s amount includes foreign grar	nts, check here	▶ 📶	29 a	
30						
						
	(Grants \$) If the	s amount includes foreign gran	nts, check here		30 a	
31	Other program services (describe in Sched	dule O)		 		
		s amount includes foreign grar			31 a	
32					32	0.
Pa	List of Officers, Directors,				con the inc	structions for Part IVA
IN ECT	Check if the organization used Scho	edule O to respond to any que	stion in this Part IV.	ven ii not compensated —	366 (H6 H13	Sudcuons for Part IV)
						<u> </u>
		(h) Average hours per	(c) Reportable compensation	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and defen	ee (e	e) Estimated amount of other compensation
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employe	ee (e red	e) Estimated amount of other compensation
<u>Ch</u> e		week devoted to	(Forms W-2/1099-MISC)	contributions to employe benefit plans, and defen	ee (e	
	(a) Name and title eryl_Stumbo esident	week devoted to	(Forms W-2/1099-MISC)	contributions to employed benefit plans, and defend compensation	ee (e	
Pre	eryl_Stumboesident	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employed benefit plans, and defend compensation	red	other compensation
Pre Bet	eryl Stumbo	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	red	other compensation
Pre Bet Sec	eryl_Stumboesident h_Flynn	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	0 .	O .
Pre Bet Sec Phi	eryl_Stumboesident th_Flynn cretary	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	0 .	O .
Pre Bet Sec Phi	eryl_Stumbo esident h_Flynn cretary lip_Lloyd	5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	0. 0.	0.
Pre Bet Sec Phi	eryl_Stumbo esident h_Flynn cretary lip_Lloyd	5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	0. 0.	0.
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Pre Bet Sec Phi	eryl_Stumbo esident h_Flynn cretary lip_Lloyd	5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	0. 0.	0.
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Pre Bet Sec Phi	eryl_Stumbo esident h_Flynn cretary lip_Lloyd	5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	0. 0.	0.
Pre Bet Sec Phi	eryl_Stumbo esident h_Flynn cretary lip_Lloyd	5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defen compensation	0. 0.	0.

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Par	Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any questions.	rements in stion in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
	If Yes, provide a detailed description of each activity in Schedule O		33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from		-	 	<u> </u>
	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		х
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation filed a Form 990-T for the year?		35 b		ļ
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6 reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	033(e) notice,	35 c	İ	x
	Did the organization undergo a liquidation, dissolution, termination, or significant			1	 ^
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions				
	Did the organization file Form 1120-POL for this year?		37 b		X
308	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emploany such loans made in a prior year and still outstanding at the end of the tax year covered by this	return?	38 a		- x
t	olf 'Yes,' complete Schedule L, Part II and enter the total			1	l ^
20	amount involved	38 b	-		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	39 a			
	Gross receipts, included on line 9, for public use of club facilities	39 b	1		
	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year		1		
	section 4911 section 4912 section 4912 section 4955			i	
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any sec	ction 4958 excess		ļ	
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year reported on any of its prior Forms 990 or 990-EZ? If Yes,' complete Schedule L, Part I		40 ь		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organ		40.0	ì	<u> ^ </u>
	managers or disqualified persons during the year under sections 4912, 4955, and 4958		İ	İ	
C	I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbuby the organization	ırsed •			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	•			
44	shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
41	List the states with which a copy of this feturn is nieu				
42 a	The organization's	T . 1			
	books are in care of Philip Lloyd	Telephone no. ► _(206)	<u> 382</u>	-555	<u> 2</u>
	Located at 603 Stewart Street Suite 819 Seattle	WA_ZIP+4 ► 98101		Yes	No
ı	At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financi	er authority over a al account)?	42 b		X
	If 'Yes,' enter the name of the foreign country:	·			-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	, ,		-	
•	At any time during the calendar year, did the organization maintain an office outside the U.S.?		42 c		X
	If 'Yes,' enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check	here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year	1 1		Ш	
	,	<u> </u>		Yes	No
44 :	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be		-		-
	of Form 990-EZ		44 a	 	X
	o Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 mu	st be completed	-	<u> </u>	li

		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44a		x
b Did the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ	. 44b		
c Did the organization receive any payments for indoor tanning services during the year?	. 44c		Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 44 d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	. 45 b		х
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46 D	id the organization engage, directly or indirectly and the organization engage, directly or indirectly andidates for public office? If 'Yes,' complete So	, in political campaign	activities on behalf of or	in opposition to	46	Yes	No X
	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only				1	<u> </u>
	Check if the organization used Schedule	O to respond to any qu	estion in this Part VI		· · · · · ·		$\cdot \square$
47 D	oid the organization engage in lobbying activities omplete Schedule C, Part II	or have a section 501	(h) election in effect duri	ng the tax year? if 'Yes,'	47	Yes	No
	the organization a school as described in secti						
	id the organization make any transfers to an ex				<u> </u>		
50 C	Yes,' was the related organization a section 52 complete this table for the organization's five hig mployees) who each received more than \$100,0	hest compensated em	ployees (other than office	ers, directors, trustees and	l key		_
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits,	(e) Estimate other com		
				·			
51 C	otal number of other employees paid over \$100 complete this table for the organization's five hig ompensation from the organization. If there is no	hest compensated inde	ependent contractors wh	o each received more that	n \$100,000 c	of	
	(a) Name and business address of each independent cont		(b) Typ	e of service	(c) Comp	ensation	1
			-				
			-		-		
			-			- "	
			-				
	- 		-				
52 D	otal number of other independent contractors explicitly the organization complete Schedule A? Note ompleted Schedule A	. All section 501(c)(3)	organizations must attac		. ► Yes	<u> </u>	T _{No}
	natties of perjury, I declare that I have examined this return, incl ect, and complete, Declaration of preparer (other than officer) is			st of my knowledge and belief, it is		<u></u>	
due, com	sa, and complete Decaration of preparer fortier than onliner) is	based on all information of wr	ich preparer has any knowledge	5112/15			
Sign Here	Signature of officer Phily Lloyd	Treasurer		Date			
	Type or print name and title						
Paid	Print/Type preparer's name Philip Lloyd	Preparer's signature	Date 04/08/	Check Lif	PTIN P0159809	9	
Prepar Use Or		ing Services		Firm's EIN ►	91-1524	081	

Form **990-EZ** (2014)

382-5552

(206)

Phone no

98101

WA

SEATTLE

Form 990-EZ, Part III, Statement of Program Service Accomplishments **Organization's Primary Exempt Purpose**

Advocate for Policies to Reduce Gun Violence